



Feasibility study on options to limit unhealthy food marketing to children: Policy options for public consultation

Consultation document

Prepared for the Australian Government Department of Health and Aged Care
January 2024

Contents

List of abbreviations.....	3
Statement of the problem	3
Australian children’s nutritional and body weight status.....	3
Population approaches to improving children’s diet and weight outcomes.....	3
The role of food marketing	4
Policies to restrict children’s exposure to unhealthy food marketing.....	5
Purpose of the feasibility study and consultation	5
Approach.....	6
Definitions.....	6
Policy Framework.....	7
Questions and responses.....	7
1.0 Policy objective	7
2.0 Policy approach.....	10
3.0 Age definition of children	11
4.0 Foods and beverages to be restricted from marketing	13
5.0 Media platforms, settings and marketing techniques to be restricted	16
5.1 Television advertising	16
5.2 Online marketing	20
5.3 Outdoor advertising.....	23
5.4 Product packaging.....	25
5.5 Sponsorship.....	27
5.6 Retail marketing.....	30
5.7 Marketing ‘directed to children’	32
References	34
Annex 1 - Policy options considered but not further progressed.....	43

List of abbreviations

AANA	Australian Association of National Advertisers
ACMA	Australian Communications and Media Authority
CBA	Cost-benefit analysis
FSANZ	Food Standards Australia New Zealand
NRS	Non-randomised study
OMA	Outdoor Media Association
OzTAM	Australian Television Audience Measurement
RCT	Randomised controlled trial
TV	Television
WHO	World Health Organization

Statement of the problem

Australian children's nutritional and body weight status

Australian children's dietary habits are sub-optimal, with high and frequent intakes of discretionary foods and beverages and inadequate intakes of some core food groups. Based on the most recent national survey of Australian children's dietary behaviours (2011/12), fewer than one in 10 children (4-18 years) reported usual diets that met recommendations for vegetable intakes (1). At the same time, approximately 40% of children's energy intake was derived from discretionary foods and beverages and almost half of all children had consumed sugar-sweetened beverages on the day before the survey (1). National Health Survey data indicate almost one in four children aged 2-17 years were overweight or obese in 2017-18, with higher prevalence among those living in more disadvantaged neighbourhoods and among Aboriginal and Torres Strait Islander children (2).

Overweight and obesity, and dietary risk factors are the second and third leading risk factors for death and disease in Australia, respectively (3). In childhood and adolescence, excess body weight is associated with increased risk of: metabolic disorders, including type 2 diabetes mellitus and fatty liver disease; respiratory illnesses, including asthma and obstructive sleep apnoea; coronary heart disease; orthopaedic complications; and mental health conditions, including depression (4). Excess body weight in childhood tracks into adulthood, with obese children and adolescents around 5 times more likely to be obese in adulthood (5). This has subsequent complications across the life course, contributing to accumulating individual poor health and resource implications for paediatric and adult health services (4). Childhood obesity has been estimated to cost Australia \$43.2 million per year in direct medical costs (6). Loss of productivity associated with higher school absenteeism contribute an additional \$20 million per year in indirect societal costs (7).

Population approaches to improving children's diet and weight outcomes

The Australian Government's National Obesity Strategy 2022-2032, National Preventive Health Strategy 2021-2030 and National Diabetes Strategy 2021-2030 recognise the wider determinants of health, which include social, environmental, structural, economic, cultural, biomedical and commercial determinants (8-10). These strategies seek to respond to the challenge of improving Australia's health through a systems-based approach to address these wider determinants using a range of evidence-informed strategies. A comprehensive suite of actions will be required to meaningfully improve population nutrition status and reduce the population prevalence of obesity – no single measure will be sufficient (as has been the case with tobacco control).

One priority strategy is to reduce children's exposure to unhealthy food marketing, branding and sponsorships. The Australian Government strategies referred to above outline restricting unhealthy

food marketing to children as a key policy goal. This includes restrictions on all audio-visual media and in all settings where children live and play.

The role of food marketing

Extensive Australian and international evidence exists on children's exposure to food marketing, the nature of this marketing and its impact on diet-related outcomes. Syntheses of this evidence indicate that children are exposed to food marketing across all media and settings with which they engage (11). This marketing mostly promotes discretionary foods and beverages and uses an array of creative strategies, such as promotional characters and persons, premium offers, games, visual imagery, animation and other engagement techniques.

Significant detrimental effects of food marketing on children have been identified. As stated by the World Health Organization's (WHO) Commission on Ending Childhood Obesity, "*there is unequivocal evidence that the marketing of unhealthy foods and sugar-sweetened beverages is related to childhood obesity*" (12). The global scientific evidence on food marketing impacts on diet-related outcomes were recently synthesised in a systematic literature review and meta-analysis conducted for the WHO, which included data from over 19,000 children across 80 scientific journal articles (13). The review found that children's exposure to food marketing was associated with significant increases in their food intake, food choice and food preferences. The overall effect sizes, which shows the difference in impacts between intervention and control groups, for these outcomes were small to moderate. In considering the appraisal of the evidence in the reviews for the WHO, the Cochrane GRADE approach was used (14).¹ GRADE is a technical approach to appraising the 'certainty' of research evidence. In the WHO review, the certainty of evidence from randomised controlled trials (RCTs) was graded as 'moderate' for the effect of food marketing on children's food intakes and food choice.² This is interpreted as meaning that the overall evidence shows that food marketing *likely* increases intakes and choices of marketed foods. The level of certainty of the evidence was downgraded to moderate due to the inconsistency of the data as a result of variations in the design of studies (the marketing exposures used, the study populations, the units of measure). This does not suggest that there is inconsistency in the direction of effect between studies, with consistent positive associations between food marketing exposure and diet-related outcomes shown across studies and between systematic reviews.

The global evidence also suggests that children of ethnic minority and lower socio-economic position have higher risk of exposure to unhealthy food marketing and that the impact of this marketing is likely to be greater than for other children (15). This is consistent with Australian evidence which shows higher rates of unhealthy food advertising around schools in low socio-economic areas compared to more affluent areas (16, 17).

¹ GRADE assesses the overall certainty of the evidence for each outcome of interest, separated for randomised controlled trials and non-randomised studies. 'Certainty' of the evidence is judged based on five technical aspects: risk of bias, inconsistency, indirectness, imprecision and publication bias. GRADE was designed for appraising the certainty of evidence for clinical trials and, as such, the assessment automatically downgrades evidence from non-randomised studies.

² To put this assessment of the certainty of evidence into context, it can be compared against the GRADE ratings from other systematic reviews of the evidence to inform WHO Guidelines on other topics. For example, in a review of the evidence to inform the [WHO Guidelines on movement behaviours for young children](#), the RCT evidence was graded to 'moderate' for the effect of screen time on sedentary behaviour. In a review of the evidence to inform the [WHO Guidelines on sodium intake](#), the RCT evidence was graded to 'moderate' for the effect of reducing children's sodium intake on their systolic blood pressure.

The evidence on the impact of food marketing on children's body weight is scarce. There are technical difficulties in conducting the kinds of studies required to demonstrate this. Weight as an outcome cannot be assessed in experimental trials, given the long lag time required to detect changes in body weight status. Cross-sectional surveys can suggest associations between food marketing exposures and children's weight status (18), however these cannot demonstrate causation. While longitudinal studies are possible, these are rare and require careful control of confounders, given the many factors known to influence body weight. While there are methodological difficulties in demonstrating a direct causal link between unhealthy food marketing and weight gain in children, robust evidence indicates that food marketing increases children's energy intake to an extent that would lead to excess body weight over time (19).

It is also important to note that there is a broad range of health conditions associated with unhealthy dietary patterns independent of the impact on weight status (20).

Food marketers spend vast budgets promoting their products, including to children (21). In Australia, the food sector spent \$386 million in 2022 on marketing across all media, the seventh largest marketing expenditure across all sectors (22). Data from Nielsen Ad Intel indicate that between 2018 and 2023, advertising expenditure by Australia's food sector increased by 45% (23). Advertising expenditure was highest for digital media, accounting for 48% of expenditure, followed by video advertising (including all TV services and video-on-demand, i.e. streaming services) (38%), out-of-home advertising (7%) and audio advertising (3%).

Policies to restrict children's exposure to unhealthy food marketing

Reviews of the evidence on the effectiveness of policies to restrict food marketing to children demonstrate that such policies may improve the healthfulness of foods purchased by or for children, and reduce children's exposure to food marketing and its persuasive power (24). Policy design impacts effectiveness however, with policies more likely to be effective when they were mandatory; were designed to restrict marketing exposures of children up to more than 12 years; and when the policy used a government-led nutrient profile model to determine the foods that were not permitted to be marketed.

Whilst there are some measures in place in Australia to reduce children's exposure to unhealthy food and non-alcoholic beverage marketing, these are predominantly industry-led Codes of Practice. These industry codes have been somewhat strengthened in recent years, notably by the alignment of their unhealthy food classification with Food Standards Australia New Zealand (FSANZ) nutrient thresholds for defining foods eligible to carry health claims (i.e., more healthful foods) and industry-wide application.

Purpose of the feasibility study and consultation

The Australian Government is investing in a feasibility study to explore the current landscape of food marketing to children and consider options for implementing restrictions in Australia through the Australian Government Department of Health and Aged Care. This feasibility study acknowledges the wider determinants of health and recognises that protecting children from unhealthy food marketing as one of multiple policy interventions required to improve the healthfulness of food environments.

The purpose of this public consultation is to finalise the draft policy options and to gather additional information that will inform cost-benefit analyses of selected priority policy options. At the end of this

process, policy recommendations will be made to the Australian Government. Specifically, the consultation will:

- gather additional evidence to inform the draft policy options;
- gather inputs on the costs and benefits of the policy options;
- gather evidence on stakeholder support for (acceptability of) the policy options;
- identify key barriers and enablers (feasibility) to policy implementation; and
- inform monitoring and evaluation approaches for the proposed policy options.

This consultation document sets out options for the governance processes and key parameters of potential policies to limit unhealthy food marketing to children in Australia. Proposed options are outlined, together with a summary of the evidence informing these options, the strengths and weaknesses of the options for limiting unhealthy food marketing to children and consultation questions. These potential strengths and weaknesses can be discussed in response to the consultation questions.

Approach

The draft policy options presented in this consultation paper were informed by global (12, 25-27) and regional (28) policy guidance and by Australian Government priorities and policy agendas (8-10), as well as a series of literature reviews undertaken by the expert consultants on the project between May and September 2023. These reviews synthesised the evidence on 1) the nature and extent of Australian children's exposure to food marketing; 2) the impact of this marketing on children's diet-related outcomes; 3) the national and international regulatory landscape governing marketing practices for food and other commodities; and 4) the effectiveness and cost-effectiveness of food marketing policies. Review evidence was also considered from the recent systematic literature reviews and meta-analyses conducted for the WHO (24, 29). These reviews were conducted over a 4-year period to inform the *WHO guidelines for protecting children from the harmful impacts of food marketing* (30) and provide a current and comprehensive synthesis and appraisal of the extant evidence on food marketing impacts and policy effectiveness. The findings from these reviews are presented in this consultation report as evidence to underpin the draft policy options.

Two stages of stakeholder consultation will inform the draft policy options. Firstly, a targeted consultation was undertaken with key stakeholders between October-November 2023. This included representatives from relevant Australian Government departments and agencies, state and territory government health departments and other relevant agencies; health professional peak and advisory bodies and experts; non-government health organisations; and food manufacturing, food retail, media and advertising industry peak bodies and companies. The draft policy options were refined following this targeted consultation. For policy options considered but not further progressed based on feedback from the targeted consultation, see [Annex 1](#). Following the current public consultation, a selection of prioritised policy options will undergo cost-benefit analyses to determine the potential health and economic impacts of the policies compared to the status quo. Policy recommendations will be made to the Australian Government based on their cost-effectiveness, health equity impact and consideration of other factors that may affect policy implementation.

Definitions

Marketing refers to any form of commercial communication or message that has an aim, effect or likely effect of increasing the recognition, appeal and/or consumption of particular products, brands and services, either directly or indirectly. Marketing encompasses anything that acts to advertise or promote a product, brand or service or sponsorship activities through a contribution to any event,

activity or individual (31, 32). This includes marketing for food and non-alcoholic beverage products as well as their related brands (33).

The following terminology is used throughout this report:

- **Food** refers to foods and non-alcoholic beverages.
- **Unhealthy food** refers to foods and beverages that are high in fat, salt and/or sugar and are not needed as part of a healthy diet, referred to as discretionary foods in the Australian Dietary Guidelines.
- Marketing **impact** refers to the effect of marketing on children's diet- and weight-related outcomes.
- Marketing **exposure** is a quantitative metric related to the reach and frequency of marketing communications. Children's marketing exposure accumulates across media and settings.
- Marketing **power** is a qualitative measure related to the persuasive appeal of marketing communications. It is influenced by creative design, content and delivery.
- **Priority populations** include Aboriginal and Torres Strait Islander people; Culturally and linguistically diverse (CALD) communities; Lesbian, gay, bisexual, transgender, queer or questioning, intersex and/or other sexuality and gender diverse people (LGBTQI+); people with mental illness; people of low socioeconomic status; people with disability; and people from rural, regional and remote areas.

Policy Framework

The policy framework establishes the governance processes and key provisions of the policy to reduce children's exposure to unhealthy food marketing. The key provisions of the policy framework that are being canvassed in the public consultation include the:

- policy objective;
- policy approach;
- definition of children (i.e., age);
- food classification system; and
- media, settings and marketing techniques in scope.

Questions and responses

Participants are invited to respond to the consultation questions online through the Australian Government Department of Health and Aged Care Consultation Hub via the following link: <https://consultations.health.gov.au/chronic-disease-and-food-policy-branch/public-consultation-feasibility-study-on-options-t>.

