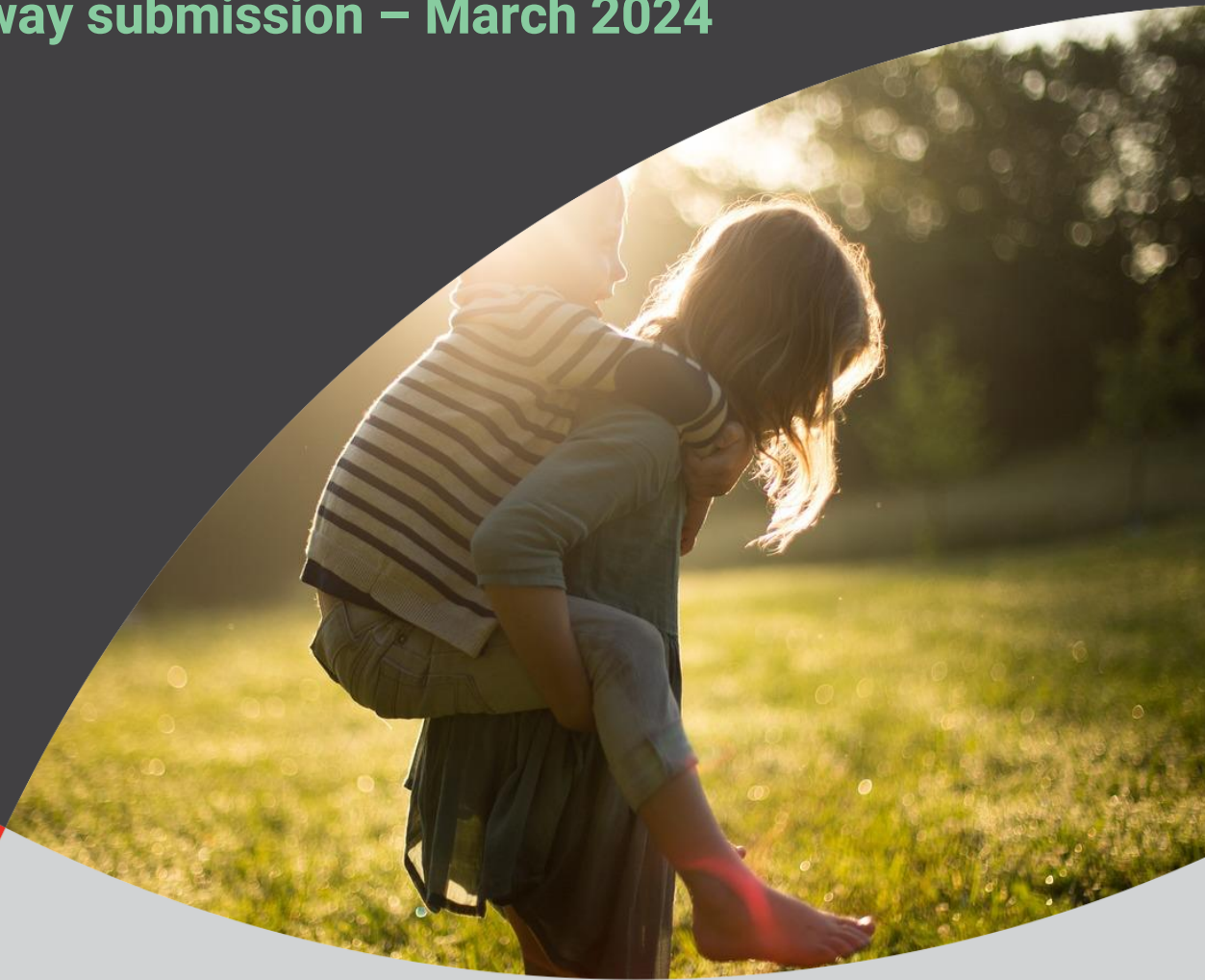




# Australian Government public consultation: Feasibility study on options to limit unhealthy food marketing to children

Healthway submission – March 2024



Healthway has submitted the following responses to the Australian Government Public Consultation on Policy Options to Limit Unhealthy Food Marketing to Children. More information on the consultation including the consultation discussion paper can be found [here](#).

## **Policy objective and approach**

### **4a). Which is the most appropriate policy objective?**

- **To reduce the amount of unhealthy food marketing that children are exposed to and the persuasive content of marketing messages (power) (short-term objective, within 1-2 years).**
- To reduce the amount of unhealthy food marketing that children are exposed to and the persuasive content of marketing messages (power) (short-term objective, within 1-2 years) AND to improve children's dietary intakes (medium-term objective, within 3-4 years).
- Other, specify below.

