

CHAPTER SUMMARY

- *The choices people make as consumers – what we eat and drink, and how we use services and facilities – impact on health.*
- *People get information on health from many different sources including friends and family, product labelling, the media, and national campaigns. A modern strategy for health will include action to stimulate both demand for healthier options – through information that people trust – as well as increase availability of those options, so that people can make the choices they want to.*
- *Action to address inequalities in health needs to focus particularly on getting information across to people in different groups and securing better access to healthier choices for people in disadvantaged groups or areas.*
- *Where demand for healthier choices is increasing – for example following the national campaigns on 5 A DAY and on salt – industry is already responding.*
- *The Government has a role in taking the lead on issues where strong national and public concern about health indicates the need to do more. This includes coordinated action with industry to increase awareness of the benefits and supply of healthy options – in particular supporting opportunities for exercise and a healthy diet – and action to reduce demand for less healthy foods, tobacco and alcohol, particularly among children and young people.*

INTRODUCTION

1. Many of the choices that affect our health – what we eat, the facilities and services we use – are choices we make as consumers. A modern strategy for health needs to deal directly with this reality of everyone's lives. The consultation generated debate between producers, retailers, the marketing industry, the media, communities and individuals about how to make choosing health an easier option.

2. Consumers play a major role in developing choices within the market. But there are other factors involved in developing the market opportunities on offer for health. To maximise the number of people making healthy choices, both consumer demand and market provision need to be influenced.

3. People want information about what they can do that will make a difference to their health, as well as access to the options that can help them in

adopting a healthy lifestyle – choice in what they eat, how and where they take exercise, and in how they access support services. Government has a role in fostering demand for health, working with public services, the voluntary sector and industry to get accurate information and choices to people in ways that are relevant to their lives and meet their needs as individuals.

4. Differences of income and wealth mean that market systems – which are designed to promote choice – bring inequalities in terms of opportunities to make healthy choices in where we live, what food we eat and how we spend our leisure time. Deprived communities often lack good local access to places to buy fresh fruit and vegetables, safe parks and playgrounds for exercise, or a full range of local health improvement services. People living in temporary accommodation may lack adequate facilities to prepare healthy meals.

5. Systems which work well for most people, whatever their income, bring other sorts of inequality. Poor presentation of information on food labels can mean that people are not aware of which foods are high in constituents such as fat that are harmful if eaten to excess. Some people have difficulty in using the information that is available because they suffer from learning or physical disabilities, lack basic literacy skills, or cannot read English.

6. Wider cross-government action, including action on employment and tackling social exclusion, plays its part in equalising opportunities and reducing inequalities. There is also a growing interest in how society can seek to influence the market in the interests of health.

7. People believe that in a market economy it is not a matter for Government to dictate to them what they can and cannot consume. But they recognise that there may be exceptions on grounds of safety or where the choices people make can have significant consequences for others, and that there is a special case for protecting children.

CREATING A DEMAND FOR HEALTHY CHOICES

8. A wide range of lifestyle choices are marketed to people, but health itself has not been marketed. Promoting health on the principles that commercial markets use – making it something people aspire to and making healthy choices enjoyable and convenient – will create a stronger demand for health and in turn influence industry to take more account of broader health issues in what they produce.



'...there was acknowledgement that the public could become confused with conflicting advice, particularly in relation to things that are declared good for you, and then bad, by turns.'

King's Fund

Marketing health

9. We need to learn much more about how to both create and respond to demand for health nationally and within local communities. Alcohol and fast food are portrayed as offering excitement, escape and instant gratification. Television, computer games and the sofa offer attractive entertainment options. In contrast, the portrayal of healthy lifestyles by government can seem preachy, boring and too much like hard work.

10. The *Choosing Health?* consultation took evidence from people who help make the less healthy choices the sexy ones – marketers and advertisers. They told us that the power of 'social marketing', marketing tools applied to social good, could be used to build public awareness and change behaviour, making behaviour that harms health less attractive and encouraging behaviour that builds health. To be effective in influencing demand for health, marketing messages need to be given, received, believed, understood and acted on.

Getting the message across to people

11. The problem is not lack of information on what is good for you and what is not – people are getting new 'facts' from all sides. But messages about health are sometimes inconsistent or uncoordinated and out of step with the way people actually live their lives.

12. Once we have a clear message about health, it is important that people can act on it. National and local government, the voluntary and community sectors and industry are beginning to develop new partnerships: to communicate more consistent messages on health and ensure that people can follow them up easily. This approach proved successful in the 5 A DAY programme. The Department of Health took the lead in establishing clear and consistent criteria on what food counts towards 5 A DAY based on scientific evidence. But we relied on partners in industry to get messages across to consumers and to respond to consumer needs by making fruit and vegetables available in convenient formats and locations. We intend now to simplify messages on what a portion means for children and adults, for example, using 'a handful'.