1.0 Policy objective

Context for the proposed policy objectives

Policy objectives reflect what the policy intends to achieve and may include different objectives over the short-, medium- and long-term. Policy objectives should be supported by evidence and will likely be used for monitoring policy progress and effectiveness. The WHO recommends that food marketing policies have a short-term objective of reducing the amount of food marketing that children are exposed to and reducing the persuasive content of marketing messages (33).

The objectives of existing food marketing policies in Australia mostly refer to preventing misleading advertising. For example, the Australian Association of National Advertisers (AANA) Codes of Practice have the expressed objective to ensure that advertising is legal, honest, truthful and reflects health and safety standards (29, 34). The Broadcasting Services (Australian Content and Children's Television)

Standards 2020 include one specific provision related to food: ‘a licensee must not broadcast an advertisement for a food product that contains any misleading or incorrect information about the nutritional value of that product’ during designated children’s programs (35). Alternatively, the Outdoor Media Association’s National Health and Wellbeing Policy was implemented “in response to community concerns about overweight and obesity in Australia” (36).

Australian policies governing the marketing of other commodities commonly have objectives aligned with health outcomes. The objectives of *the Tobacco Advertising Prohibition Act, 1992* are to limit the exposure of the public to messages and images that may persuade them to start smoking, continue smoking or to use, or to continue using, tobacco products and to improve public health (37). The alcohol industry’s Code of Practice aims to ensure that alcohol marketing is consistent with the objectives of Australian Government’s National Alcohol Strategy, including the reduction of harm from adult alcohol consumption and not encouraging minors to consume alcohol (38).

The Healthy Food Partnership is a public-private partnership between the Australian Government, food industries and public health sector that aims to encourage healthy eating, including through consumer education, reformulation and the promotion of appropriate portion sizes. Stakeholders agreed to an overarching program ‘[logic model](#)’, including the program activities and short- and medium-term impacts and long-term outcomes (39). Of relevance, short-term impacts (1-2 years) include increased availability and promotion of healthier food and drinks in food service and retail. Medium-term impacts (3-4 years) include changes to consumer food purchases and consumption. Long-term outcomes (5+ years) include a reduction in the prevalence of overweight and obesity. Adapting this concept to the context of options to limit unhealthy food marketing to children, short-term impacts for this policy would relate to reducing children’s exposure to unhealthy food marketing across relevant media and settings, with the medium- and long-term impacts being the same as those in the Healthy Food Partnership logic model.

The effectiveness of a given policy will be measured against the achievement of the policy objectives. The feasibility of collecting or gathering data on the outcomes of interest must be considered. National nutrition surveys have been conducted infrequently in Australia, most recently in 2023 and prior to that in 2011-12, 1995 and 1983. Population body weight status is measured more frequently, including in the Australian Bureau of Statistics National Health Survey. The National Health Survey is conducted approximately every 3 years. However, body weight, height and waist circumference are not measured in all surveys. In the latest survey conducted in 2020-21, anthropometric measures were self-reported, with associated reporting biases (40).

Evidence informing the proposed policy objectives

The problem being addressed is children’s high levels of exposure to unhealthy food marketing. This is not an issue with truthfulness in advertising per se, rather the frequency and persuasiveness of marketing messages for foods that are not aligned with population dietary guidance. There is good evidence that children’s exposure to unhealthy food marketing influences their purchasing and consumption of unhealthy products (13), which supports the inclusion of policy objectives focussed on reducing children’s food marketing exposure to improve children’s diet. This is reflected in policy actions internationally, with the UK Government recently updating its *Communications Act* in 2022, with an objective of ‘reducing children’s exposure to advertising of products high in fat, sugar and salt, to reduce children’s overconsumption of these products’.

Policy options for consultation

Population body weight may be considered as a long-term policy objective but, if adopted, should be combined with other more proximal objectives. Evidence shows that drivers of poor diets and overweight are multi-faceted and complex, operating across the life-course (9, 10). Any single intervention or policy is likely to have a modest impact on population nutrition and body weight status with many actions required to influence these outcomes. There are also considerable lag times between the implementation of population-level policies and health outcomes.

Proposed policy objectives for consultation

Based on the context and evidence outlined above, and through targeted consultation, the following policy objectives are proposed.

Option 1.1 To reduce children’s exposure to unhealthy food marketing and the persuasive power of this marketing (short-term objective, within 1-2 years).

Option 1.2 To reduce children’s exposure to unhealthy food marketing and the persuasive power of this marketing (short-term objective, within 1-2 years) AND to improve children’s dietary intakes (medium-term objective, within 3-4 years).

Potential strengths and weaknesses of the proposed policy objectives

Purported strengths and weaknesses of the proposed policy options are given below. These and other potential strengths and weaknesses can be discussed in response to the consultation questions.

Options	Strengths	Weaknesses
Option 1.1	Measurable and attainable in the short-term.	Resources and technical expertise will be required to monitor changes in children’s food marketing exposure.
Option 1.2	Measurable and attainable in the medium-term.	National monitoring of population food intake is currently infrequent and inconsistent.

Consultation questions

Which is the most appropriate policy objective? (Select one option or other(specify))

Please provide evidence/rationale for your selection. This may include consideration of:

- i) the costs and benefits;
- ii) the barriers and enablers;
- iii) impact on priority populations; and
- iv) considerations for policy monitoring and evaluation

Include references where possible.

2.0 Policy approach

Context for the proposed policy approaches

The policy approach refers to the regulatory and non-regulatory policy interventions that can be used to achieve the policy objective/s. The WHO recommends that policies to protect children from the harmful impact of food marketing adopt a regulatory approach (27).

Food marketing in Australia is largely governed by industry self-regulatory Codes of Practice from the AANA. This includes the Food and Beverages Advertising Code (34), which has been in effect since 2007 and was last updated in November 2021. Under the AANA Food and Beverages Advertising Code, all marketing of 'occasional' food and beverage products must not target children. The Code applies broadly to most media and settings, with some exemptions, such as food packaging. The AANA also has a Children's Advertising Code (29), which has been in effect in various forms since 2014. This code restricts food marketing that 'targets' children from encouraging or promoting an inactive lifestyle or unhealthy eating or drinking habits. Other general restrictions ensure that advertising to children: does not contravene prevailing community standards (as determined by the Ad Standards Community Panel); is not misleading; does not undermine caregiver authority; does not encourage excessive consumption; and is clearly distinguishable as advertising. The Outdoor Media Association has the National Health and Wellbeing Policy (36), which has been in effect since July 2020. Under the policy, the associations' members are restricted from advertising 'occasional' food and beverage products within a 150-metre sightline of primary and secondary schools.

Evidence informing the proposed policy approaches

Reviews of the international evidence on the effectiveness of policies to restrict food marketing demonstrate that such policies can reduce children's food marketing exposure and its persuasive power and improve the healthfulness of foods purchased by or for children (24). These reviews have shown that mandatory government-led policies are more likely to be effective compared to industry self-regulatory codes (24, 41). In a systematic review conducted for the WHO, out of 10 studies that evaluated the effect of mandatory Government policies, eight studies found an effect favouring the policy on reducing children's exposure to food marketing or diet-related outcomes compared to no policy (24). In comparison, of 29 studies that had evaluated the effect of self-regulatory policies, most studies found an effect favouring having no policy at all. That is, having no policy would have been preferable to having industry self-regulation.

In Australia, there are few evaluations of the current industry self-regulatory codes for food marketing. Earlier evaluation studies are available; however, these are for industry codes that are no longer in effect. Nevertheless, evidence on the prior handling of complaints by Ad Standards is relevant as this body is responsible for handling complaints against breaches to the current AANA Codes. In this regard, a study published in 2021 showed that between 2015 and 2020 of 119 complaints related to unhealthy food marketing to children made to Ad Standards, only 14 were upheld (42). At this time, the Codes in place were the 2009 Responsible Children's Marketing Initiative and the Quick Service Restaurant Initiative for Responsible Advertising and Marketing to Children. Complaints about advertisements were frequently dismissed due to advertisements being determined as not primarily 'directed to children'.

Related to other commodities for which there are marketing controls in Australia, tobacco marketing is controlled through legislation, which adopts a broad definition of marketing and applies comprehensively across media and settings. In 2005, in response to a 2002 public review of the *Tobacco Advertising Prohibition Act*, the Australian Government Department of Health issued a

statement that the Act was working well to protect the Australian public from tobacco related advertising messages. Scientific studies show lower youth exposure to tobacco pack displays and lower tobacco brand awareness among youth after the introduction of the *Tobacco Advertising Prohibition Act* compared to before the Act (30). In contrast, the marketing of breast-milk substitutes and alcohol are controlled by industry-led Codes of Practice. These codes have been criticised by government agencies and civil society as being weak and ineffective due to their voluntary arrangement, significant loopholes in the products restricted from marketing, reliance on passive monitoring through public complaints and ineffective sanctions for non-compliance.

Proposed policy approaches for consultation

Based on the context and evidence outlined above, and through targeted consultation, the following policy approaches are proposed.

Option 2.1 Status quo, which relies on a self-regulatory approach whereby food marketing is governed by industry Codes of Practice.

Option 2.2 A mandatory legislative approach with policy development, monitoring and enforcement led by the Australian Government.

Potential strengths and weaknesses of the proposed policy approaches

Options	Strengths	Weaknesses
Option 2.1	No additional administrative or regulatory costs.	Children continue to be exposed to unhealthy food marketing.
Option 2.2	Evidence shows that a government-led legislative approach would be more effective at reducing children's exposure to unhealthy food marketing compared to other options. Considered by the WHO to be the best practice policy response to control children's exposure to unhealthy food marketing.	Effectiveness will depend on the policy design.

Consultation questions

Which policy approach has the greatest chance of achieving the policy objective(s)? (Select one option).

Please provide evidence/rationale for your selection. This may include consideration of:

- i) the costs and benefits
- ii) the barriers and enablers
- iii) impact on priority populations; and
- iv) considerations for policy monitoring and evaluation

Include references where possible.

3.0 Age definition of children

Context for the proposed age definitions

The age definition of children refers to the age up to which the policy protects children from food marketing. The definition (age) of a child is required when a policy includes provisions that restrict marketing content that is 'directed to children' or delivered in children's settings or during children's media content/programming. It is of note that not all policy options need to include an age definition.

For example, the UK does not define children in their related legislation, which restricts unhealthy food marketing between 5:30am and 9:00pm on television (TV) and all unhealthy food marketing that has been paid for online.

According to the UN Convention of the Rights of a Child, of which Australia is a signatory, children are defined as ‘every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier’ (43). In most Australian states and territories, child protection legislation defines children as under the age of 18 years. The WHO recommends that all children up to the age of 18 years should be protected from unhealthy food marketing (27).

In Australia, existing relevant AANA Codes of Practice (29, 34) define children as under 14 or 15 years. The Outdoor Media Association’s policy covers advertising around both primary and secondary schools. In the Broadcasting Services (Australian Content and Children’s Television) Standards 2020, children are defined as less than 15 years (35), although the provision specifically relating to food advertising applies only to C- and P-rated programs (i.e., those specified as being for children and pre-school children).

Evidence informing the proposed age definitions

The scientific evidence shows that unhealthy food marketing negatively influences children of all ages by increasing their preferences for, and consumption of, unhealthy foods (44). Children under 13 years of age are particularly vulnerable as their cognitive skills to understand the persuasive intent of marketing are less developed compared to older children and adults (45). Older children, aged 13-18 years, often purchase their own food, are strongly influenced by their peers, are impulsive and are acutely vulnerable to the promotion of products that provide immediate reward (46-48). The consumption of unhealthy food is highest among children aged 14-18 years in Australia (49). Children’s use of, and engagement with, screen-based media also increases with age, peaking in adolescence (50).

Proposed child age for consultation

Based on the context and evidence outlined above, and through targeted consultation, the following child age definitions are proposed.

Option 3.1 Children are defined as less than 18 years of age.

Option 3.2 Children are defined as less than 15 years of age.

Potential strengths and weaknesses of the proposed child age definitions

Options	Strengths	Weaknesses
Option 3.1	<p>Aligns with the definition of children under the United Nations Convention on the Rights of a Child, of which Australia is a signatory.</p> <p>Aligns with the definition of a child within child protection laws in most Australian states and territories.</p> <p>Includes older children who (in addition to younger children) are negatively influenced by unhealthy food marketing and who consume</p>	

Policy options for consultation

Options	Strengths	Weaknesses
	<p>high volumes of unhealthy foods and beverages.</p> <p>Protects all children from the impacts of unhealthy food marketing.</p>	
Option 3.2	Aligns with existing industry Codes of Practice.	Does not include older children who have the poorest diet quality and who are also negatively influenced by unhealthy food marketing.

Consultation questions

Which age definition is most appropriate to achieve the policy objectives(s)? (Select one option)

Please provide evidence/rationale for your selection. This may include consideration of:

- i) the costs and benefits
- ii) the barriers and enablers
- iii) impact on priority populations; and
- iv) considerations for policy monitoring and evaluation

Include references where possible.

4.0 Foods and beverages to be restricted from marketing

Context for the proposed definition of foods/products to be restricted from marketing

The WHO recommends that policies to protect children from unhealthy food marketing apply a government-led food classification system to classify foods to be restricted from marketing and that this should align with national dietary guidelines (27).

In Australia, existing industry Codes of Practice related to food marketing apply nutrient profiling models developed by Australian Government agencies. The current AANA Codes of Practice (29, 34) and the Outdoor Media Association's Health and Wellbeing use the FSANZ Nutrient Profiling Scoring Criteria (NPSC)³, which was developed to determine which foods can make a health claim on the label and was the basis of the Health Star Rating system calculator. More information on the NPSC can be found on the FSANZ website at <https://www.foodstandards.gov.au/business/labelling/nutrition-health-and-related-claims/nutrient-profiling-scoring-criterion>. The Outdoor Media Association policy permits advertising of core foods, as classified in the Australian Guide to Healthy Eating, even if these exceed thresholds for nutritional quality.