Please provide evidence/rationale for your selection. This may include: i. costs and benefits; ii. barriers and enablers; iii. impact on priority populations; and iv. monitoring and evaluation. Include references where possible.

Healthway (the Western Australian Health Promotion Foundation) welcomes the Australian Government's consultation on the feasibility of policy options to limit unhealthy food and drink marketing to children and young people. The commercial marketing of products that are harmful to children has been identified by the World Health Organization-UNICEF Lancet Commission as 'one of the most under-appreciated risks to children's health and wellbeing' that requires national leadership and governance, in order to deliver children's entitlements to good health (Clark, 2020).

To reduce the amount of unhealthy food marketing that children are exposed to and the persuasive content of marketing messages (power) (short-term objective, within 1-2 years) is supported as the most appropriate policy objective, as it is focused on the critical objective to reduce children's exposure to unhealthy food marketing and the persuasive power of this marketing, as recommended by UNICEF (UNICEF, 2018) and the World Health Organization (WHO, 2023).

This policy option focusses on a child's rights-based approach to food marketing in accordance with the United Nations Convention on the Rights of the Child, which recognises the unique sensitivities of children and provides a legal framework for their special

protection. The United Nations Children's Fund (UNICEF) has produced a detailed analysis of how unhealthy food marketing and advertising impinges on the Rights of the Child, not limited to rights to health, data protection and privacy, education, leisure, recreation and cultural activities, and protection from economic exploitation (UNICEF, 2018). Signatories to the Convention on the Rights of the Child, which includes Australia, have a legal obligation to ensure that children's rights are respected, protected and fulfilled.

While the short-medium term objective including measuring changes in child dietary intake is of value (e.g. it may provide evidence to defend legal challenges), it requires population survey data not regularly measured in Australia. It has been over a decade since comprehensive data on child dietary intakes were collected nationally (ABS, 2014). While the National Health Survey is conducted more frequently, it does not collect data sufficient for monitoring unhealthy food intake (ABS, 2022). As such, the short-medium term policy option cannot be evaluated with confidence. Setting outcomes to evaluate policy that are not measurable within timeframes may result in misleading findings.

Furthermore, a sufficient lag time must be allowed for policy to have impact at a population health level, whether it be changes in dietary intake or body weight, and any impact must be assessed in the context of the multifactorial causes of poor nutrition and obesity.

Costs and benefits. There is unequivocal evidence that the marketing of unhealthy food to children affects children's eating and drinking behaviour, preferences, requests, nutrition knowledge, and food intake (WCRF, 2020). Advertising changes consumer behaviour and the levels companies are willing to invest in advertising reflects its effectiveness. For over a decade, the World Health Organization (WHO) has been calling on member states to take steps to reduce children's exposure to unhealthy marketing. In 2010, the World Health Assembly endorsed a Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children to improve child and adolescent nutrition globally; and in 2016 the WHO Commission on Ending Childhood Obesity recommended their implementation as a top priority (WHO, 2016). Policies to protect children from the harmful impact of food marketing on diet are supported by the WHO as a cost effective or 'best buy' for reducing noncommunicable disease risk (WHO, 2013). Evidence of the effectiveness of policies to restrict food marketing to which children are exposed are summarised throughout this discussion paper.

Enablers and Barriers. Across all advertising forms covered in this discussion paper, commercial influence will be a critical barrier to achieving the policy objective. Due to strong conflicts of interest, industry (not limited to food manufacturers, advertisers, and their third-

party representatives) should not be permitted to exert influence in the development of policy, legislation or regulation to reduce children's exposure to unhealthy food marketing and the persuasive power of this marketing. Rigorous conflict of interest safeguards, applicable to all actors, must be in place when developing public health policy (Lacy, 2022). Government and policy makers should be prepared for legal challenges from industry, which have occurred in other countries where laws have been introduced to protect children from harmful marketing (WCRF, 2020).

There are high levels of public support in Australia for regulation to reduce children's exposure to unhealthy food advertising (Humphreys, 2023; Miller, 2017; Sainsbury, 2018). For example, a 2015 survey of Western Australian adults reported that over 80% agreed that if children were not exposed to advertising and promotion of unhealthy foods and drinks it would be easier for them and their families to eat a healthy diet, and 83% thought it was 'quite' or 'very' important for governments to control or regulate food advertising (Miller, 2017).