5 A DAY communication programme

- The programme provides information and advice for consumers through a wide range of routes – television and radio ‘filler’ advertising, printed resources including leaflets, posters, booklets, a website, PR and magazine adverts and articles.
- 5 A DAY is promoted in the NHS, where the radio fillers are being played widely across hospital radio stations, and with communications activity targeting hospital caterers.
- The 5 A DAY logo is the first government-licensed logo, supported by clear criteria on how it can be used. It is used by over 400 organisations and on many products with high volume sales.
- Consumer research commissioned by the Department of Health, Department for Environment, Food and Rural Affairs (DEFRA) and Food Standards Agency (FSA) indicates:
 - People trust messages they get from retailers in a way that they don’t trust government.
 - A year-on-year increase in awareness of the 5 A DAY message from 52% in October 2002 to 59% in October 2003.
 - Consumption of fresh fruit rose by 5.8% between 2001–02 and 2002–03.

13. The Department of Health will lead on action to promote health by influencing people’s attitudes to the choices they make through a strategy that extends across all aspects of health and involves a broad range of different government departments and agencies such as those covering interests in the NHS, food, sport, the environment and transport. The Department of Health will appoint an independent body to implement the strategy on its behalf.

14. The strategy will include new communications which build on previous successful campaigns on smoking, salt, mental wellbeing and sexual health, and extend to include information on obesity, healthy eating and physical activity in different groups.

15. We will bring together messages that raise awareness of health risks with information about action that people can take themselves to address those risks – for example, by changing their diet, taking more exercise or seeking advice through telephone helplines, local health improvement services. Early focus will be on:



- **sexual health** – with a new national campaign targeted particularly at younger men and women to ensure that they understand the real risk of unprotected sex, and persuade them of the benefits of using condoms to avoid the risk of sexually transmitted infections (STIs) or unplanned pregnancies;
- **obesity** – a new cross-government campaign to raise awareness of the health risks of obesity, and the steps people can take through diet and physical activity to prevent obesity;
- **smoking** – a boosted campaign to reduce smoking rates and motivate smokers in different groups to quit supported by clear and comprehensive information about health risks, reasons not to smoke, and access to NHS support to quit, including Stop Smoking Services and nicotine replacement therapy;
- **alcohol** – working with the Portman Group¹ to cut down binge drinking.

These campaigns will operate at a national and regional level and use creative social marketing techniques and new technology. They will promote key messages and local services through a variety of channels, for example in schools and workplaces as well as through health professionals.

16. In the longer term we expect to see a significant part of the strategy delivered through

campaigns that are jointly funded by government and industry.

17. Any strategy for promoting health – whether through campaigns or changes in service provision – must be based on an understanding of what different population groups need. This means taking account of why people make the choices they do – for example, information on diet and nutrition or dealing with stress needs to be tailored differently to first time parents, African-Caribbean men, older people in deprived communities, those from different socio-economic groups or people whose first language is not English. They will also need to be effective in tackling addictive behaviour, such as smoking. Each element of any new campaign will be based on the best available evidence and international best practice and tested to ensure that the messages get across to the relevant target audience.

BETTER INFORMATION TO SUPPORT HEALTHY CHOICES IN A CONSUMER SOCIETY

18. Success in developing demand for health is not enough on its own; people need to be able to make informed choices about what action to take.

Clear information that people trust

19. Information about health will always be available from a range of different sources. The Government's role is to help information providers

¹ The Portman Group was set up in 1989 by the UK's leading drinks producers to promote responsible drinking, help prevent misuse of alcohol, encourage responsible marketing, and foster a balanced understanding of alcohol-related issues.

CASE STUDY



Action Diabetes is a programme run by Slough Primary Care Trust, working with Dr Foster, the health information specialists. It uses an approach which combines data on hospital admissions with demographic data by area down to neighbourhood level, to identify which communities generate most admissions consistent with late diagnosis of Type 2 diabetes. This information is used to devise ways to communicate with those patients who are most at risk of health complications and acute episodes which require emergency treatment.

The pilot identified a largely Asian community, living in economically stressed circumstances and often without English, which shopped locally at discount retailers and had a high propensity to watch the local cable television shopping channel. So to raise awareness of diabetes, building a relationship with local discount retailers and communicating via cable television makes good marketing sense. An Action Diabetes bus is already taking testing and health promotion services out to schools, temples, mosques, businesses and community centres. There are also videos and magazines now being produced and trained voluntary health counsellors will work within local communities to provide advice to those most at risk on how to obtain information on diabetes and improving health.

give factual information that is up to date and accurate.