Considering marketing regulations from jurisdictional governments, an ACT Government policy that restricts unhealthy food marketing on Transport Canberra buses and light rail defines foods according to the Australian Guide to Healthy Eating and restrictions apply to discretionary foods with a Health Star Rating of less than 3.5 stars.

³ The NPSC scores foods and beverages based on the amount of energy, saturated fat, total sugars and sodium in the food, along with positive components such as fruit, vegetables, nuts, legumes, dietary fibre and protein. The NPSC provides scores for products based on which NPSC category they are in. Any product with a score of < 1 for beverages, < 28 for certain dairy/high fat products and < 4 for foods not included in either of the previous categories are not permitted to be marketed to children. These nutrient thresholds align with criteria established in Standard 1.2.7 of the Food Standards Code for the use of health claims on food and beverage packages.

In 2018, the Council of Australian Governments (COAG) endorsed a national interim guide for classifying foods and beverages not recommended for marketing to children (51). The guide was aligned with the current Australian Guide to Healthy Eating and identified discretionary foods and beverages that should not be promoted, including sugar sweetened drinks, confectionery, savoury snacks, sweet snacks, desserts, ice creams and ice confections and unhealthy meals from fast food restaurants. Artificially sweetened drinks may also be considered as not recommended for promotion.

Policies may also consider how to classify food brands or logos that may or may not be permitted to be marketed under the policy framework. Brand marketing can promote a food company or a product brand, with or without promoting a specific food or drink product. A food company brand may be classified as permitted or not permitted to be marketed to children based on the nutritional quality of their top-selling products.

The AANA Codes of Practice do not apply to the marketing of food company brands or logos. According to the Ad Standards community panel, which determines if complaints against breaches of the codes are upheld, “advertisements for a brand instead of a product will not be considered”. Conversely, the COAG guide for classifying foods and beverages for food marketing policies includes restrictions on ‘master branding’ (brand marketing), stipulating that brands “should not be the predominant feature of the advertisement and can only be used in combination with the image of a healthy food or drink”.

In the UK, nutrient profiling criteria are used to classify foods that are not permitted to be marketed to children using a two-stage approach: i) products are assessed to determine whether they fall within a list of categories subjected to the legislation, reflecting foods that are of most concern to childhood obesity and ii) products representing foods of concern are assessed against a nutrient profiling model for fat, sugar or salt (HFSS) content. Brand advertising is exempt from the restrictions, provided there are no food products in the advertising. The rationale given was “to ensure that brands are not pigeonholed as synonymous with HFSS products and have the freedom to reformulate and move towards offering healthier products”. The nutrient profiling model, originally developed in the UK, was the basis for the model adapted in Australia by FSANZ to underpin criteria for nutrition and health claims.

Evidence informing the proposed definition of foods/products to be restricted from marketing

Based on evidence from policy evaluations, the use of industry-led food classification systems to define foods to be restricted from marketing has led to more undesirable effects of the policy on exposure to food marketing (24). Studies that evaluated policies that used a government-led food classification system were more likely to find a beneficial effect of the policy in reducing children’s food marketing exposure (24).

Food marketing monitoring studies identify the presence of food company brand marketing across media and settings. In one study of TV food advertising across 22 countries, including Australia, advertisements for food brands without foods depicted were shown on average 0.3 times per broadcast hour (52). Most of these advertisements were for supermarkets or fast-food restaurants. For online media, one Australian study found that adolescents were exposed to a median of 4.4 food brand promotions (without a food product) for each hour they were online on their mobile devices (50). Studies assessing the nature and extent of food company sponsorship of children’s sport find that this sponsorship is typically associated with food brands rather than food products. In these studies, food brands were deemed to be ‘unhealthy’ if they sold any foods or beverages that did not

achieve thresholds for food healthfulness according to FSANZ nutrient profiling criteria (53) or based on the healthfulness of the majority of products manufactured by the company (54-57).

Marketing of food brands that are synonymous with unhealthy foods (e.g., fast food brands) has been shown to increase children’s liking for unhealthy foods, even when only healthy food items are included in the advertisement (29). Food brand marketing has also been shown to increase reward pathways in the brain among children (35). If brand marketing is not included within the policy scope, an unintended consequence may be an increase in brand marketing by food company brands synonymous with less-healthy products in place of marketing for the food products themselves (27).

Proposed food classification systems for restricting food marketing for consultation

Based on the context and evidence outlined above, and through targeted consultation, the following food classification systems are proposed.

- Option 4.1 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.
- Option 4.2 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.
- Option 4.3 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.

Potential strengths and weaknesses of the proposed food classification systems

Options	Strengths	Weaknesses
Option 4.1	<p>The criteria defining foods permitted to be marketed to children are evidence-based and aligned with nutrition guidelines. There is potential for synergies between the marketing policy and other existing food policies, including related to food labelling (claims, front-of-pack labelling).</p> <p>The restriction of brand marketing removes the potential for marketing of unhealthy products to be replaced by brands that are associated with those unhealthy products.</p>	Careful consideration of the definition of, and process for updating the list of, brands not permitted to be marketed is required. For example, a food brand may be classified as ineligible to be marketed to children based on the nutritional quality of its top selling products. As data on product sales are typically not publicly available, the food industry would be responsible for providing evidence, as required, to confirm that a brand was permitted to be marketed.
Option 4.2	Criteria are evidence-based and aligned with nutrition guidelines. There is potential for synergies between the marketing policy and other existing food policies.	Potential increase in brand marketing that may indirectly promote unhealthy foods.
Option 4.3	Provides an incentive for including healthier foods within product portfolio to allow these to be marketed alongside the brand.	Some brands are strongly associated with unhealthy foods and marketing of

Options	Strengths	Weaknesses
		these brands may still influence consumption of these foods.

Consultation questions

- a) Which food classification approach has the greatest chance of achieving the policy objective(s)? (Select one option).

Please provide evidence/rationale for your selection. This may include consideration of:

- i) the costs and benefits
- ii) the barriers and enablers
- iii) impact on priority populations; and
- iv) considerations for policy monitoring and evaluation

Include references where possible.

- b) Which specific food classification system would be most appropriate?

- COAG Interim Guide
- FSANZ Nutrient Profiling Scoring Criteria
- Health Star Rating system
- Other

Please provide evidence/rationale for your selection.

5.0 Media platforms, settings and marketing techniques to be restricted

Marketing media and settings considered include: i) broadcast media, ii) online media, iii) outdoor advertising, iv) retail settings; v) product packaging and vi) sports sponsorship. Options for restricting unhealthy food marketing through each of these media and settings are provided. These options may stand-alone or be combined to form a more comprehensive policy approach.

5.1 Television advertising

Context for the proposed TV food advertising restrictions

According to the AANA Codes of Practice, TV advertising for unhealthy foods must not target children (29, 34). This is determined based on the nature and intended purpose of the product, the likely appeal of the media content to children and the average proportion of children in the audience where the marketing message is displayed (when 25% or more of the audience is children). Children aged 0–14 years comprise 19% of the total metropolitan viewing audience (58). Based on surveys of caregivers, adults tend to be present when children are watching TV, although this decreases with children’s age (58). For example, for 2–4 year-olds, 83% of caregivers reported that an adult was present during children’s TV viewing all or most of the time. This decreased to 33% by the time children were 13-14 years old.

The Broadcasting Services (Australian Content and Children’s Television) Standards 2020 apply only to C and P programs (35). Audience data show that children do not watch these designated children’s programs in high numbers (58). For example, in 2016 the peak viewing time for children aged 0-17 years was 7:00pm – 8:00pm, when over 650,000 children watched TV on average (59). In contrast, the top rating C program reached an average audience of 41,000 in 2016.

Turning to international examples of TV food advertising restrictions, the UK Government has recently legislated a restriction on TV advertising for unhealthy food between 5:30am and 9:00pm, including for broadcast and on-demand services. Prior to this, co-regulations in the UK restricted unhealthy food advertising on TV when children comprised over 25% of the audience. These earlier restrictions were deemed to be insufficient to protect children, with children remaining exposed to advertising of unhealthy foods as they watched programs other than those targeted to them (60).

In Chile, legislation to restrict unhealthy food marketing to children came into force in 2016, with further legislative amendments in 2018. Current provisions restrict food advertising on TV between 6:00am and 10:00pm. Initially, restrictions applied only to 'child-directed' advertising, defined as advertising that used promotional techniques, including characters, animations and toys that could attract the attention of children. Between 2016 (pre-policy) and 2017 (post-policy, but before the introduction of the time-based restrictions), the percentage of TV food advertisements during programs with general audiences and programs intended for children that were for unhealthy foods decreased significantly, however such advertisements were still present (e.g. 16% of food advertisements during programs with general audiences were for unhealthy foods and 13% of food advertisements during programs intended for children were for unhealthy foods) (61). The current time-based restriction was found to be more effective at reducing children's exposure to unhealthy food marketing than restricting marketing 'directed to children' (62).

Evidence informing the proposed TV food advertising restrictions

Children's TV viewing

Television viewing remains a dominant leisure time activity for children, although the services and channels that are used have changed drastically in the last 15 years with the advent of broadcaster multi-channels and broadcaster- and subscription-video on-demand services. In 2017, the Australian Communications and Media Authority gathered TV audience data across five metropolitan cities from OzTAM (Australian Television Audience Measurement) for 0-17 year olds from 2003-2016 (59). Data after 2008 included broadcaster multi-channels and data after 2013 included subscription and broadcaster video on-demand services. Between 2005 and 2016, average child audiences for commercial free-to-air TV decreased by 33% (168,000 to 113,000). In parallel, viewership of subscription TV increased from 2013 to 2016, from an average daily audience of 54,000 to 67,000. In 2016, children aged 0-14 years watched 92 minutes of any TV per day, a decrease of 30 minutes compared to 2005. Of this, time spent watching commercial free-to-air TV reduced from 69 minutes per day in 2005 to 39 minutes in 2016. Time spent watching subscription TV was maintained at between 22 and 26 minutes per day across this period. Children's peak viewing periods have been previously defined as when the number of children watching TV (all channels combined) is greater than a quarter of the maximum child audience rating for the day (63). Applying this definition, children's peak viewing times on weekdays and weekend days (combined) were 7:00am-8:00am and 4:00pm-11:00pm. C- and P-classified programs attracted far fewer child viewers than other popular programs for children. The most popular C-rated program in 2013 attracted a child audience of 30,000 compared to an average of 117,000 for the most popular programs for children on commercial free-to-air TV (58).

Exposure to TV food advertising

Seven Australian studies over the 10-year period to 2017 have assessed the nature and extent of food advertising on free-to-air TV. Most studies reported that the majority (up to two-thirds) of food advertising was for unhealthy products (64-66) and that the rate of unhealthy food advertising was highest during children's peak viewing times (as defined above) (67, 68), with a rate of up to four

unhealthy food advertisements per broadcast hour. Fast food restaurants/meals were some of the most frequently advertised foods. One advertisement for fast food was broadcast on each channel every 50 minutes in 2007 and every 75 minutes in 2008 (69). The promotional techniques reported included visuals, themes and language of particular appeal to children (67) and premium offers (69). Advertisements using these techniques were more likely to be for unhealthy foods and to be aired during children's popular viewing times than at other times (70).

Impact of TV food advertising on children's diet-related outcomes

In the recent systematic review and meta-analyses conducted for the WHO on the impacts of food marketing on children's diet-related outcomes, pooling data from 17 studies, TV food advertising was associated with a significant increase in choice of promoted foods (odds ratio (OR)=1.75 (95% confidence interval (CI): 1.17 to 2.61)) compared to no/non-food advertising (13).⁴ This means that children exposed to TV advertising were 75% more likely to choose foods that they had seen advertised compared to children who were not exposed. Further, based on data from 23 studies, TV food advertising was associated with an increase in food intake in children who were exposed to this advertising compared to those who were not exposed (Standardised Mean Difference (SMD)=0.21 (95% CI: 0.05 to 0.36)) (13). This difference represents a small effect size of statistical significance. Based on data from only five studies, TV food advertising did not significantly increase preferences for marketed foods in children who were exposed to TV food advertising compared to those who were not (SMD=0.44 (95% CI: -.15 to 1.03)). A recent Australian cross-sectional survey, published after the review for the WHO, found greater commercial screen media use (as a proxy for marketing exposure) was associated with children's favourable attitudes towards brands and their brand purchasing behaviours (71). Use of non-commercial screen media was not associated with these outcomes.

In addition to the evidence presented in the WHO review, two longitudinal studies have also prospectively investigated associations between children's TV food advertising exposure and their weight outcomes (72, 73). Over a period of approx. five years, American children's exposure to sugary breakfast cereal, fast food and sugar-sweetened beverage advertising on television was associated with the development of significantly higher adiposity compared to those with lower exposures (72). In another study, commercial television viewing was positively associated with children's body mass index five years later (73).

Economic evaluation evidence

Nine academic studies have evaluated the potential cost-effectiveness of TV advertising restrictions for unhealthy foods and found these to be either highly cost-effective (74-79) or cost-saving (80-82). A mix of policy options were evaluated, including statutory restrictions comprising time-based bans on food advertisements and the elimination of tax deductions for TV advertising of unhealthy foods.

Proposed TV food advertising restrictions for consultation

Based on the context and evidence outlined above, and through targeted consultation, the following TV food marketing restrictions are proposed.

- Option 5.1.1 Restrict unhealthy food advertising on TV between 5:30am and 11:00pm. Restrictions apply across all TV services and platforms.

⁴ These results are presented in the online supplementary material for this academic article.

Policy options for consultation

Option 5.1.2 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.