The consultation discussion paper illustrates the multiple platforms through which children are exposed to unhealthy food marketing. Achieving either policy objective will require bold, mandatory, cross-sectoral action, led by government and enabled through appropriate resourcing (Clark, 2020; WCRF, 2020). Some jurisdictions (WA and Queensland) have expressed interest in restricting unhealthy food marketing on their assets such as public transport infrastructure, but only the Australian Capital Territory has done so. While restricting advertising for unhealthy products on state owned assets is an ethical policy response that is coherent with public health advice, this alone is unlikely to be sufficient to adequately protect children from the ubiquitous nature of unhealthy food marketing. A fragmented approach that restricts unhealthy food marketing on one or some platforms, rather than all, may deliver adverse outcomes including unhealthy marketing moving to and/or 'ramping up' on other unregulated platforms. Challenges notwithstanding, experts have called for the implementation of one comprehensive national law that can cover the full range of food marketing to which children are exposed (ASEAN, 2024). Drawing attention to the multitude of commercial threats to child rights and their health, others have called for national governments to explicitly prioritise the broader rights of the child through stand alone legislation or overarching policies (Clark, 2020). The WHO Framework Convention on Tobacco Control illustrates an effective, comprehensive approach to restricting the promotion of tobacco products.

**Evaluation and Monitoring.** It is critical to design a monitoring and evaluation framework during the policy design phase that has sufficient resources and technical capacity, and is


led by government (WCRF, 2020). Any policy to restrict unhealthy food marketing to children must be supported by an appropriately resourced system, that is free from influence from commercial interests, to independently assess complaints and enforce effective sanctions for breaches in advertising.

Impact on priority populations. All children are a priority. Early interventions that occur in childhood assist children to reach their full potential, provide lifelong economic benefits, and help break intergenerational cycles of poor health (Clark, 2020). However, some children are disproportionately affected by low levels of health and wellbeing, including Aboriginal and Torres Strait Islander children and children living in low socioeconomic circumstances, and all levels of government should make efforts to reduce the health inequity experienced by these priority groups.

Commercial determinants of health (CDoH), which includes the marketing of unhealthy food, have been declared a significant threat to children's health and wellbeing (Clark, 2020). CDoH frequently have a greater negative effect on priority groups, widening health inequity (Pitt, 2024). As noted in the consultation discussion paper, there is considerable Australian evidence that in areas of greater disadvantage outdoor advertising for unhealthy food and outlets selling unhealthy food are more concentrated and the prevalence of overweight and obesity is higher. Children living in lower socioeconomic circumstances are also more likely to be exposed to higher levels of online marketing.

Individual health behaviours such as dietary intakes are a function of personal choice or agency, but they are also heavily influenced by the structural environment, including exposure to unhealthy food marketing and other CDoH. Macro-environmental interventions (such as the proposed policy objectives) that effectively remove structural barriers to good health (typically through regulation) can reduce health inequities as they benefit all members of society regardless of socioeconomic position (Backholer, 2014). Whereas, agentic interventions such as education campaigns, which are favoured by industry, emphasise individual responsibility and rely on individual agency, having the potential to widen health inequities. While well designed education campaigns are important and effective for shifting social norms, motivating behaviour change and empowerment over one's health, without accompanying system changes (such as the proposed policy objectives) to support and enable healthy behaviours, they are unlikely to bring about health benefits for all members of society. The over reliance on agentic strategies for obesity prevention in Australia has been ineffective for controlling escalating rates of obesity and reducing inequities in the prevalence of obesity.

## References

- Association for South East Asian Nations (ASEAN), 2024. Minimum standards and guidelines on actions to protect children from the harmful impact of marketing of food and non-alcoholic beverages in the ASEAN region. Available from: AHMM-Adopted\_ASEAN-Minimum-standards-and-guidelines-on-food-and-beverages-marketing\_asean-website.pdf
- Australian Bureau of Statistics (ABS), 2014. National Nutrition and Physical Activity Survey 2011-2012: Nutrition First Results - Foods and Nutrients. Canberra, ABS.
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- Pitt H, et al. Children, young people and the Commercial Determinants of Health. *Health Promot Int*. 2024; 39(1): daad185.
- Sainsbury E, et al. Public support for government regulatory interventions for overweight and obesity in Australia. *BMC Public Health* 2018; 18(513).
- The United Nations Children’s Fund (UNICEF), 2018. A child’s rights-based approach to food marketing: a guide for policy makers. Geneva, UNICEF.
- World Cancer Research Fund (WCRF) International, 2020. Building Momentum: lessons on implementing robust restrictions of food and non-alcoholic beverage marketing to children. London, WCRF.
- World Health Organization (WHO), 2013. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva, WHO.
- World Health Organization (WHO), 2016. Report of the commission on ending childhood obesity. Geneva, WHO.
- World Health Organization (WHO), 2023. Policies to protect children from the harmful impact of food marketing: WHO guideline. Geneva, WHO.
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**4b). Which policy approach has the greatest chance of achieving the policy objective(s)?**

