

Calls for restricting the marketing of unhealthy foods to children ignored by policy makers

What can we do?

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Unhealthy diet is the leading risk factor for death, life-years lost, and disability in Canada according to the latest Global Burden of Disease Study, which estimated that 65 722 Canadians died and 864 032 life-years were lost in 2010 as a result of unhealthy diet.¹ Unhealthy diet, broadly defined by the World Health Organization as being high in saturated fats, trans fatty acids, free sugars, or sodium,^{2,3} is a substantial contributor to much of the global and national disease burden through obesity, dyslipidemia, diabetes, and hypertension.

Dietary habits start early in life, and the effect of Canadians' suboptimal diets is cause for concern.⁴ In Canada, it is estimated that 1 in 4 adults and 1 in 3 children are obese, largely the result of excess caloric intake and physical inactivity.^{4,5} Evidence further demonstrates that childhood obesity is closely linked to increasing pediatric hypertension and type 2 diabetes, diseases that have traditionally been restricted to adult populations.^{6,7} If current trends continue, it is expected that the current generation of Canadian children will live shorter lives than their parents.⁸ Family physicians face the medical consequences of diet-related diseases daily and play a key role in both the prevention and the management of these diseases.

While the basis for unhealthy eating and its associated diseases is multifactorial, dietary choices and behaviour are directly attributable to an environment that promotes and facilitates access to unhealthy foods and beverages. This includes the pervasive marketing practices used to promote unhealthy foods and beverages. Research has shown an association between obesity in children and the strong and negative influence the marketing of unhealthy foods and beverages has on children's dietary behaviour.⁹ Not only have such marketing practices normalized the eating of unhealthy foods, but they are also disproportionately directed at children.¹⁰ Indeed, Canadian children have higher rates of exposure to marketing of unhealthy foods than children in many other countries do.¹¹ While countries worldwide prioritize the prevention of chronic disease and enhance efforts to improve diet as a key strategy,¹² the food industry continues to direct millions

of marketing dollars at increasing sales and consumption of the very foods contributing to our diet-related disease burden.¹⁰

Regulation attempts

In Canada, the food industry sets its own guidelines and self-regulates its marketing of unhealthy foods and beverages to children, with no government monitoring or oversight.¹³ This approach has not been effective. The result is that more than 60% of foods that are defined as "healthy" by several Canadian food companies pledging to follow food-marketing restrictions would actually be too unhealthy to market in other countries.¹⁴ Further, some companies that committed to not marketing unhealthy foods to children have been found to have higher rates of marketing of unhealthy foods and beverages than companies that have not made that commitment.¹⁵ The fact that Canadian children are exposed to as many as 7 food advertisements per hour on television and that most of these ads promote food products that are inconsistent with national dietary guidelines¹¹ further suggests that the industry's self-regulatory approach is unlikely to improve children's diets. Globally there is evidence that self-regulation by the food industry to reduce unhealthy eating has not been effective.¹⁶

Several countries, including Sweden, Norway, and the United Kingdom, have taken regulatory action to restrict marketing of unhealthy foods and beverages to children.¹⁷ In the 1980s, Quebec introduced regulations to ban all commercial advertising to children younger than 13 years of age.¹⁸ Although the Quebec regulations were challenged, the Supreme Court of Canada ruled in Quebec's favour and indicated advertisers "should not be able to capitalize upon children's credulity" and "advertising directed at young children is per se manipulative."¹⁹ While no research has assessed the effect of Quebec's ban of commercial advertising on children's weight status, the ban has afforded some protection to Quebec's French-speaking population, as Francophone children are less likely to be exposed to television advertising of unhealthy foods and beverages than their Anglophone counterparts are.^{15,20} Media "spillover" from other provinces, lack of strong government monitoring and oversight, and narrow definitions of *marketing* continue to challenge the ban's effect and success.²¹

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Supported by several systematic reviews,^{9,22-24} the United Nations and the World Health Organization have called for restrictions on marketing of unhealthy foods to children.²⁵⁻²⁷ Concerned about the current and future health of children, the College of Family Physicians of Canada and 23 other Canadian health and scientific organizations, including the Canadian Medical Association and the Public Health Physicians of Canada, have called in a policy consensus statement for the development and implementation of policies and processes to stop all marketing of unhealthy foods and beverages to children younger than 13 years of age.²⁸

Action required

Despite calls for stronger federal government action, both nationally and internationally, little progress has been made. Proposed legislation at the federal (Bill C-324) and provincial (Bill 53) levels to restrict marketing of unhealthy foods and beverages to children has been defeated, and no other provincial government outside of Quebec has introduced a regulatory process or established oversight for an effective voluntary restriction. Actions speak louder than words. Reducing children's exposure to the marketing of foods and beverages high in fat, sugar, or sodium has been identified as a key strategy to curb childhood obesity in Canada.²⁹ Yet, despite their established ineffectiveness, voluntary industry-led efforts remain the preferred government approach.