Option 5.1.3 Restrict unhealthy food advertising on *all* broadcast media between 05:30 and 11:00 pm (all TV services and platforms, radio, cinema, podcasts and music streaming services).

Potential strengths and weaknesses of the proposed TV food advertising restrictions

Options	Strengths	Weaknesses
Option 5.1.1	<p>The policy option covers all TV media services and platforms. This includes linear free-to-air, broadcaster and subscription video on-demand, satellite services (Pay TV) and other TV media services that become available. This accounts for changing media use habits.</p> <p>Restricting all unhealthy food advertising during the watershed period provides better protections to children, who typically watch TV during prime time and family viewing times, when large numbers of adults also watch.</p>	Does not cover radio, podcasts, music streaming services or cinema advertising.
Option 5.1.2	<p>Extending the definition of ‘directed to children’ to include children’s peak viewing times, when high absolute numbers of children are watching TV, provides better coverage of the policy to TV broadcasting and streaming when children are watching compared to current definitions in industry Codes of Practice.</p> <p>The policy option covers all TV services and platforms to account for changing media use habits.</p>	The definition of ‘peak viewing times’ requires careful consideration to ensure coverage of broadcast and viewing times that are popular with children.
Option 5.1.3	Comprehensively applies across all broadcast media, potentially providing better protections for children.	No evidence is available on the extent of Australian children’s exposures, or the impact of food marketing on radio, podcasts, music streaming services or in cinemas.

Consultation questions

Which option for restricting TV food advertising has the greatest chance of achieving the policy objective(s)? (Select one option)

Please provide evidence/rationale for your selection. This may include consideration of:

- i) the costs and benefits
- ii) the barriers and enablers
- iii) impact on priority populations; and
- iv) considerations for policy monitoring and evaluation

Include references where possible.

For media industry: please provide available data to update estimates of children's TV viewing patterns and peak viewing times.

5.2 Online marketing

Context for the proposed online media food advertising restrictions

There are no Government provisions related to food marketing to children on online media. The AANA Codes of Practice (29, 34) do not explicitly refer to online media, although these Codes apply broadly across most marketing communications. These Codes restrict the marketing of unhealthy foods targeting children (as described above). Given the near complete penetration of the Internet (96%) and social media (81%) amongst the overall Australian population (83), it is unlikely that online media platforms will have a majority child audience (even for the most popular platforms with children). While most social media platforms set a minimum user age of 13 years (e.g., Facebook, Instagram) and other platforms limit the age of users whom marketers can target to 13 years (TikTok), evidence indicates that such age limits are easily circumvented, with no proof of age requirements (84). Reports on social media monitoring acknowledge that while there may be users younger than 13 years on these platforms, these users do not feature in available data (85). Therefore, audience data for children less than 13 years are inadequate and the true child audience size cannot be determined.

Internationally, the UK Government's recent amendment to the *Communications Act* prohibits all paid advertising for unhealthy food online. This includes monetary and non-monetary payments for advertising (e.g., gifts and credits to online influencers). All content on a company's website or social media pages is exempt from the restrictions. In initial scoping of the online marketing restrictions, the UK Government consulted with the public on a time-based marketing restriction (from 5:30am to 9:00pm). In a second round of consultation on the online marketing provisions, the UK Government consulted on a proposal for a total online advertising restriction for unhealthy food products. They stated that, unlike TV, the Internet is an on-demand medium, where time of day is neither a determining factor for what content is consumed nor a proxy for establishing who is likely to engage with it. After this second round of public consultation, a total online ban on unhealthy food marketing was confirmed as the legislative response that would best meet the objective of reducing children's exposure to unhealthy food advertising online. Reasons provided for selecting a total online advertising ban were to futureproof the policy against changes in children's media habits, to account for a lack of transparency and independent data to identify online audiences with certainty and to address potential issues with compliance (86).

In Chile, legislated marketing restrictions preclude the advertising of unhealthy foods on dedicated children's websites, on child-targeted websites and when children are more than 20% of the audience (87). In addition, any form of marketing for unhealthy foods must not use promotional techniques that would appeal to children, including characters, music, premiums, interactive applications, games and contests.

Evidence informing the proposed online media food advertising restrictions

Children's online media use of, and engagement with, online media

Online media refers to digitised communication technologies through which text, audio, video and images are created, distributed and accessed through Internet-enabled devices. Examples include: websites; social media platforms, video and image sharing platforms and online audio web platforms

and their mobile applications (apps); video games (console, mobile apps and PC games); podcasts; SMS; email; and food ordering applications.⁵

Children's estimated time spent using online media varies considerably across surveys, with media use increasing with child age and recency of data collection. In a survey of 12-17 year olds conducted by the Australian eSafety Commissioner in 2020, almost all adolescents reported using the Internet to search, watch videos, chat with friends and listen to music (>90%) and to play games online with others (77%) (88). Adolescents spent an average of 14.4 hours online per week, increasing up to 16.1 hours for 16-17 year-olds. Adolescents used an average of four different social media platforms.

A survey conducted by the Royal Children's Hospital with parents of children (0-17 years) in 2017 estimated that children spent an average of 4.5 hours online per day (89). Time spent online increased with age, up to 6.2 hours per day for 13-18 year-olds. Despite age restrictions on most social media sites, 16% of children aged 6-12 years had one or more social media accounts and 12% reported using social media most days. For 13-17 year-olds, 78% had at least one social media account and 46% reported using social media every day. In another survey with parents of children (0 to 14 years) by ACMA in 2017, 68% of children watched children's programs available on-demand for free online, from sites such as YouTube (90). This included 27% of children who watched this content daily and 34% who watched weekly. A further survey with Australian parents from 2020 assessed sociodemographic variations in children's online media use. Children from socially disadvantaged families had the highest access to mobile devices (62%) and were more likely to be perceived by their parents as having greater online use than their peers compared with children in other sociodemographic groups (91).

Exposure to food marketing in online media

Online marketing is tailored to the unique characteristics and preferences of users, using data analytics that include users' personal information, browsing history, geolocations and social media engagement. This 'behavioural targeting' of marketing has major implications for related policies, including for children's privacy and marketing restrictions.

In a study conducted in Chile in 2018/19, children aged 13-17-years ($n = 95$) were asked to video record their mobile device screen anytime they went onto relevant web-based platforms or apps over 2 weekdays and 1 weekend day (62). Participants were exposed to a median of 17 food promotions each hour they went online. The most frequently promoted foods were fast food restaurants and delivery services (promoting brands without a specific food product or unhealthy choices), sugar sweetened beverages and chocolate and confectionary. Extrapolating these data, the study estimated that children would be exposed to a median of 168 food promotions online on mobile devices per week (62). In another study, 13-16 year old children ($n = 35$) attended recorded online video calls in 2020/21 and were asked to share their screen with researchers as they used their social media accounts (92)). Participants were exposed to a median of 12 (seven unbranded and five branded) food promotions per 10 minutes. This equated to more than 800 food promotions per week for each child, assuming Australian adolescents spent 1.6 hours on social media per day.

⁵ Video on demand services (including broadcaster and subscription services) are streamed from online repositories through Internet-compatible devices. However, as broadcaster- and subscription-video on demand services are produced and distributed by large entertainment networks that are licensed TV providers and because on-demand services are often considered under broadcast provisions in regulations, for the purposes of this report they have been grouped with the TV policy options.

Websites and social media pages of food companies that manufacture less healthy foods are popular with, and frequently targeted towards, children. Based on Australian social media audience data, the most popular food company Facebook pages among 13-17 year old children in 2013 were Maltesers Australia, Cold Rock Ice Creamery (Australia), Slurpee Australia, Subway Australia and Coca-Cola Australia (93). One study audited the Facebook account, websites and mobile phone apps for McDonald's, Coca-Cola and Cadbury Dairy Milk between June and July 2013 (94). Of the 21 promotional platforms identified (9 apps, 7 Facebook accounts, 5 websites), most were deemed to be aimed primarily at adolescents.

In a national survey of 1,127 10-17 year old children, 10% reported that they had been exposed to fast food and sugar sweetened beverage advertising in video or computer games in the 30 days before the survey in 2019 (95). In another survey with 12-17 year olds from Western Australia in 2017/18, 34% reported that they had seen energy drink advertising in video games (96).

[Impact of online media food marketing on children's diet-related outcomes](#)

Pooled analyses are available from the recent WHO systematic review and meta-analysis on the impacts of online food marketing on children's diet-related outcomes (13). Based on data from six studies, food marketing on online media was associated with a significant increase in choice of promoted foods (OR=1.26 (95% CI: 0.18 to 8.58)) compared to no/non-food advertising. This means that children exposed to online food marketing were 26% more likely to choose foods that they had seen marketed online compared to children who were not exposed. Based on data from 10 studies, online food marketing was also associated with an increase in food intake in children who were exposed to this marketing compared to those who were not exposed (SMD=0.32 (95% CI: 0.12 to 0.52)). This represents a small-moderate effect size of statistical significance. Further, based on data from four studies, online food marketing was associated with an increase in preferences for marketed foods in children who were exposed to online food marketing compared to those who were not (SMD=0.36 (95% CI: .20 to 0.53)). Again, this represents a statistically significant effect of small-moderate size.

[Economic evaluation evidence](#)

In the UK, a cost-benefit analyses was undertaken to examine five policy options for restricting paid advertising of unhealthy food on both TV and online platforms (97). All five options produced a positive benefit-cost ratio. The preferred option, which was predicted to produce the greatest health gain, included a 5.30am to 9:00pm watershed period on broadcast TV and restrictions on paid online advertising at all times.

[Proposed online media food marketing restrictions for consultation](#)

Based on the context and evidence outlined above and through targeted consultation the following online media food marketing restrictions are proposed.

- Option 5.2.1 Restrict all 'paid for' (monetary and non-monetary) marketing for unhealthy foods through online media. Restrictions apply across all online communication technologies.
- Option 5.2.2 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).

Potential strengths and weaknesses of the proposed online media food marketing restrictions

Options	Strengths	Weaknesses
Option 5.2.1	<p>By applying across all online media platforms, the policy takes account of online media audiences, whereby platforms that are popular with children also attract large audiences of older age groups.</p> <p>The policy reduces compliance issues associated with difficulties in redirecting unhealthy food marketing away from child users.</p> <p>Applies to both monetary and non-monetary payments for marketing. This covers brand and product endorsements by social media influencers, who may receive non-monetary incentives in return for promotions through their social media profiles.</p>	<p>Children may still be exposed to 'non-paid' forms of unhealthy food marketing, such as that on brands' and companies' own websites, social media accounts and applications.</p> <p>Difficult to monitor and enforce due to the individually targeted nature of online marketing.</p>
Option 5.2.2	<p>Includes the majority of online forms of unhealthy food marketing that children are exposed to.</p>	<p>Difficult to monitor and enforce due to the individually targeted nature of online marketing.</p>

Consultation questions

Which option for restricting online food marketing has the greatest chance of achieving the policy objective(s)? (Select one option)

Please provide evidence/rationale for your selection. This may include consideration of:

- i) the costs and benefits
- ii) the barriers and enablers
- iii) impact on priority populations; and
- iv) considerations for policy monitoring and evaluation

Include references where possible.

5.3 Outdoor advertising

Context for the proposed outdoor food advertising restrictions

Outdoor settings of major relevance to children's exposure to outdoor marketing include public transport infrastructure and areas around schools. Children's mode of travel to school and the distance travelled influence their potential marketing exposure and inform policy design. Relevant government-owned and managed places and public assets include sports stadia, state and territory government managed roads, public transport infrastructure, schools and hospitals.

As above, the Outdoor Media Association's (OMA) National Health and Wellbeing Policy (36) restricts advertising of 'occasional' foods within a 150-metre sightline of Australian primary and secondary schools. The policy does not apply within the central business district of Australian state and territory

capital cities, to advertising on premises that sell occasional foods and beverages, to transit advertising on buses, trains, trams and taxis or to advertising not visible from the school boundary. Incidental depictions of unhealthy products are permitted (e.g., when the food is not a prominent feature of the advertisement). The OMA provides members with a web-based interactive tool for mapping the locations and boundaries of primary and secondary schools in capital cities across Australia (in Adelaide, Brisbane and Gold Coast, Melbourne, Perth and Sydney). The OMA handles all complaints.

Jurisdictional government regulations also exist to control outdoor marketing on government-owned transport infrastructure. In Canberra, advertising on Transport Canberra buses and light rail cannot promote unhealthy food and drinks. The policy does not apply to bus and light rail shelters.

Evidence informing the proposed outdoor food advertising restrictions

Children's engagement with outdoor settings

A national survey with parents of children aged 5-18 years in 2018 found that 11% of primary school-aged children and 38% of adolescents used public transport to travel to school on most school days (89). Conversely, 23% and 16% walked or rode to school most days, respectively. The remaining children travelled by car. Australian Bureau of Statistics CensusAtSchool data from 2013 (the last year of collection), including almost 24,000 children in school years 4-10, found that 23% walked, cycled or skated to school and 31% caught public transport (98).

A 2017-18 study from South Eastern Queensland found that for children who walked to primary school, the median distances travelled were between 690m (to public primary schools) and 1.61km (to non-Government primary schools) (99). Another survey of primary school-aged children from Melbourne, which captured data from 2012-16, found that children were more likely to walk to school if they lived within 750m of schools (65%) compared to further away (37% of children living 750m-1.24km and 18% for those 1.25-1.99km away) (100).