- Status quo, which relies on a self-regulatory approach whereby food marketing is governed by industry Codes of Practice.
- **A mandatory legislative approach with policy development, monitoring and enforcement led by the Australian Government.**

Please provide evidence/rationale for your selection. This may include: i. costs and benefits; ii. barriers and enablers; iii. impact on priority populations; and iv. monitoring and evaluation. Include references where possible.

A mandatory legislative approach with policy development, monitoring and enforcement led by the Australian Government has the greatest chance of achieving the policy objective.

There is ample evidence that voluntary, industry-led, and self-regulatory approaches fail to protect children from unhealthy marketing (Clark, 2020; WHO, 2023). Self-regulatory and industry-led codes tend to be weak and favour commercial interests and lack proper enforcement and sanctions. Despite the clear conflict of interest, self-regulatory codes are usually self-evaluated. Protecting children from unhealthy food marketing and its persuasive power requires regulation by governments (WCRF, 2020).

Other considerations are discussed under 4a).

References:

Clark H, et al. A future for the world's children? A WHO–UNICEF–Lancet Commission. *The Lancet* 2020;395(10224):605 – 658.

World Cancer Research Fund (WCRF) International, 2020. Building Momentum: lessons on implementing robust restrictions of food and non-alcoholic beverage marketing to children. London, WCRF.

World Health Organization (WHO), 2023. Policies to protect children from the harmful impact of food marketing: WHO guideline. Geneva, WHO.

## 5. Which age definition is most appropriate?

- **Children are defined as less than 18 years of age.**
- Children are defined as less than 15 years of age.

Please provide evidence/rationale for your selection. This may include: i. costs and benefits; ii. barriers and enablers; iii. impact on priority populations; and iv. monitoring and evaluation. Include references where possible.

Children defined as less than 18 years of age is the most appropriate age definition to achieve the policy objective and aligns with the definition used by the Convention on the Rights of the Child. It is critical that all children, including the very young and older children, are protected from unhealthy food marketing.





**6a). Which food classification approach has the greatest chance of achieving the policy objective(s)?**

- **A government-led food classification system aligned with national dietary guidance that restricts marketing of unhealthy food products AND food brands that are associated with unhealthy products.**
- A government-led food classification system aligned with national dietary guidance that restricts marketing of unhealthy food products. Marketing of food brands (without referring to a specific product) would be exempt from restrictions.
- A government-led food classification system aligned with national dietary guidance that restricts marketing of unhealthy food products. Marketing of food brands would only be permitted when a healthy food product owned by the brand was included in the marketing content.

A government-led food classification system aligned with national dietary guidance that restricts marketing of unhealthy food products AND food brands that are associated with unhealthy products has the greatest chance of achieving the policy objectives. Restricting only the depiction of unhealthy food in marketing would likely have the adverse effect of increasing brand only advertising.

Brand only advertising is a highly effective way of promoting well-known products without depicting the product. Children as young as three years of age develop brand awareness (i.e. knowledge of the products a brand sells) and this increases with age (Aktas, 2016; Jones, 2023). Children have been shown to recall unhealthy foods (e.g. french fries) in response to seeing advertisements by food brands associated with unhealthy foods, even when the advertisements depict healthy meals (Bernhardt, 2016).

Identifying brands that are ineligible for marketing to children should not be viewed as a barrier to implementation, as this would not be expected to be outside the ability of a reasonable person.

The costs, benefits, impact on priority populations, and other barriers and enablers for this policy option are discussed under 4a).