20. The Department of Health is already working with providers of information on healthcare to:

- add the NHS brand and other brands, such as 5 A DAY, to high-quality health information resources; and
- help distribute them – for example, working with the Coalition for Cancer and through other campaigns.

21. The most successful campaigns have been those that reach people through a number of sources that actively and consistently promote health. We will build on this by:

- funding specific campaigns through non-governmental organisations like the British Heart Foundation, Cancer Research UK and Age Concern;
- encouraging industry involvement – through use of consistent messages on health like 5 A DAY in supermarkets and on food packaging – to reach people when they are making choices;
- working with the sports and recreational activity sectors to deliver positive, innovative messages about healthy lifestyles through, for example, football, walking, cycling and fitness centres;

'Food labelling is a tool that could potentially enable consumers to choose healthier foods and negotiate their way through today's "obesogenic society" more successfully. However, current labelling appears to fall far short of this aim.'

Health Select Committee Report on Obesity

- linking into activity in communities, schools and workplaces to make messages relevant to different people's lives – as set out in chapters 3, 4 and 6.

Information on food content

22. Food is a prime example of an area where there needs to be clear and consistent information to help people make healthy choices. A lot of information is provided on packaged and processed foods. Many people already understand the importance of thinking about how much salt, fat and sugar they eat. But lists expressed in terms that few of us can understand are not enough. What we need to know is where a particular food fits in a healthy balanced diet so that we can make informed choices.

23. We will press vigorously for progress before and during the UK presidency of the EU in 2005 to simplify nutrition labelling and make it mandatory on packaged foods.

Nutritional criteria

24. The Department of Health has started work with the FSA to develop criteria that take account of fat, salt and sugar levels to indicate the contribution a food makes to a healthy balanced diet. **By mid-2005 we aim to have introduced a system that could be used as a standard basis for signposting foods. This will build on the nutrient**

criteria for the 5 A DAY logo. The criteria will also be used among other things to identify which foods can be promoted to children (see paragraphs 48–52). The criteria for use of the 5 A DAY logo will be extended to processed foods and to foods targeted at children.

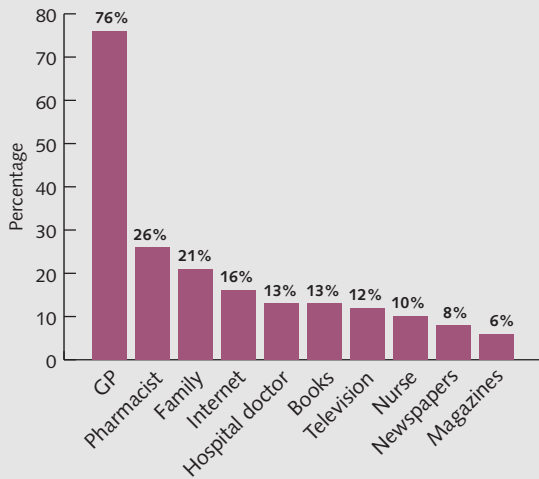
Signposting food

25. Some retailers are already considering different signposting approaches for food on the front of packaging in response to consumer demand. The aim of signposting foods is to make it easier for people to see at a glance how individual foods contribute to a healthy balanced diet. The form of signposting can vary.

26. The Government will work with the food industry to develop the signposting approach further on the completion of FSA consumer research. Our goal is, by early 2006, for there to be:

- a clear, straightforward coding system
- that is in common use, and
- that busy people can understand at a glance which foods can make a positive contribution to a healthy diet, and which are recommended to be eaten only in moderation or sparingly.

Sources of health information



Source: Patient Choice – Worcester (MORI), 2003
Note: categories are not mutually exclusive

Improved pack warnings for tobacco products

27. The stark warnings on tobacco products that we introduced in 2003 have had a real impact, but over time people become used to them. Evidence from countries that have picture warnings is that they are a powerful way of communicating the risks of smoking. **We believe that picture warnings on tobacco products could play a powerful role in any campaign to reduce the number of smokers and we will consult on how to use them most effectively when the European Commission publishes its final proposals.**

Information that is readily accessible

28. People get information about health from a wide range of sources beyond the doctor's surgery – friends and families, stories in newspapers and magazines or on television, the internet, voluntary sector organisations, public advice centres and libraries, schools, sports centres and shops. For example, news pages and lifestyle sections of newspapers, magazines and the broadcast media, regularly cover topics such as obesity, diet, exercise and smoking.

29. NHS Direct, fully established in 2000, already provides general help and advice to some 7 million people each year through a telephone helpline and through 6.5 million visits to the NHS Direct Online website. The most recent developments include

extending NHS Direct services through digital television channels, information on local services through www.nhs.uk and including health information in Thomson Local directories.