Exposure to outdoor food advertising

Several studies have quantified the food marketing that children would be exposed to on their commute to and from schools. This includes studies conducted in Perth (101-103) and Sydney (104). Children commuting to school by public transport would have much greater exposures to unhealthy food marketing than their peers who walked to school. In Perth, children who caught the train or bus to school would be exposed to 37 and 22 discretionary food ads per one-way trip to school, respectively, compared to five advertisements if walking (102). In Sydney, children would be exposed to seven discretionary food advertisements each one-way trip to school when travelling by train, compared to three when travelling by bus or two advertisements when walking (104). Further, within a 500m perimeter of schools, a Perth study found an average of 36 food advertisements per school and this was higher in areas of lower socio-economic status (101). Another study assessed the nature and extent of food marketing on public transport assets across the Sydney metropolitan train network (105). Of the almost 7,000 advertisements identified, 28% promoted a food or beverage, of which most were classified as discretionary (84%).

Economic evaluation evidence

In a cost-benefit analysis and cost-utility analysis of a policy restricting advertisements of unhealthy food and beverages on transport assets owned by the Western Australian government, the policy was deemed to be excellent value-for-money, generating a net present value (lifetime economic benefit expressed in current dollars) of \$1.9 billion (106). A cost-utility analysis of a City of London policy restricting unhealthy food advertising across the Transport for London network estimated changes in

weekly calorie purchases by analysing the impact of the intervention on household purchasing, using data from a previous controlled interrupted time series analysis (107). The intervention resulted in significant health benefits and cost savings of £218 billion over the lifetime of the policy, with greater benefits observed in populations with greater socioeconomic disadvantage.

Proposed outdoor food advertising restrictions for consultation

Based on the context and evidence outlined above and through targeted consultation the following outdoor food advertising restrictions are proposed.

Option 5.3.1 Restrict unhealthy food advertising on all outdoor media.

Option 5.3.2 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.

Potential strengths and weaknesses of the proposed outdoor food advertising restrictions

Options	Strengths	Weaknesses
Option 5.3.1	Easy to implement as school boundaries or other restricted places do not require mapping.	The broad scope may make monitoring and enforcement more resource intensive.
Option 5.3.2	Aligned with existing industry Code of Practice, with an extended perimeter around schools to account for exposure upon travel to school by walking. Also accounts for marketing exposure along transport routes when travelling by car. Restrictions to advertising at government-owned and managed places and assets would be relatively easy to implement, with a change in government agencies' own policies.	Children continue to be exposed to unhealthy food marketing through marketing in other public spaces.

Consultation questions

Which option for restricting outdoor food advertising has the greatest chance of achieving the policy objective(s)? (Select one option)

Please provide evidence/rationale for your selection. This may include consideration of:

- i) the costs and benefits
- ii) the barriers and enablers
- iii) impact on priority populations; and
- iv) considerations for policy monitoring and evaluation

Include references where possible.

5.4 Product packaging

Context for the proposed food packaging restrictions

On-pack designs that target children often use bright colours, childish lettering, cartoon characters, celebrity photos, sportspersons and references to fun and play. Such on-pack marketing has an impact on children's brand associations and taste preferences and play an important role in purchasing decisions.

The AANA Codes of Practice for food marketing and advertising to children (29, 34) explicitly exclude marketing on product packages from any restrictions. The Food Standards Code establishes labelling and information requirements for food packaging, including requirements for the use of nutrition and health claims (108).

Legislation in other countries has extended to food packaging. In Chile, any form of marketing of unhealthy foods 'directed to children', including the use of characters (child figures, animations or cartoons, including brand equity characters) and premiums is prohibited on packages for unhealthy foods (87).

Evidence informing the proposed food packaging restrictions

In the evidence review, unhealthy food marketing was shown to be relatively prominent on Australian food packaging. A small Australian study examining 215 ultra-processed food items found that 47% of these had packaging with marketing content designed to appeal to children (109). A second study compared the use of marketing techniques of appeal to children against the healthfulness of foods based on the Health Star Rating system and modelled the potential restriction of on-pack marketing if this were limited to foods with 3.5 or more stars. Child-directed marketing would be removed from 89% of sweet snacks and 91% of savoury snacks under such a policy scenario (110).

Again, pooled analyses are available from the recent WHO systematic review and meta-analyses on the impacts of food marketing on children's diet-related outcomes for marketing on food packaging (13). Based on data from four studies, marketing on food packaging was associated with a significant increase in choice of promoted foods (OR=1.67 (95% CI: 1.02 to 2.75)) compared to no/non-food advertising. This means that children exposed to marketing on food packaging were 67% more likely to choose foods with this marketing compared to children who were not exposed. Based on data from nine studies, marketing on food packaging was associated with an increase in food intake in children who were exposed to this marketing compared to those who were not exposed (SMD=0.20 (95% CI: 0.11 to 0.28)). This represents a small effect size of statistical significance. Based on data from four studies, marketing on food packaging was not significantly associated with a change in preferences for marketed foods in children who were exposed to marketing compared to those who were not (SMD=0.09 (95% CI: -.07 to 0.26)). Of note, the meta-analysis could only include data for four of 11 studies assessing the effect of food packaging on children's food preferences; one found a positive association and three found no significant association. Of the remaining seven studies, five found an association between food marketing and preferences and two found no association (13).

Economic evaluation evidence

No economic evaluations were identified that examined the cost-effectiveness of on-pack marketing restrictions.

Proposed food packaging restrictions for consultation

Based on the context and evidence outlined above and through targeted consultation, the following food packaging marketing restrictions are proposed.

Option 5.4.1 Restrict on-pack marketing considered to be 'directed to children' on unhealthy foods.

Potential strengths and weaknesses of the proposed food product packaging restrictions

Options	Strengths	Weaknesses
Option 5.4.1	<p>Addresses a gap in all existing regulations for food marketing, including current industry Codes.</p> <p>May not require new legislation as it could be regulated through the Australia New Zealand Food Standards Code.</p>	<p>Careful consideration of the definition of ‘directed to children’ is required to ensure that this encompasses the range of promotional techniques of appeal to children.</p> <p>Possible trade and legal implications due to regulatory burden for international companies required to introduce different packaging in Australia and intellectual property associated with brand characters.</p>

Consultation questions

Do you support restricting on-pack marketing?

Please provide evidence/rationale for your selection. This may include consideration of:

- i) the costs and benefits
- ii) the barriers and enablers
- iii) impact on priority populations; and
- iv) considerations for policy monitoring and evaluation

Include references where possible.

5.5 Sponsorship

Context for the proposed food sponsorship restrictions

The main form of unhealthy food sponsorship occurs through sports. Australian children engage with sport as players and as spectators. Time spent engaging in sporting activities organised by sports clubs and associations influences children’s potential exposure to sport sponsorship.

The AANA Codes of Practice for food advertising and advertising to children (29, 34) also apply to sponsorship. These codes restrict sponsorship by unhealthy food products on media and in settings where children comprise a significant proportion of the audience (25% or more). Sponsorship of professional or televised sports are excluded from the codes as these also attract large numbers of adult viewers. Sponsorship is typically associated with food brands, which are not covered by the codes, rather than individual food products.

Sponsorship revenue contributes only a small proportion of most community sports clubs’ overall income, with the contribution from food companies being substantially less (54). Despite this, the nature of funding for community sport in Australia, which is principally a volunteer-led sector that receives relatively little government funding compared to funding directed at professional sport level (111, 112), means that any restrictions to community sport revenue may need to be compensated.

Alternative models of sport sponsorship are available. Firstly, replacement sponsorship for sport and art events and organisations has been provided by some state and territory government agencies since the late 1980s to offset revenue losses from tobacco sponsorship restrictions in Australia. This replacement sponsorship has been delivered through Health Promotion Foundations, which have a legislative mandate to provide replacement sponsorship to organisations previously supported through tobacco sponsorship, with additional resources provided to distribute health-related

messaging (113). For example, Health Promotion Foundations in Victoria and Western Australia provide funding of up to almost \$16 million to sporting organisations, including professional sport and community sports clubs in these jurisdictions (114, 115). In Western Australia, replacement sponsorship has been extended by Healthway to replace community-level sports sponsorship by fast food restaurants, alcohol, soft drink and confectionery companies (116). In March 2009, Healthway signed an \$1 million funding agreement with Netball WA and the state's elite woman's netball team, under the condition that they phase out their association with sponsors promoting inconsistent health messages (117). This resulted in the termination of an existing sponsorship agreement between the netball organisation and the fast-food restaurant chain Hungry Jacks (116). Later in 2010, Healthway introduced a co-sponsorship policy, restricting organisations that receive funding from the Health Promotion Foundation from simultaneously partnering with commercial organisations promoting unhealthy brands or messages (118).

There are other ways to attract sponsorship. For example, a sport sponsorship fund could be established as a brokerage system, managed through an independent organisation that accepts and distributes corporate sponsorship (119). Such a system would allow industry to provide funding to arts and sporting organisations, related to their corporate social responsibility goals. Industry contributions to community organisations could be promoted publicly, such as through annual reporting and on company-owned media, but signage and branding at clubs and events would be restricted.

For televised sports, anti-siphoning laws exist to give free-to-air TV broadcasters the first opportunity to buy the television rights to selected major sporting events (120). Subscription and pay TV services may only bid on the rights to broadcast these events after free-to-air broadcasters have declined. It is possible that these laws could be amended with the onset of any food company sponsorship restrictions of televised sports to allow the sports sector to generate increased revenue from broadcast rights to offset losses from sponsorship.

Evidence informing the proposed food sponsorship restrictions

Children's engagement with sport

Based on data from the Australian Sports Commission AusPlay 2022 survey, 47% of Australian children aged 0-14 years participated in organised sport at least once a week outside of school hours (121). Most of these activities were provided through a sports club or association. Weekly participation in organised sport increased with age; 22% of 0-4 year-olds participated at least once per week compared to over 60% of children in other age groups. One in five children (19%) participated in organised sport at least three times per week. The top five organised sporting activities for girls were swimming, dancing, gymnastics, netball and soccer. For boys, the most popular activities were swimming, soccer, Australian football, basketball and cricket. AusPlay data from 2017 show the median duration of each organised sport session was 60 minutes (121).

Televised professional sport in Australia attracts large audiences. In 2013, just over half of the top 30 programs for 0-14 year olds on paid subscription TV (Pay TV) and all the top 30 programs on Pay TV for 13-17 year olds were live sports (59). For free-to-air TV, sports programs were excluded from reporting on the most popular programs for children in 2013. Yet it was acknowledged that sporting events, such as grand finals, attracted relatively high audience ratings with children aged 0-14 years, as with viewers generally (59). From a survey of Australian adults in 2022, 14% of parents of 0-15 year olds reported their children viewed mostly sport content when watching TV (122).

Exposure to food company sport sponsorship

Unhealthy food company sponsorship has been found to be common across all levels of community sport. In the review of the evidence, the extent of unhealthy sponsorship differed across sport types – football, cricket and soccer tended to have the most sponsorship arrangements with unhealthy food companies and tennis and gymnastics the least (55, 56). Sponsor promotions commonly included branding on uniforms (53, 54), brand presence on club websites (53), branded participant packs (53), water bottles/containers, shade tents, flyers, rewards for players featuring the company’s name (54), vouchers to players for the company’s products (54) and naming rights to development programs (53). While sponsors provided some direct funding to sports organisations (53-57), it has been estimated that less than a quarter of community sports clubs’ income comes from sponsorship overall (54).

Unhealthy food company sponsorship has also been found to be extensive across professional level sports. For example, in 2018, Coca-Cola had the highest number of sponsorship partnerships across the Australian Football League (AFL), sponsoring 13 out of 18 AFL clubs (72%) (123). The AFL is considered to be the most popular spectator sport in Australia, with some 7.83 million Australians (41%) watching the AFL almost always or occasionally on TV, resulting in a large reach into the general community and, consequently, high exposure for sponsors (123). Cricket telecasts also have wide reach and attract food company sponsorship. In one study that monitored sponsorship promotions in three cricket telecasts, the main sponsor KFC’s branding was visible for 44-74% of game time, including on player and umpire uniforms, the playing surface and equipment and in telecast graphics (124). In addition, permanent ground sponsors promoted on fences and signs included Coca-Cola, Four’N Twenty pies and a ‘burger bar’.

Impact of food company sport sponsorship on children’s diet-related outcomes

In surveys with children, higher levels of marketing awareness (any marketing, including sport/event sponsorship) have been associated with higher levels of consumption of unhealthy foods and drinks (125).

Economic evaluation evidence

No economic evaluations related to sponsorship restrictions were identified.

Proposed food sponsorship restrictions for consultation

Based on the context and evidence outlined above and through targeted consultation, the following food sponsorship restrictions are proposed.

Option 5.5.1 Restrict unhealthy food sponsorship of elite and professional sports, community sports and arts and cultural events involving children as participants

Potential strengths and weaknesses of the proposed food sponsorship restriction

Options	Strengths	Weaknesses
Option 5.5.1	Provides more comprehensive sponsorship restrictions across sports for which children are participants and spectators.	<p>Potential loss of revenue for the community events and sports sector, possibly necessitating replacement sponsorship.</p> <p>Potential loss of revenue for the sport sector, potentially necessitating replacement sponsorship.</p>

Consultation questions

Do you support restricting sports and arts food sponsorship?

Please provide evidence/rationale for your selection. This may include consideration of:

- i) the costs and benefits
- ii) the barriers and enablers
- iii) impact on priority populations; and
- iv) considerations for policy monitoring and evaluation

Include references where possible.

5.6 Retail marketing

Context for the proposed food retail marketing restrictions

The National Preventive Health Strategy includes a policy objective to restrict the promotion of unhealthy food and drinks at the point of sale and end-of-aisle in prominent food retail environments, and increase the promotion of healthy food options by 2030 (9). Improving access and promotion of healthy foods including fruit and vegetables within local stores in rural and remote areas is a goal of the National Strategic Framework for Rural and Remote Health (126).

While retail restrictions for unhealthy food have not been implemented in Australia to date, point-of-sale advertising and display of tobacco products are restricted by various state and territory legislation to complement the *Tobacco Advertising Prohibition Act 1992* (127).