## References



- Aktas YA, et al. The development of brand awareness in young children: How do young children recognize brands? *Int J Consumer Studies* 2016;40(5):536-542.
- Bernhardt AM, et al. Children's reaction to depictions of healthy foods in fast-food television advertisements. *JAMA Pediatr.* 2014 May;168(5):422-6.
- Jones A, et al. Chocolate unicorns and smiling teddy biscuits: analysis of the use of child-directed marketing on the packages of Australian foods. *Public Health Nutrition.* 2023;26(12):3291–302.



## 6b). Which specific food classification system do you prefer?

- **National interim guide to reduce children's exposure to unhealthy food and drink promotion**
- FSANZ Nutrient Profile Scoring Criteria
- Health Star Rating System
- Other

Please provide evidence/rationale for your selection. This may include: i. costs and benefits; ii. barriers and enablers; iii. impact on priority populations; and iv. monitoring and evaluation. Include references where possible.

The National Interim Guide is the most appropriate food classification system for identifying unhealthy food and drink unsuitable for advertising, as it has been shown to be effective for this specific purpose and its application does not require specialist expertise.

Advertising agencies are contracted to design and manage advertising and are typically responsible for assessing the suitability of advertising copy in accordance with existing legislation, standards, and industry codes (e.g. the AANA code). Therefore, to effectively meet the policy objective, identifying unhealthy food and drinks unsuitable for advertising should not require specialist nutrition expertise or information. A complex classification system may lead to policy failure.

The National Interim Guide was designed by State and Territory Health Departments for the Council of Australian Governments (COAG) Health Council with the specific purpose of reducing the impact of unhealthy food and drink on children. Neither the Health Star Rating (HSR) nor FSANZ models were originally designed for this purpose.

The simple to use National Interim Guide has been shown in two studies to more accurately identify unhealthy food and drink advertisements than the HSR, FSANZ, and other models, using real time advertisements on buses and train stations in Sydney in 2022, 2020 and 2018 (Watson, 2021; Watson, 2023).

There is strong alignment between the National Interim Guide and the Australian Dietary Guidelines (ADG). The National Interim Guide identifies categories of food and drink unsuitable for promotion to children, which are referred to in the ADG as discretionary food and drinks (high in fat, sugar, and/or salt) that should be limited or avoided in the diet. The

focus on food groups rather than nutrients in the National Interim Guide and the ADG (as well as dietary guidelines worldwide) is preferred for public health messaging due its ease of translation by general audiences.

In contrast, the HSR and FSANZ models use complex algorithms and require detailed nutrient composition data (some of which is not available on food labels) to assess the nutrient profile of a food or beverage. The HSR has known limitations in accurately identifying discretionary foods, it is not designed to compare foods in different categories, and there is no agreed HSR cutoff (number of stars) for identifying discretionary foods (Dickie, 2020).

The potential to permit 'healthier versions' of discretionary foods to be marketed to children through the use of nutrient profiling criteria such as the HSR or FSANZ models is counterproductive and does not align with the intent of the ADG. This approach may also generate 'halo effects' giving the false impression that a discretionary food is a healthy choice, e.g. a low fat cookie (Whalen, 2018). In an advertisement depicting an unhealthy food, it is not always possible to discern if it is 'a healthier version' of a discretionary food, and children are less likely to have the cognitive skills to make this judgement. For consistent public health nutrition messaging that aligns with the ADG, all discretionary food and drinks, regardless of their nutrient profile, should be restricted from being marketed to children (Watson, 2023).

## References

- Dickie S, et al. Evaluating Nutrient-Based Indices against Food- and Diet-Based Indices to Assess the Health Potential of Foods: How Does the Australian Health Star Rating System Perform after Five Years? *Nutrients*. 2020;12(5):1463.
- Watson WL, et al. Defining unhealthy food for regulating marketing to children-What are Australia's options? *Nutr Diet*. 2021;78(4):406-414.
- Watson WL et al. Comparison of nutrition profiling models for food marketing regulation. *Nutrition & Dietetics*. 2023;80(4):372-376.
- Whalen R et al. The Health Halo Trend in UK Television Food Advertising Viewed by Children: The Rise of Implicit and Explicit Health Messaging in the Promotion of Unhealthy Foods. *Int J Environ Res Public Health*. 2018;15(3):560.

## 7. Which option for restricting TV food advertising has the greatest chance of achieving the policy objective(s)?

- Restrict unhealthy food advertising on TV between 5:30am and 11:00pm. Restrictions apply across all TV services and platforms.
- Restrict unhealthy food TV advertising that is 'directed to children', including in children's programs (C and P programs), on children's channels and during children's peak viewing times (based on the number of children watching). Restrictions apply across all TV services and platforms.
- **Restrict unhealthy food advertising on all broadcast media between 5:30am and 11:00pm (all TV services and platforms, radio, cinema, podcasts and music streaming services).**
- Other, please specify below.