Should family physicians and our organizations accept the status quo or examine what further actions are required? To accept status quo leaves an important determinant of Canadian children's health in the hands of an industry that generates profits by selling the very foods that cause children to become unhealthy and increase their long-term risk of early death and disability, largely from cardiovascular diseases. The alternative is to become more active in ensuring that our colleagues, fellow Canadians, and policy makers understand that children's current health and well-being are at stake as a result of poor diets, and that improving children's dietary health is a national priority.²⁹

Family physicians are well positioned to have an effect on childhood obesity and the resulting chronic disease epidemic. Collectively, family physicians can take action and support the College of Family Physicians of Canada and other signatories to the consensus statement to restrict the marketing of unhealthy foods and beverages to children and youth in Canada in facilitating efforts at the public education and policy levels. The CanMEDS-Family Medicine competencies identify family physicians as health advocates³⁰ who, through their influence and advocacy, can play a role as individuals by getting involved in local, provincial, and national organizations and in the College's communications with provincial and federal politicians. The role of unhealthy

foods as the key determinant of death and disability needs to be incorporated into undergraduate, postgraduate, and continuing education, as well as be prominently featured in the lectures, workshops, textbooks, and manuscripts that discuss disease prevention and wellness. We need to advocate that unhealthy eating as the leading cause of death and disability is a topic that needs to be addressed and be made a priority for research funding. Further, medical journals need to feature more articles related to unhealthy eating and interventions to promote healthy eating. Increasing the public discussion of this critical health problem within the primary and family medicine communities is an important step toward societal changes to reduce the exposure of children to marketing of unhealthy foods and beverages. If we do not show that we care, why would the government policy makers care? 

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Competing interests

None declared

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References

1. Institute for Health Metrics and Evaluation [website]. *GBD arrow diagram*. Seattle, WA: Institute for Health Metrics and Evaluation; 2013. Available from: <http://healthmetricsandevaluation.org/gbd/visualizations/gbd-arrow-diagram>. Accessed 2013 Sep 10.
2. Slater J, Green CG, Sevenhuysen G, Edginton B, O'Neil J, Heasman M. The growing Canadian energy gap: more the can than the couch? *Public Health Nutr* 2009;12(11):2216-24. Epub 2009 Jun 17.
3. Institute of Medicine of the National Academies. *A population-based policy and systems change approach to prevent and control hypertension*. Washington, DC: National Academies Press; 2010.
4. Statistics Canada [website]. *Overweight and obese adults (self-reported)*, 2012. Ottawa, ON: Statistics Canada; 2013. Available from: www.statcan.gc.ca/pub/82-625-x/2013001/article/11840-eng.htm. Accessed 2014 Feb 25.
5. Roberts KC, Shields M, de Groh M, Aziz A, Gilbert JA. Overweight and obesity in children and adolescents: results from the 2009 to 2011 Canadian Health Measures Survey. *Health Rep* 2012;23(3):37-41.
6. Feber J, Ahmed M. Hypertension in children: new trends and challenges. *Clin Sci (Lond)* 2010;119(4):151-61.
7. Fazeli Farsani S, van der Aa MP, van der Vorst MM, Knibbe CA, de Boer A. Global trends in the incidence and prevalence of type 2 diabetes in children and adolescents: a systematic review and evaluation of methodological approaches. *Diabetologia* 2013;56(7):1471-88. Epub 2013 May 16.
8. Olshansky SJ, Passaro DJ, Hershow RC, Layden J, Carnes BA, Brody J, et al. A potential decline in life expectancy in the United States in the 21st century. *N Engl J Med* 2005;352(11):1138-45.
9. Cairns G, Angus K, Hastings G, Caraher M. Systematic reviews of the evidence on the nature, extent and effects of food marketing to children. A retrospective summary. *Appetite* 2013;62:209-15. Epub 2012 May 2.
10. Federal Trade Commission. *Marketing food to children and adolescents. A review of industry expenditures, activities, and self-regulation. A report to congress*. Washington, DC: Federal Trade Commission; 2008. Available from: www.ftc.gov/sites/default/files/documents/reports/marketing-food-children-and-adolescents-review-industry-expenditures-activities-and-self-regulation/p064504foodmktgreport.pdf. Accessed 2014 Sep 16.
11. 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.