In July 2023, Woolworths Group implemented a company policy related to in-store food marketing by stating they would remove 'kids' confectionary from checkouts and increase healthier food choices (with a Health Star Rating of 3.5 or above) at the end of food aisles (128). Little information is available about this policy, however a media release announcing the policy in June 2023 stated that the objective of the policy was to help make it easier for customers to discover healthier food choices when shopping across the store (128).

Food security in remote First Nations communities is a national priority of the 2023 Commonwealth Closing the Gap Implementation Plan. Food security requires access to a range of affordable foods and beverages that meet the dietary and cultural needs of households. Retail policies around the placement and promotion of unhealthy foods are relevant to food security (129). Retail stores in remote areas of Australia have limited access to supplies of healthy food options (130), with healthy diets in remote communities costing more than the cost of groceries purchased in supermarkets in district centres (131, 132).

Several initiatives have been established to improve food security in First Nations communities, with varying emphasis on food marketing policies (129). The Community Stores Licensing program, now overseen by the Northern Territory Government, addresses issues pertaining to food security and community stores (133). Licenced stores must "take reasonable steps to promote good nutrition and healthy products". The Remote Indigenous Stores and Takeaways (RIST) Project, established by the NSW, SA, NT, WA, QLD and Australian Governments, has guidelines and tools for stocking and marketing healthy food for stores in remote communities (134). The Arnhem Land Progress Aboriginal Corporation, together with Monash University and Menzies School of Health Research, developed the Healthy Stores project in 2020. This project aims to improve access to healthy foods across remote retail stores and guide healthier food choices (135). Outback Stores Pty Ltd is a Commonwealth owned company that provides financial support and other services to several First Nations owned stores to assist with higher food costs in remote areas and help these stores remain viable. A Healthy Food

Policy was implemented in Outback Stores providing a variety of healthy options at reduced prices, placing water, fruit and vegetables at the front of the store and not discounting sugar sweetened beverages or promoting discretionary foods. The 2022-23 Annual Report cites a 2.51% reduction in the proportion of sugary drinks sold compared to 2021-22, which equates to nearly 7 tonnes less sugar being consumed.

Evidence informing the proposed food retail marketing restrictions

The vast majority of food consumed in Australia is purchased from retail food environments (136). In Australian major supermarkets, approximately 80% of display space at checkouts and at end-of-aisle displays are for unhealthy foods (137) and unhealthy foods and beverages are discounted more often than healthier alternatives, with larger discounts (138, 139).

These in-store marketing techniques have been shown to influence shopping purchases. International evidence shows that in-store food retail marketing, including placement-based and price-based strategies lead to increased sales (140). A 2020 review of the international literature showed that food and beverage price promotions can increase consumer purchases, over and above what would be expected for a given food category if the promotion was not in place (141, 142).

In 2021, England introduced the Food (Promotion and Placement) (England) Regulations, which restrict the promotion of food and beverages high in fat, salt and sugar by location and volume for medium and large businesses that sell food or drink. Specifically, the regulations restrict specified foods and drinks from being offered for sale as part of a volume price promotion (e.g., multibuy promotions, “buy one get one free”); free refill promotions from being offered for specified drinks; the in-store placement of specified foods and drinks near checkouts and designated queuing areas, in end-of-aisle displays, near entrances or in covered external areas; and, in online marketplaces, specified foods and drinks from being offered for sale on the home page, when consumers are searching or browsing, via pop-ups, on favourite products pages or on checkout pages (143). The stated rationale for introducing statutory regulations to restrict unhealthy food marketing in retail settings was in recognition that while some supermarkets had taken voluntary action on placement and price promotions, “these commitments [were] not implemented consistently or at scale and therefore do not support a level playing field for business nor for the consumer” (144).

Evaluation of the Healthy Stores 2020 project showed that restricting the placement of unhealthy food and beverages in high traffic areas and price promotions for these items led to significant reductions in the amount of sugar purchased, with no adverse impact on store profits (145). Such strategies are likely to work best alongside complementary strategies such as discounts for healthier options and merchandising practices to display healthy food options, which have been shown to increase healthy food purchases (146).

Economic evaluation evidence

There is limited evidence on the cost-effectiveness of policies to restrict retail marketing strategies (147). One study evaluated mandatory restrictions on the price promotion of sugar-sweetened beverages in Australia and showed that the policy was likely to be cost-effective (148). Two economic analyses evaluated retail marketing restrictions, including volume promotions (149) and placement restrictions at checkout counters, end-of-aisle displays and store entrances for unhealthy foods in the retail sector (150). These analyses were conducted as part of the UK Government’s policy development (149, 150). The preferred option, deemed most likely to meet the policy objective, was to restrict all volume offers (149) and placement promotions for unhealthy foods (150).

Proposed food retail marketing restrictions for consultation

Based on the context and evidence outlined above, and through targeted consultation, the following retail marketing restrictions are proposed.

- Option 5.6.1 Status quo, whereby food marketing within food retail outlets is determined by the retail industry.
- Option 5.6.2 Restrict placement-based promotions of unhealthy foods within food retail outlets (e.g. end-of-aisle, check-outs).
- Option 5.6.3 Restrict price-based promotions of unhealthy foods within food retail outlets (e.g. multi-buys, temporary price promotions).
- Option 5.6.4 Restrict placement-based and price-based promotion of unhealthy foods within food retail outlets.

Potential strengths and weaknesses of the proposed retail marketing restrictions

Options	Strengths	Weaknesses
Option 5.6.1	Aligned with existing practice.	Food retail practices continue to promote unhealthy foods.
Option 5.6.2	Includes marketing techniques shown to influence purchases.	Does not address some key marketing approaches.
Option 5.6.3	Includes marketing techniques shown to influence purchases.	Does not address some key marketing approaches.
Option 5.6.4	Comprehensive to include the main food retail marketing techniques that influence purchases.	

Consultation questions

Which option for restricting retail marketing has the greatest chance of achieving the policy objective(s)? (Select one option)

Please provide evidence/rationale for your selection. This may include consideration of:

- i) the costs and benefits
- ii) the barriers and enablers
- iii) impact on priority populations; and
- iv) considerations for policy monitoring and evaluation

Include references where possible.

5.7 Marketing ‘directed to children’

Context for the proposed restrictions on marketing ‘directed to children’

The policy options set out in Sections 5.1 to 5.6 may miss some specific forms of marketing that are directed to children, such as marketing through media outside of the times or settings defined above or through direct marketing to children (e.g. emails directed to children).

In Australia, the AANA Codes of Practice relevant to food marketing to children restrict unhealthy food marketing that ‘targets’ children (29, 34). This is based on the nature and intended purpose of the product, the likely appeal of the media content to children and the average proportion of children in the audience where the marketing message is displayed (when 25% or more of the audience is

children). As noted above, data shows complaints about advertisements were frequently dismissed due to advertisements being determined as not primarily directed to children (42).

Proposed restrictions on marketing ‘directed to children’ for consultation

Based on the context outlined above and through targeted consultation the following restrictions on marketing ‘directed to children’ are proposed.

Option 5.7 Restrict direct unhealthy food marketing to children and any unhealthy food marketing that uses promotional techniques with child appeal across all media and settings. This policy would be combined alongside time and media- or settings-based food marketing restrictions (e.g. Sections 5.1 to 5.6) to cover marketing not restriction under other provisions.

Potential strengths and weaknesses of the proposed restrictions on marketing ‘directed to children’

Options	Strengths	Weaknesses
Option 5.7	The policy, when combined with time-based or overall marketing restrictions for other media and settings, may limit any remaining unhealthy food marketing not covered by other restrictions.	There may be minimal benefits of this additional provision when marketing in other media and settings is sufficiently controlled.

Consultation questions

Do you support restricting unhealthy food marketing ‘directed’ to children, in addition to policy options 5.1-5.6?

Please provide evidence/rationale for your selection. This may include consideration of:

- i) the costs and benefits
- ii) the barriers and enablers
- iii) impact on priority populations; and
- iv) considerations for policy monitoring and evaluation

Include references where possible.

Final consultation question

Which media and settings do you see as the top priority for action? Please rank in order of priority.

Media or setting	Priority (1 = highest priority, 2 = second highest priority etc). Or ‘not a priority’
TV / Broadcast media	
Online media	
Outdoor advertising	
Product packaging	
Sports and arts sponsorship	
Retail marketing	
Marketing ‘directed’ to children	

References

1. Australian Bureau of Statistics. National Health Survey: First Results 2018 [Available from: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results>].
2. Australian Institute of Health and Welfare. Australia's children, overweight and obesity: Commonwealth Government of Australia; 2022 [Available from: <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/overweight-obesity>].
3. Australian Institute of Health and Welfare. Australian Burden of Disease Study 2018: Commonwealth Government of Australia; 2021 [Available from: <https://www.aihw.gov.au/reports/burden-of-disease/abds-2018-interactive-data-risk-factors/contents/about>].
4. Lister NB, Baur LA, Felix JF, Hill AJ, Marcus C, Reinehr T, et al. Child and adolescent obesity. *Nature Reviews Disease Primers*. 2023;9(1):24.
5. Simmonds M, Llewellyn A, Owen CG, Woolacott N. Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. *Obesity Reviews*. 2016;17(2):95-107.
6. Black N, Hughes R, Jones AM. The health care costs of childhood obesity in Australia: An instrumental variables approach. *Econ Hum Biol*. 2018;31:1-13.
7. Carrello J, Lung T, Killedar A, Baur LA, Hayes A. Relationship between obesity and school absenteeism in Australian children: Implications for carer productivity. *Obesity Research & Clinical Practice*. 2021;15(6):587-92.
8. Australian Government Department of Health and Aged Care. National Diabetes Strategy 2021-2030 Canberra: Commonwealth Government of Australia; 2021.
9. Australian Government Department of Health and Aged Care. National Preventive Health Strategy 2021-2030. Canberra: Commonwealth Government of Australia; 2021.
10. Australian Government Department of Health and Aged Care. National Obesity Strategy 2022-2032. Canberra: Commonwealth Government of Australia; 2022.
11. World Health Organization. Food marketing exposure and power and their associations with food-related attitudes, beliefs and behaviours: a narrative review. Geneva: WHO; 2022.
12. World Health Organization. Report of the Commission on Ending Childhood Obesity. Geneva: WHO 2016.
13. Boyland E, McGale L, Maden M, Hounsome J, Boland A, Angus K, et al. Association of food and nonalcoholic beverage marketing with children and adolescents' eating behaviors and health: A systematic review and meta-analysis. *JAMA Pediatr*. 2022;176(7):e221037.
14. Guyatt GH, Oxman AD, Vist GE, Kunz R, Falck-Ytter Y, Alonso-Coello P, et al. GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. *BMJ*. 2008;336(7650):924-6.
15. Backholer K, Gupta A, Zorbas C, Bennett R, Huse O, Chung A, et al. Differential exposure to, and potential impact of, unhealthy advertising to children by socio-economic and ethnic groups: A systematic review of the evidence. *Obes Rev*. 2021;22(3):e13144.
16. Trapp G, Hooper P, Thornton L, Kennington K, Sartori A, Wickens N, et al. Children's exposure to outdoor food advertising near primary and secondary schools in Australia. *Health Promot J Austr*. 2022;33(3):642-8.
17. Trapp G, Hooper P, Thornton LE, Kennington K, Sartori A, Wickens N, et al. Exposure to unhealthy food and beverage advertising during the school commute in Australia. *J Epidemiol Community Health*. 2021;75(12):1232-5.
18. Boyland E, Muc M, Kelly B, Halford JCG, Vohra J, Rosenberg G, et al. Indirect Associations Between Commercial Television Exposure and Child Body Mass Index. *Journal of Nutrition Education and Behavior*. 2021;53(1):20-7.

19. Norman J, Kelly B, McMahon AT, Boyland E, Baur LA, Chapman K, et al. Sustained impact of energy-dense TV and online food advertising on children's dietary intake: a within-subject, randomised, crossover, counter-balanced trial. *Int J Behav Nutr Phys Act.* 2018;15(1):37.
20. Afshin A, Sur PJ, Fay KA, Cornaby L, Ferrara G, Salama JS, et al. Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet.* 2019;393(10184):1958-72.
21. Powell LM, Harris JL, Fox T. Food marketing expenditures aimed at youth: putting the numbers in context. *Am J Prev Med.* 2013;45(4):453-61.
22. Outdoor Media Association. Annual report 2022. Sydney: OMA; 2022.
23. WARC Media. Food advertising spend by medium 2023 [Available from: <https://www.warc.com/content/paywall/article/warc-dynamic-datapoints-plus/australia-food-advertising-spend-by-medium-quarterly/en-gb/142312>].
24. Boyland E, McGale L, Maden M, Hounsome J, Boland A, Jones A. Systematic review of the effect of policies to restrict the marketing of foods and non-alcoholic beverages to which children are exposed. *Obes Rev.* 2022;23(8):e13447.
25. World Health Organization. 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: WHO; 2017.
26. World Health Organization. Acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course. Geneva: WHO 2022.
27. World Health Organization. Policies to protect children from the harmful impact of food marketing: WHO guideline. Geneva: WHO; 2023.
28. Western Pacific Regional Office of the World Health Organization. Regional action framework on protecting children from the harmful impact of food marketing in the Western Pacific. Manila: WHO Western Pacific; 2019.
29. The Australian Association of National Advertisers. Children's Advertising Code 2023 [Available from: <https://aana.com.au/self-regulation/codes-guidelines/aana-code-for-advertising-marketing-communications-to-children/>].
30. Dunlop S, Kite J, Grunseit AC, Rissel C, Perez DA, Dessaix A, et al. Out of Sight and Out of Mind? Evaluating the Impact of Point-of-Sale Tobacco Display Bans on Smoking-Related Beliefs and Behaviors in a Sample of Australian Adolescents and Young Adults. *Nicotine & Tobacco Research.* 2014;17(7):761-8.
31. World Health Organization. WHO Framework Convention on Tobacco Control. Geneva: WHO; 2003.
32. World Health Organization. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: WHO; 2010.
33. World Health Organization, UNICEF. Taking action to protect children from the harmful impact of food marketing: a child rights-based approach. Geneva: WHO, UNICEF; 2023.
34. The Australian Association of National Advertisers. Food & Beverages Advertising Code 2021 [Available from: <https://aana.com.au/self-regulation/codes-guidelines/food-and-beverages-code/>].
35. The Australian Communications and Media Authority. Broadcasting Services (Australian Content and Children's Television) Standards 2020 2020 [Available from: <https://www.legislation.gov.au/Details/F2020L01653>].
36. Outdoor Media Association. National Health and Wellbeing Policy 2022 [Available from: <https://www.oma.org.au/resources/oma-national-health-and-wellbeing-policy>].
37. The Australian Government. Tobacco Advertising Prohibition Act 1992 1992 [Available from: <https://www.legislation.gov.au/Details/C2022C00060>].
38. Alcohol Beverages Advertising Code. Responsible Alcohol Marketing Code: ABAC; 2023 [Available from: <http://www.abac.org.au/about/thecode/>].