Please provide evidence/rationale for your selection. This may include: i. costs and benefits; ii. barriers and enablers; iii. impact on priority populations; and iv. monitoring and evaluation. Include references where possible

The option to restrict unhealthy food advertising on all broadcast media between 5:30am and 11:00pm (all TV services and platforms, radio, cinema, podcasts and music streaming services) has the greatest chance of achieving the policy objectives.

The consultation discussion paper presents a strong case for a comprehensive approach that restricts unhealthy food marketing on all TV services and platforms, radio, cinema, podcasts and music streaming services, that avoids loopholes in defining child audiences and viewing times, and would be expected (based on evidence) to be cost effective.

A comprehensive approach to protect children from unhealthy marketing is critical for policy effectiveness. The first policy option (above) should be applied to avoid the potential adverse effect of unhealthy food marketing shifting and potentially becoming concentrated on unregulated TV service platforms.

Any policy to restrict unhealthy food marketing to children must be supported by an appropriately resourced system, that is free from influence from commercial interests, to independently assess complaints and enforce effective sanctions for breaches in advertising.

Other considerations have been discussed under 4a).

## **8. Which option for restricting online food marketing has the greatest chance of achieving the policy objective(s)?**

- Restrict all 'paid for' (monetary and non-monetary) marketing for unhealthy foods through online media. Restrictions apply across all online communication technologies.
- **Restrict all marketing for unhealthy foods through online media. This includes all marketing that has been 'paid' for (monetary and non-monetary) and 'non-paid' marketing where a company has acted to promote an unhealthy food (e.g. through sharing user content or encouraging user generated content with the intention of promoting an unhealthy food or brand).**
- Other, please specify below.

Please provide evidence/rationale for your selection. This may include: i. costs and benefits; ii. barriers and enablers; iii. impact on priority populations; and iv. monitoring and evaluation. Include references where possible.

The policy option to restrict all marketing for unhealthy foods through online media has the greatest chance of achieving the policy objective. The consultation discussion paper presents a compelling argument for the restriction of unhealthy food marketing on all online media, at all times.

Online marketing is arguably the most pervasive form of advertising. It is largely unavoidable in the digital environment and its persuasive power is enabled through individually curated advertising based on data collected from individuals - including children – often without their explicit knowledge or permission. Penetration levels of online media are practically at saturation levels, and children and young people spend time consuming online media well in excess of TV based media. In the largely unregulated digital environment, online marketing to children has unchecked potential to infringe on the Rights of the Child, not limited to children's rights to data privacy and protection from economic exploitation.

The ability to monitor and enforce this policy option should not be viewed as a barrier. Examples can be sought from existing efforts to restrict harmful or abusive content in digital environments. The use of artificial intelligence to monitor online media for unhealthy food marketing internationally and at scale, warrants consideration (Olstad, 2023). In addition, any policy to restrict unhealthy food marketing to children must be supported by an appropriately

resourced system, that is free from influence from commercial interests, to independently assess complaints and enforce effective sanctions for breaches in advertising. Other considerations are discussed under 4a).

#### Reference

Olstad DL, et al. Towards effective restriction of unhealthy food marketing to children: unlocking the potential of artificial intelligence. *Int J Behav Nutr Phys Act.* 2023;20 (1):61.

### **9. Which option for restricting outdoor food advertising has the greatest chance of achieving the policy objective(s)?**

- **Restrict unhealthy food advertising on all outdoor media.**
- Restrict unhealthy food advertising on outdoor media at government-owned and managed places, on public assets, within 750m around schools and along major transport corridors.
- Other, please specify below.

Please provide evidence/rationale for your selection. This may include: i. costs and benefits; ii. barriers and enablers; iii. impact on priority populations; and iv. monitoring and evaluation. Include references where possible

Restricting unhealthy food advertising on all outdoor media has the greatest chance of achieving the policy objective. Applying restrictions only to outdoor advertising within certain limits of places attended by children is unlikely to be effective.