12. World Health Organization. *Zero draft. Global action plan for the prevention and control of noncommunicable diseases 2013-2020*. Geneva, Switz: World Health Organization; 2012. Available from: www.who.int/nmh/events/2012/ncd_zero_draft_action_plan_2013-2020.pdf. Accessed 2012 Oct 15.
13. Advertising Standards Canada. *The Canadian children's food and beverage advertising initiative: 2011 compliance report*. Toronto, ON: Advertising Standards Canada; 2012. Available from: www.adstandards.com/en/childrensinitiative/2011ComplianceReport.pdf. Accessed 2012 Jun 5.
14. Conrad S. *Innovation in policy evaluation: examining the foods and beverages included in the Canadian children's food and beverage advertising initiative*. Ottawa, ON: Public Health Agency of Canada; 2009.
15. Potvin-Kent M. *Food and beverage marketing directed at children in Canada and in Quebec: an update on the evidence*. Ottawa, ON: University of Ottawa; 2011.
16. Moodie R, Stuckler D, Monteiro C, Sheron N, Neal B, Thamarangsi T, et al. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet* 2013;381(9867):670-9. Epub 2013 Feb 12.
17. Adams J, Tyrrell R, Adamson AJ, White M. Effect of restrictions on television food advertising to children on exposure to advertisements for 'less healthy' foods: repeat cross-sectional study. *PLoS ONE* 2012;7(2):e31578. Epub 2012 Feb 15.
18. Office de la Protection du Consommateur. *Consumer protection act*. Quebec, QC: Publications du Québec; 2014. Available from: www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/P_40_1/P40_1_A.html. Accessed 2014 Sep 16.
19. *Irwin Toy Ltd v. Quebec (Attorney General)*, (1989) 1 S.C.R. 927.
20. Kent MP, Dubois L, Wanless A. Food marketing on children's television in two different policy environments. *Int J Pediatr Obes* 2011;6(2):e433-41. Epub 2010 Nov 10.
21. Potvin Kent M, Dubois L, Wanless A. Self-regulation by industry of food marketing is having little impact during children's preferred television. *Int J Pediatr Obes* 2011;6(5-6):401-8. Epub 2011 Aug 12.
22. Cairns G, Angus K, Hastings G. *The extent, nature and effects of food promotion to children: a review of the evidence to December 2008*. Geneva, Switz: World Health Organization; 2009. Available from: www.who.int/dietphysicalactivity/Evidence_Update_2009.pdf. Accessed 2014 Sep 16.
23. Hastings G, McDermott L, Angus K, Stead M, Thomson S. *The extent, nature and effects of food promotion to children. A review of the evidence. Technical paper prepared for the World Health Organization*. Geneva, Switz: World Health Organization; 2006. Available from: www.who.int/dietphysicalactivity/publications/Hastings_paper_marketing.pdf. Accessed 2014 Sep 16.
24. McGinnis JM, Gootman JA, Kraak VI. *Food marketing to children and youth: threat of the national academies*. Washington, DC: National Academies Press; 2006.
25. Mozaffarian D, Afshin A, Benowitz NL, Bittner V, Daniels SR, Franch HA, et al. Population approaches to improve diet, physical activity, and smoking habits: a scientific statement from the American Heart Association. *Circulation* 2012;126(12):1514-63. Epub 2012 Aug 20.
26. World Health Organization. *A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children*. Geneva, Switz: World Health Organization; 2012. Available from: www.who.int/dietphysicalactivity/MarketingFramework2012.pdf. Accessed 2014 Sep 16.
27. United Nations General Assembly. *Draft political declaration of the high-level meeting on the prevention and control of non-communicable diseases*. New York, NY: United Nations General Assembly; 2011.
28. *Restricting marketing of unhealthy foods and beverages to children and youth in Canada*. Ottawa, ON: Heart and Stroke Foundation of Canada; 2013. Available from: www.hypertensiontalk.com/wp-content/uploads/2013/05/Final-Policy-Statement-Marketing-to-Kids.pdf. Accessed 2014 Sep 16.
29. Public Health Agency of Canada [website]. *Curbing childhood obesity: a federal, provincial, and territorial framework for action to promote healthy weights*. Ottawa, ON: Public Health Agency of Canada; 2010. Available from: www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/index-eng.php. Accessed 2014 Sep 16.
30. College of Family Physicians of Canada, Working Group on Curriculum Review. *CanMEDS-Family Medicine*. Mississauga, ON: College of Family Physicians of Canada; 2009. Available from: www.cfpc.ca/uploadedFiles/Education/CanMeds%20FM%20Eng.pdf. Accessed 2014 Sep 16.

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