39. Australian Government Department of Health and Aged Care. Healthy Food Partnership - program logic 2018 [Available from: <https://www.health.gov.au/resources/publications/healthy-food-partnership-program-logic?language=en>].
40. Hayes AJ, Clarke PM, Lung TW. Change in bias in self-reported body mass index in Australia between 1995 and 2008 and the evaluation of correction equations. *Popul Health Metr.* 2011;9:53.
41. Galbraith-Emami S, Lobstein T. The impact of initiatives to limit the advertising of food and beverage products to children: a systematic review. *Obes Rev.* 2013;14(12):960-74.
42. Watson WL, Pagotto A, Richmond K, Hughes C. Monitoring complaints about food marketing to children under the Australian industry Codes 2015–20: a qualitative analysis. *Australian and New Zealand Journal of Public Health.* 2021;45(6):562-7.
43. United Nations. Convention on the Rights of the Child 1989 [Available from: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>].
44. Smith R, Kelly B, Yeatman H, Boyland E. Food marketing influences children's attitudes, preferences and consumption: A systematic critical review. *Nutrients.* 2019;11(4).
45. Bargh JA, Ferguson MJ. Beyond behaviorism: on the automaticity of higher mental processes. *Psychological bulletin.* 2000;126(6):925-45.
46. Freeman B, Kelly B, Vandevijvere S, Baur L. Young adults: beloved by food and drink marketers and forgotten by public health? *Health promotion international.* 2016;31(4):954-61.
47. Pechmann C, Levine L, Loughlin S, Leslie F. Impulsive and Self-Conscious: Adolescents' Vulnerability to Advertising and Promotion. *Journal of Public Policy & Marketing.* 2005;24(2):202-21.
48. World Health Organization Regional Office for Europe. Tackling food marketing to children in a digital world: trans-disciplinary perspectives. Children's rights, evidence of impact, methodological challenges, regulatory options and policy implications for the WHO European Region Copenhagen WHO; 2016.
49. Welfare. AloHa. Nutrition across the life stages. Canberra: Commonwealth Government of Australia; 2018.
50. Kelly B, Bosward R, Freeman B. Australian Children's Exposure to, and Engagement With, Web-Based Marketing of Food and Drink Brands: Cross-sectional Observational Study. *J Med Internet Res.* 2021;23(7):e28144.
51. Council of Australian Governments Health Council. National interim guide to reduce children's exposure to unhealthy food and drink promotion 2018 [Available from: <https://www.health.gov.au/sites/default/files/documents/2022/06/national-interim-guide-to-reduce-children-s-exposure-to-unhealthy-food-and-drink-promotion-2018-national-interim-guide-to-reduce-children-s-exposure-to-unhealthy-food-and-drink-promotion-coag-health-council-2018.pdf>].
52. Kelly B, Vandevijvere S, Ng S, Adams J, Allemandi L, Bahena-Espina L, et al. Global benchmarking of children's exposure to television advertising of unhealthy foods and beverages across 22 countries. *Obesity Reviews.* 2019;20(S2):116-28.
53. Watson WL, Brunner R, Wellard L, Hughes C. Sponsorship of junior sport development programs in Australia. *Aust N Z J Public Health.* 2016;40(4):326-8.
54. Kelly B, Baur LA, Bauman AE, King L, Chapman K, Smith BJ. Food and drink sponsorship of children's sport in Australia: who pays? *Health promotion international.* 2011;26(2):188-95.
55. Macniven R, Kelly B, King L. Unhealthy product sponsorship of Australian national and state sports organisations. *Health Promot J Austr.* 2015;26(1):52-6.
56. Martino F, Chung A, Potter J, Heneghan T, Chisholm M, Riesenber D, et al. A state-wide audit of unhealthy sponsorship within junior sporting clubs in Victoria, Australia. *Public Health Nutrition.* 2021;24(12):3797-804.
57. Kelly B, Baur LA, Bauman AE, Smith BJ, Saleh S, King LA, et al. Role modelling unhealthy behaviours: food and drink sponsorship of peak sporting organisations. *Health Promot J Austr.* 2011;22(1):72-5.

58. Australian Communications and Media Authority. Children's television viewing. Attachment A: community research 2014. Canberra: ACMA; 2015.
59. Australian Communications and Media Authority. Children's television viewing and multi-screen behaviour. Analysis of 2005–16 OzTAM audience data and 2017 survey of parents, carers and guardians. Canberra: ACMA; 2017.
60. United Kingdom Department of Health and Social Care. Childhood obesity: plan of action, chapter 2 2018 [Available from: <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2>].
61. Correa T, Reyes M, Taillie LS, Corvalán C, Carpentier FRD. Food Advertising on Television Before and After a National Unhealthy Food Marketing Regulation in Chile, 2016–2017. *American Journal of Public Health*. 2020;110(7):1054-9.
62. Dillman Carpentier FR, Mediano Stoltze F, Reyes M, Taillie LS, Corvalán C, Correa T. Restricting child-directed ads is effective, but adding a time-based ban is better: evaluating a multi-phase regulation to protect children from unhealthy food marketing on television. *International Journal of Behavioral Nutrition and Physical Activity*. 2023;20(1):62.
63. INFORMAS. INFORMAS protocol, food promotion module. Television food marketing. Auckland: University of Auckland; 2017.
64. Arora A, Bowman CM, Chow SJP, Thepsourinthone J, Bhole S, Manohar N. A content analysis of Australian television advertising: focus on child and adolescent oral health. *BMC Pediatr*. 2018;18(1):384.
65. Watson WL, Johnstone A, Hughes C, Chapman K. Determining the 'healthiness' of foods marketed to children on television using the Food Standards Australia New Zealand nutrient profiling criteria. *Nutr Diet*. 2014;71:178-83.
66. Roberts M, Pettigrew S, Chapman K, Quester P, Miller C. The advertised diet: an examination of the extent and nature of food advertising on Australian television. *Health Promot J Austr*. 2013;24(2):137-42.
67. Kelly B, Halford JC, Boyland EJ, Chapman K, Bautista-Castano I, Berg C, et al. Television food advertising to children: a global perspective. *Am J Public Health*. 2010;100(9):1730-6.
68. Roberts M, Pettigrew S, Chapman S, Quester P, Miller C. Children's exposure to food advertising: An analysis of the effectiveness of self-regulatory codes in Australia. *Nutr Diet*. 2014;71:35-40.
69. Kelly B, Chapman K, King L, Hebden L. Trends in food advertising to children on free-to-air television in Australia. *Aust N Z J Public Health*. 2011;35(2):131-4.
70. Pettigrew S, Roberts M, Chapman K, Quester P, Miller C. The use of negative themes in television food advertising. *Appetite*. 2012;58(2):496-503.
71. Kelly BB, Emma, Tatlow-Golden M, Christiansen P. Testing a conceptual Hierarchy of Effects model of food marketing exposure and associations with children and adolescents' diet-related outcomes. *Public Health Nutrition*. 2023:1-23.
72. Powell LM, Wada R, Khan T, Emery SL. Food and beverage television advertising exposure and youth consumption, body mass index and adiposity outcomes. *Can J Econ*. 2017;50(2):345-64.
73. Zimmerman FJ, Bell JF. Associations of television content type and obesity in children. *Am J Public Health*. 2010;100(2):334-40.
74. Brown V, Ananthapavan J, Veerman L, Sacks G, Lal A, Peeters A, et al. The potential cost-effectiveness and equity impacts of restricting television advertising of unhealthy food and beverages to Australian children. *Nutrients*. 2018;10(5):622.
75. Cecchini M, Sassi F, Lauer JA, Lee YY, Guajardo-Barron V, Chisholm D. Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. *The Lancet*. 2010;376(9754):1775-84.
76. Gortmaker SL, Long MW, Resch SC, Ward ZJ, Cradock AL, Barrett JL, et al. Cost effectiveness of childhood obesity interventions: evidence and methods for CHOICES. *American journal of preventive medicine*. 2015;49(1):102-11.

77. Mytton OT, Boyland E, Adams J, Collins B, O'Connell M, Russell SJ, et al. The potential health impact of restricting less-healthy food and beverage advertising on UK television between 05.30 and 21.00 hours: a modelling study. *PLoS medicine*. 2020;17(10):e1003212.
78. Magnus A, Haby M, Carter R, Swinburn B. The cost-effectiveness of removing television advertising of high-fat and/or high-sugar food and beverages to Australian children. *International journal of obesity*. 2009;33(10):1094-102.
79. Sonnevile KR, Long MW, Ward ZJ, Resch SC, Wang YC, Pomeranz JL, et al. BMI and healthcare cost impact of eliminating tax subsidy for advertising unhealthy food to youth. *American Journal of Preventive Medicine*. 2015;49(1):124-34.
80. Cobiac LJ, Law C, Scarborough P. PRIMETIME: an epidemiological model for informing diet and obesity policy. *medRxiv*. 2022:2022.05.18.22275284.
81. Gortmaker SL, Wang YC, Long MW, Giles CM, Ward ZJ, Barrett JL, et al. Three interventions that reduce childhood obesity are projected to save more than they cost to implement. *Health Affairs*. 2015;34(11):1932-9.
82. Kenney EL, Mozaffarian RS, Long MW, Barrett JL, Craddock AL, Giles CM, et al. Limiting television to reduce childhood obesity: Cost-Effectiveness of five population strategies. *Childhood Obesity*. 2021;17(7):442-8.
83. Kepios. Digital 2023, Australia 2023 [Available from: <https://datareportal.com/reports/digital-2023-australia>].
84. Pasquale L, Zippo P, Curley C, O'Neill B, Mongiello M. Digital Age of Consent and Age Verification: Can They Protect Children? *IEEE Software*. 2022;39(3):50-7.
85. Meltwater. Social Media Statistics for Australia 2023 [18 December 2023]. Available from: <https://www.meltwater.com/en/blog/social-media-statistics-australia>.
86. UK Government. Introducing further advertising restrictions on TV and online for products high in fat, salt or sugar: consultation on secondary legislation 2022 [Available from: <https://www.gov.uk/government/consultations/introducing-further-advertising-restrictions-on-tv-and-online-for-products-high-in-fat-salt-or-sugar-secondary-legislation/introducing-further-advertising-restrictions-on-tv-and-online-for-products-high-in-fat-salt-or-sugar-consultation-on-secondary-legislation>].
87. Corvalán C, Reyes M, Garmendia ML, Uauy R. Structural responses to the obesity and non-communicable diseases epidemic: Update on the Chilean law of food labelling and advertising. *Obes Rev*. 2019;20(3):367-74.
88. Australian Government eSafety Commissioner. The digital lives of Aussie teens. Canberra: eSafety; 2021.
89. Rhodes A. Travelling to school: Habits of Australian families. Melbourne: The Royal Children's Hospital Melbourne; 2019.
90. Rhodes A. Screen time: What's happening in our homes? Melbourne: The Royal Children's Hospital Melbourne; 2017.
91. Graham A, Sahlberg P. Growing Up Digital Australia: Phase 2 technical report. Sydney: Gonski Institute for Education. UNSW; 2021.
92. van der Bend DLM, Jakstas T, van Kleef E, Shrewsbury VA, Bucher T. Adolescents' exposure to and evaluation of food promotions on social media: a multi-method approach. *International Journal of Behavioral Nutrition and Physical Activity*. 2022;19(1).
93. Freeman B, Kelly B, Baur L, Chapman K, Chapman S, Gill T, et al. Digital junk: food and beverage marketing on Facebook. *Am J Public Health*. 2014;104(12):e56-64.
94. Boelsen-Robinson T, Backholer K, Peeters A. Digital marketing of unhealthy foods to Australian children and adolescents. *Health promotion international*. 2016;31(3):523-33.
95. Demers-Potvin E, White M, Potvin Kent M, Nieto C, White CM, Zheng X, et al. Adolescents' media usage and self-reported exposure to advertising across six countries: Implications for less healthy food and beverage marketing. *BMJ Open*. 2022;12(5).