Industry resistance and legal challenges stand to be major barriers to these policy options. At a minimum, unhealthy food marketing should not be permitted on assets under the control of government (not limited to sports stadia, government managed roads, and public transport infrastructure) as this raises ethical issues and undermines public health policy and programs. In Western Australia, this position is supported by the *Final Report on the Sustainable Health Review* which recommends that the State Government should use its role as an employer, regulator, purchaser and landlord to remove unhealthy food and drink promotions (and sales) from State assets (Sustainable Health Review, 2019). Governments are expected to take action to protect children's health and wellbeing, as signatories to agreements drawn up by the United Nations and the World Health Organisation (WHO, 2023) and there is strong public support for this action (Humphreys, 2023; Miller, 2017; Sainsbury, 2018). Noting, the bulk of outdoor advertising assets controlled by government are the

property of state, territory or local governments.

## References

- Humphreys L, et al. Public support for obesity prevention policies in Western Australia from 2012 to 2020: Findings from cross-sectional surveys. *Health Promot J Australia*. 2023; Sept 6.
- Miller M, et al, 2017. Nutrition Monitoring Survey Series 2015 Key Findings. Department of Health, Western Australia.
- Sainsbury E, et al. Public support for government regulatory interventions for overweight and obesity in Australia. *BMC Public Health* 2018; 18(513).
- Sustainable Health Review, 2019. Sustainable Health Review: Final Report to the Western Australian Government. Department of Health, Western Australia.
- World Health Organization and UNICEF, 2023. Taking action to protect children from the harmful impact of food marketing: a child rights-based approach. Geneva: WHO, UNICEF.

## 10. Do you support restricting marketing on food packaging?

**Yes** or No

Please provide evidence/rationale for your selection. This may include: i. costs and benefits; ii. barriers and enablers; iii. impact on priority populations; and iv. monitoring and evaluation. Include references where possible

The restriction of on-pack marketing that is considered to be 'directed' to children is supported as part of a comprehensive approach to reduce children's exposure to unhealthy food marketing and the persuasive power of this marketing.

A recent Australian analysis of over 900 supermarket foods with on-pack marketing directed at children found that most were foods for infants and young children, confectionary, snacks, and dairy items, and 81% were ultra processed, unhealthy foods (Jones, 2023).

On-pack marketing appealing to children is an effective way of influencing consumer behaviour, it contributes to the 'pester power' of advertising, and undermines parent's purchasing decisions (Driessen, 2022). On-pack marketing directed at children should be restricted from all foods, to uphold the Rights of the Child, and could be added to existing regulation on food packaging.



## References

- Driessen C, et al. Parents' perceptions of children's exposure to unhealthy food marketing: a narrative review of the literature. *Current Nutrition Reports* 2022; 11: 9–18.
- Jones A, et al. Chocolate unicorns and smiling teddy biscuits: analysis of the use of child-directed marketing on the packages of Australian foods. *Public Health Nutrition*. 2023;26(12):3291–302.

## 11. Do you support restricting food sponsorship of sports, arts and cultural events?

### Yes or No

Please provide evidence/rationale for your selection. This may include: i. costs and benefits; ii. barriers and enablers; iii. impact on priority populations; and iv. monitoring and evaluation. Include references where possible

Restricting the use of food sponsorship, including master brands, in sports and arts is supported, and should be part of a comprehensive approach to reducing children's exposure to unhealthy food marketing and its persuasive power.

Owing to the high levels of sports spectatorship in Australia, professional sports sponsorship is an extremely lucrative method for marketing a brand and its products. In addition to reaching mass audiences, sport sponsorship enables a brand to effectively saturate the market during matches. While watching professional sports, the spectator will be exposed to sponsor branding on player uniforms and branded merchandise worn by spectators, on advertising on stadium infrastructure, brand promotions on grounds (e.g. vouchers, give-aways), and if viewing a televised game, on ads on TV and digital media.

The spilling over of sport sponsors' brand marketing on stadia and other venue infrastructure during matches has implications for policies to reduce unhealthy food marketing on outdoor advertising assets (Q9). Such policies are likely to be considered 'secondary' to the economic benefits of hosting a match with unhealthy sponsorship, or may not be possible due existing contractual agreements. These conflicts underscore the need for a comprehensive approach to reduce children's exposure to unhealthy food marketing.

It should also be noted that through their advertising contracts, sport sponsors may negotiate rights to lock out their advertising competitors or limit their advertising (including public health campaigns) during matches. Sport sponsorship advertising contracts are

lucrative commercial agreements that allow big brands to exert their purchasing power. However, the successful replacement of 'big tobacco' advertising in sport is a case for feasibility, as part of a comprehensive approach.