96. Parnell SA, Mandzufas J, Howard J, Gannett AT, Trapp GSA. A massive hit that targets kids quite a bit: Where and how Australian school children see energy drinks. *Health promotion journal of Australia : official journal of Australian Association of Health Promotion Professionals*. 2023(9710936).
97. Department for Health and Social Care. Introducing a 2100-0530 watershed on TV and online restriction for paid advertising of food and drink that are High in Fat, Salt and Sugar (HFSS) products [Impact Assessment]. UK2021 [cited 2023 03 October]. Available from: <https://www.gov.uk/government/consultations/total-restriction-of-online-advertising-for-products-high-in-fat-sugar-and-salt-hfss/evidence-note>.
98. Garrard J. Walking, riding or driving to school: what influences parents' decision making? Adelaide: South Australian Department of Planning, Transport and Infrastructure; 2016.
99. Yan Y BM, Leung A, . Travel behaviour differences between private and public-school students in South East Queensland. *Australasian Transport Research Forum Proceedings*. 2019.
100. Carver A, Barr A, Singh A, Badland H, Mavoa S, Bentley R. How are the built environment and household travel characteristics associated with children's active transport in Melbourne, Australia? *Journal of Transport & Health*. 2019;12:115-29.
101. Trapp G, Hooper P, Thornton L, Kennington K, Sartori A, Wickens N, et al. Children's exposure to outdoor food advertising near primary and secondary schools in Australia. *Health Promotion Journal of Australia*. 2022;33(3):642-8.
102. Trapp G, Hooper P, Thornton LE, Kennington K, Sartori A, Wickens N, et al. Exposure to unhealthy food and beverage advertising during the school commute in Australia. *Journal of Epidemiology and Community Health*. 2021;75(12):1232-5.
103. Parnell A, Edmunds M, Pierce H, Stoneham MJ. The volume and type of unhealthy bus shelter advertising around schools in Perth, Western Australia: Results from an explorative study. *Health Promot J Austr*. 2019;30(1):88-93.
104. Richmond KJ, Watson WL, Hughes C, Kelly B. Children's trips to school dominated by unhealthy food advertising in Sydney, Australia. *Public health research & practice*. 2020;30(1).
105. Sainsbury E, Colagiuri S, Magnusson R. An audit of food and beverage advertising on the Sydney metropolitan train network: regulation and policy implications. *BMC Public Health*. 2017;17(1):490.
106. Ananthapavan J AM. Economic evaluation of the implementation of a policy to restrict unhealthy food and drink advertising on Western Australian (WA) state owned assets 2023 [Available from: <https://cancerwa.asn.au/wp-content/uploads/2023/09/Economic-Evaluation-WA-Healthy-food-advertising.pdf>].
107. Thomas C, Breeze P, Cummins S, Cornelsen L, Yau A, Brennan A. The health, cost and equity impacts of restrictions on the advertisement of high fat, salt and sugar products across the transport for London network: a health economic modelling study. *International Journal of Behavioral Nutrition and Physical Activity*. 2022;19(1):1-12.
108. Food Standards Australia New Zealand. *Food Standards Code*. 2021.
109. Pulker CE, Scott JA, Pollard CM. Ultra-processed family foods in Australia: nutrition claims, health claims and marketing techniques. *Public Health Nutrition*. 2018;21(1):38-48.
110. Watson WL, Torkel S, Kat M, Hughes C. How healthy are Australian lunch box snacks with child-directed marketing? *Health Promotion Journal of Australia*. 2023.
111. Australian Government Independent Sport Panel. *The future of sport in Australia (Crawford Report): Australian Government Independent Sport Panel 2009* [Available from: <http://www.sportpanel.org.au/internet/sportpanel/publishing.nsf/Content/crawford-report-full>].
112. Hogan K, Norton K. The 'price' of Olympic gold. *Journal of Science and Medicine in Sport*. 2000;3(2):203-18.
113. Giles-Corti B, Clarkson JP, Donovan RJ, Frizzell SK, Carroll AM, Pikora T, et al. Creating smoke-free environments in recreational settings. *Health Educ Behav*. 2001;28(3):341-51.

114. Healthway. Annual report 2009/2010 Perth: Western Australian Health Promotion Foundation; 2010 [Available from: [http://www.parliament.wa.gov.au/publications/tailedpapers.nsf/displaypaper/3812498afa733f94d809e21f4825779f00164f70/\\$file/tp2498.pdf](http://www.parliament.wa.gov.au/publications/tailedpapers.nsf/displaypaper/3812498afa733f94d809e21f4825779f00164f70/$file/tp2498.pdf)].
115. VicHealth. VicHealth's Year in review 2009-10 Melbourne: Victorian Health Promotion Foundation; 2010 [Available from: <http://www.vichealth.vic.gov.au/About-VicHealth/Annual-Reporting.aspx>].
116. Hampson K, Painter S. Ban junk food ads in adult sport too: experts. *The West Australian*. 2008.
117. O'Leary C. Eagles row over fast-food sponsor. *The West Australian* 4 March 2009.
118. Clarkson J. Time to get tough on unhealthy sponsorships. *Health Promotion Journal of Australia*. 2010;21(3):164-5.
119. Harris J, Speers S, Schwartz M, Brownell K. US Food Company Branded Advergaming on the Internet: Children's exposure and effects on snack consumption. *Journal of Children and Media*. 2012;6:51-68.
120. Broadcasting Services Act 1992, (2021).
121. Clearinghouse for sport. AusPlay results Caberra: Australian Sports Commission; 2023 [Available from: <https://www.clearinghouseforsport.gov.au/research/ausplay/results>].
122. Social Research Centre. The 2022 media content consumption survey – summary report Canberra: Department of Infrastructure, Transport, Regional Development, Communications and the Arts; 2023.
123. Sartori A, Stoneham M, Edmunds M. Unhealthy sponsorship in sport: a case study of the AFL. *Australian and New Zealand Journal of Public Health*. 2018;42(5):474-9.
124. Sherriff J, Griffiths D, Daube M. Cricket: notching up runs for food and alcohol companies? *Aust N Z J Public Health*. 2010;34(1):19-23.
125. Critchlow N, Bauld L, Thomas C, Hooper L, Vohra J. Awareness of marketing for high fat, salt or sugar foods, and the association with higher weekly consumption among adolescents: a rejoinder to the UK government's consultations on marketing regulation. *Public Health Nutr*. 2020;23(14):2637-46.
126. Rural Health Standing Committee. National Strategic Framework for Rural and Remote Health. Canberra: Department of Health and Aged Care; 2011.
127. Grace C. State and territory legislation. In *Tobacco in Australia: Facts and issues*. In: Scollo M, Winstanley, MH, editor. Melbourne: Cancer Council Victoria 2018.
128. Woolworths Group. Woolworths removed kids confectionary from checkouts and increases healthier choices at the end of aisles 2023 [Available from: <https://www.woolworthsgroup.com.au/au/en/media/latest-news/2023/woolworths-announces-healthier-checkouts.html>].
129. National Indigenous Australians Agency. Food security in remote First Nations communities. Canberra: National Indigenous Australians Agency; 2023.
130. Ferguson M, O'Dea K, Altman J, Moodie M, Brimblecombe J. Health-Promoting Food Pricing Policies and Decision-Making in Very Remote Aboriginal and Torres Strait Islander Community Stores in Australia. *Int J Environ Res Public Health*. 2018;15(12).
131. The House Standing Committee on Indigenous Affairs. Food pricing in remote Aboriginal and Torres Strait Islander communities. Canberra: The Parliament of the Commonwealth of Australia; 2020.
132. Northern Territory Government. NT Market Basket Survey 2021. Northern Territory Government; 2022.
133. Parliament of Australia. Stronger Futures in the Northern Territory Act 2012. Federal Register of Legislation; 2012.
134. Remote Indigenous Stores and Takeaways Project. Remote Indigenous Stores and Takeaways Project: Australian Indigenous Health InfoNet; 2005 [Available from:

- https://healthinonet.ecu.edu.au/key-resources/resources/14880/?title=Remote+Indigenous+Stores+and+Takeaways+Project&contentid=14880_1.
135. The Arnhem Land Progress Aboriginal Corporation. Health and Nutrition Strategy Darwin: The Arnhem Land Progress Aboriginal Corporation; n.d [Available from: <https://www.alpa.asn.au/health-and-nutrition>].
136. Spencer SK, M. FOODmap: An analysis of the Australian food supply chain, Department of Agriculture, Fisheries and Forestry, Canberra. 2012 [Available from: <https://www.agriculture.gov.au/sites/default/files/sitecollectiondocuments/ag-food/food/national-food-plan/submissions-received/foodmap-an-analysis-of-the-australian-food-supply-chain-30-july.pdf>].
137. Schultz S, Cameron AJ, Grigsby-Duffy L, Robinson E, Marshall J, Orellana L, et al. Availability and placement of healthy and discretionary food in Australian supermarkets by chain and level of socio-economic disadvantage. *Public Health Nutr.* 2021;24(2):203-14.
138. Riesenbergs D, Backholer K, Zorbas C, Sacks G, Paix A, Marshall J, et al. Price Promotions by Food Category and Product Healthiness in an Australian Supermarket Chain, 2017-2018. *Am J Public Health.* 2019;109(10):1434-9.
139. Zorbas C, Gilham B, Boelsen-Robinson T, Blake MRC, Peeters A, Cameron AJ, et al. The frequency and magnitude of price-promoted beverages available for sale in Australian supermarkets. *Aust N Z J Public Health.* 2019;43(4):346-51.
140. Hecht AA, Perez CL, Polascek M, Thorndike AN, Franckle RL, Moran AJ. Influence of Food and Beverage Companies on Retailer Marketing Strategies and Consumer Behavior. *Int J Environ Res Public Health.* 2020;17(20).
141. Bennett R, Zorbas C, Huse O, Peeters A, Cameron AJ, Sacks G, et al. Prevalence of healthy and unhealthy food and beverage price promotions and their potential influence on shopper purchasing behaviour: A systematic review of the literature. *Obes Rev.* 2020;21(1):e12948.
142. Public Health England. Sugar Reduction: The evidence for action Annexe 4: An analysis of the role of price promotions on the household purchases of food and drinks high in sugar 2015 [Available from: https://assets.publishing.service.gov.uk/media/5a7f9a6040f0b623026907cd/Annexe_4_Analysis_of_price_promotions.pdf].
143. UK Government. The Food (Promotion and Placement) (England) Regulations 2021 [Internet]. England: Legislation2021 [Available from: <https://www.legislation.gov.uk/uksi/2021/1368>].
144. United Kingdom Department of Health and Social Care. Restricting promotions of products high in fat, sugar and salt by location and by price: government response to public consultation 2021 [Available from: <https://www.gov.uk/government/consultations/restricting-promotions-of-food-and-drink-that-is-high-in-fat-sugar-and-salt/outcome/restricting-promotions-of-products-high-in-fat-sugar-and-salt-by-location-and-by-price-government-response-to-public-consultation>].
145. Brimblecombe J, McMahon E, Ferguson M, De Silva K, Peeters A, Miles E, et al. Effect of restricted retail merchandising of discretionary food and beverages on population diet: a pragmatic randomised controlled trial. *The Lancet Planetary Health.* 2020;4(10):e463-e73.
146. Brimblecombe J, Ferguson M, Chatfield MD, Liberato SC, Gunther A, Ball K, et al. Effect of a price discount and consumer education strategy on food and beverage purchases in remote Indigenous Australia: a stepped-wedge randomised controlled trial. *The Lancet Public Health.* 2017;2(2):e82-e95.
147. Tran HNQ, McMahon E, Moodie M, Ananthapavan J. A Systematic Review of Economic Evaluations of Health-Promoting Food Retail-Based Interventions. *International Journal of Environmental Research and Public Health.* 2021;18(3):1356.

148. Huse O, Ananthapavan J, Sacks G, Cameron AJ, Zorbas C, Peeters A, et al. The potential cost-effectiveness of mandatory restrictions on price promotions for sugar-sweetened beverages in Australia. *Int J Obes (Lond)*. 2020;44(5):1011-20.

149. Department of Health and Social Care. Restricting volume promotions for high fat, sugar, and salt (HFSS) products [Internet]. UK: DHSC2020 [updated 19 July 2021. Available from: <https://assets.publishing.service.gov.uk/media/60f59e358fa8f50c6f050c8e/impact-assessment-for-restricting-volume-promotions-for-HFSS-products.pdf>.

150. Department of Health and Social Care. Restricting checkout, end-of-aisle, and store entrance sales of food and drinks high in fat, salt, and sugar (HFSS) [Internet]. UK: DHSC2020 [updated 19 July 2021 Available from: <https://assets.publishing.service.gov.uk/media/61095bfcd3bf7f044d7ad7f8/impact-assessment-restricting-checkout-end-of-aisle-and-store-entrance-sales-of-HFSS.pdf>.

Annex 1 - Policy options considered but not further progressed

As part of the consultation process a targeted stakeholder consultation was conducted. Based on the responses (majority no support) some policy options were deemed not for further consideration (Table 1A). Note numbers in the table reflect original numbering prior to removal of options. Numbers in the current paper have been updated to reflect the removals.

Table A1: Policy options considered but not further progressed

Policy options
Option 1.3 To improve children’s body weight status (long-term objective).
Option 2.2 A co-regulatory approach, whereby the Australian Government provides guidelines, which the food and advertising industries can choose to adopt or not.
Option 2.3 A co-regulatory approach, whereby the food and advertising industries provide guidelines and the Australian Government monitors and enforces the rules.
Option 5.2.2 Restrict ‘paid for’ (monetary and non-monetary) marketing for unhealthy foods on online media based on the time of online use, with marketing not permitted between 5:30am and 11:00pm. Restrictions apply across all digitised communication technologies.
Option 5.3.2 Restrict unhealthy food advertising on outdoor media within 750m around schools (aligned with distance travelled when walking to school) and along major transport corridors.
Option 5.5.1 Restrict the promotion of unhealthy food sponsorship of community sports and events involving children as participants, including any visible signage and branding.
Option 5.5.2 Restrict unhealthy food sponsorship of televised events, including sporting players, teams and events.
Option 5.6.1 Restrict marketing that is ‘directed to children’ across all media and settings, including where promotional techniques with child appeal are used, where unhealthy food marketing is placed in settings where children live, learn and play and in media that attracts substantial child audiences.