As well as exposing children to the marketing of unhealthy food, the prevailing model of professional and community sport sponsorship in Australia using brands promoting harmful products, including alcohol, fast food, and gambling (McNiven, 2015) associates the consumption of these products with sport, and is incongruous with the benefits of sport for individual and community health and wellbeing (ADF, 2020; Driessen, 2022). There is public support for the removing unhealthy advertising from sport sponsorship (Driessen, 2022).

## References

- Alcohol and Drug Foundation, 2020. Alcohol and sport in Australia. Available from: <https://adf.org.au/insights/alcohol-and-sport-australia/#:~:text=Advertising%20during%2C%20or%20sponsorship%20of%2C%20sport%20is%20especially,16%20road%20injury%2016%20and%20organ%20damage.%2016>
- Driessen C, et al. Parents' perceptions of children's exposure to unhealthy food marketing: a narrative review of the literature. *Current Nutrition Reports* 2022; 11: 9–18.
- Macniven R, et al. Unhealthy product sponsorship of Australian national and state sports organisations. *Health Promot J Austr*, 2015; 26: 52-56.

## 12. Which option for restricting retail marketing has the greatest chance of achieving the policy objective(s)?

- Status quo - food marketing within food retail outlets is determined by the retail industry.
- Restrict placement-based promotions of unhealthy foods within food retail outlets (e.g. end-of-aisle, check-outs).
- Restrict price-based promotions of unhealthy foods within food retail outlets (e.g. multi-buys, temporary price promotions).
- **Restrict placement-based and price-based promotion of unhealthy foods within food retail outlets.**

Please provide evidence/rationale for your selection. This may include: i. costs and benefits; ii. barriers and enablers; iii. impact on priority populations; and iv. monitoring and evaluation. Include references where possible

Restricting placement-based and price-based promotion of unhealthy foods within food retail outlets has the greatest chance of achieving the policy objectives, as part of a comprehensive approach to protect children from exposure to unhealthy food marketing and its persuasive power.

Food manufacturers invest in premium product positioning and promotions in retail environments as they are highly effective marketing techniques that drive sales. The power of retail marketing can be demonstrated by the fact that as much as 80% of purchases in retail environments are unplanned (Driessen, 2022).

Most food bought for household consumption is purchased from supermarkets (Driessen, 2022). Children frequently attend supermarkets with their parents and are exposed to the marketing of unhealthy foods that dominate end of aisle, checkout, and price promotions, and are more likely to have on-pack marketing appealing to children. Retail marketing has been reported by parents as very effective at influencing their children's requests and as a source of parent-child conflict (Driessen, 2022). This form of 'pester power' can undermine parent's purchasing decisions and lead to unplanned purchases and impulse buying. Legislation recently introduced in the UK, described in the consultation discussion paper, provides a practical case for feasibility.

Reference

Driessen C, et al. Parents' perceptions of children's exposure to unhealthy food marketing: a narrative review of the literature. *Current Nutrition Reports* 2022; 11: 9–18.

**13. Do you support restricting unhealthy food marketing 'directed' to children, in addition to policy options 5.1-5.6?**

**Yes** or No

Please provide evidence/rationale for your selection. This may include: i. costs and benefits; ii. barriers and enablers; iii. impact on priority populations; and iv. monitoring and evaluation. Include references where possible

Restricting unhealthy food marketing 'directed' to children, in addition to policy options 5.1 – 5.6, is supported. All forms of marketing of unhealthy foods to children should be restricted as part of a comprehensive approach and to avoid unhealthy food marketing shifting and potentially increasing, on unregulated platforms.

**14. Which media and settings do you see as the top priority for action? Please rank in order from 1 (highest priority) to 7 (lowest priority).**

Media or setting	Priority (1 = highest priority, 2 = second highest priority etc).  Or 'not a priority'
TV / Broadcast media	2
Online media	1
Outdoor advertising	3
Product packaging	4

Sports and arts sponsorship	6
Retail marketing	5
Marketing 'directed' to children	7

The order of preference reflects a combination of the scale of children's exposure to unhealthy food marketing and scope for government regulatory action in each form of media and setting. However, a comprehensive approach is required to achieve the policy objectives.

**15. Is there any other information you would like to share to inform this consultation process?**

Please provide evidence/rationale for your response. This may include consideration of costs, benefits, barriers<sup>21</sup>, enablers, monitoring and evaluation.

Include references where possible. :

Nil.

- Ends -