30. We will commission a new service – Health Direct – to provide easily accessible and confidential information on health choices. Health Direct will be set up from 2007. It will include links to existing services, for example information on diet and nutrition (provided by the FSA) and support for parents (provided by Sure Start and other agencies).

31. Health Direct will be developed as a telephone, internet and digital television service. It will also be available to people who do not have internet access at home through the Government-funded UK Online centres. These centres provide internet access, at zero or low cost, in a range of convenient community venues where users can get support to access government services online.

Information on health in the media

32. Newspapers, television and radio were active protagonists in the *Choosing Health?* consultation and extended its reach both nationally and locally. Many broadcasters – including ITV and the BBC – have run programming strands and campaigns designed to get people thinking about their health. As part of *Choosing Health?*, the Department of

CASE STUDY

What Now? provides information and advice services to young people as part of Lancashire County Council's Youth and Community Service. This includes the provision of interactive services for young people that offer advice on everything from the impact of drug taking to bullying and getting a better education. A freephone helpline, webchat, e-mail and text enquiry service is available every day of the year, from 10am to 10pm, providing information, advice and support to young people on 'anything that concerns them'.

Staff are all qualified youth and community workers who specialise in information and advice work. Thanks to its flexibility, giving teenagers support when they need it most, the service has been purchased on a subscription basis by a number of other local authorities and the DfES Connexions partnerships across England.

Health commissioned the King's Fund to undertake a brief consultation directly with the media, to test how they saw their role and whether there were approaches that might encourage continued and responsible coverage of health issues.

From the national media there were clear views on its distinctive role:

"The task of the media is to hold the ring as much as it can sorting out the competing demands of the various players – individuals, professions and government – and enable the debate to determine the acceptable level of government intervention."
Deputy editor, Sunday broadsheet

33. Among the regional media, there was much greater willingness to engage in coverage to promote information and debate about particular issues. Their responsibility to their local readers was more likely to see them engaged as active participants in the drive to improve standards of health:

"It is one of the biggest issues facing our country and the people in this area – there's a lot of eating pies and chips, drinking and smoking tabs here, and it's got to be tackled."

Editor, regional evening paper, North East England

"There's nothing more satisfying. I'm sure we've saved lives of people in our area and improved

health. I think we are very proud of that."

Editor, regional morning paper, North Yorkshire and North East England

34. The scale of media interest in topics such as obesity, diet, exercise and smoking is plain and there is an appetite for more accurate and accessible information. The Government will of course continue to provide information on health-related issues through departmental press offices and new resources such as Health Direct. **From the beginning of 2005, the Department of Health will:**

- **expand the existing programme of expert briefings provided by the Chief Medical Officer to include regular and coordinated updates on a wider range of health-related topics; and**
- **provide support for the development of an independent regular forum with regional and national media to discuss major health issues – a national centre for media and health.**

Redressing inequalities in access to information to tackle disadvantage

35. We also need to look at ways to make healthy choices more accessible to individuals and groups who may not find it easy to use information designed to meet the needs of the general population. **We will look to providers of local services to:**

- take account of the factors that impact on the decisions people make about their health;
- tailor information and advice to meet people's needs and support staff to communicate complex health information to different groups in the population;
- provide practical support for people who lack basic skills to help them use health information, including signposting them to extra support; and
- build new opportunities for health – such as the electronic patient record and *HealthSpace* – into education and development provided in further education and in the workplace.

■ A survey of readability of patient information produced by hospices and palliative care units in the UK showed that 64% of leaflets were readable only by an estimated 40% of the population.

Working with individuals to improve understanding of health

2003 national research study for the DfES

- 5.2 million adults in England could be described as lacking basic literacy (that is, they were at entry level 3 or below according to National Standards for Literacy and Numeracy).
- More than one-third of people with poor or very poor health had literacy skills of entry level 3 or below.
- Low levels of literacy and numeracy were found to be associated with socio-economic deprivation.
- 53% of all adults surveyed had entry or lower level practical skills in using information and communication technology (ICT).



The Prime Minister launched *Skills for Life* – the national strategy for improving adult literacy, language (English for Speakers of Other Languages) and numeracy skills – in March 2001. The strategy sets out how the Government plans to tackle the problem of people with poor basic skills. The goal is to improve the skills of 2.25 million adults by 2010, with interim targets of 750,000 by 2004 and 1.5 million by 2007.

36. We are taking action to help people develop their understanding of health issues. *Skilled for Health*² combines the national adult basic skills programme, *Skills for Life*,³ with tackling people's needs for a better understanding of their health. The programme provides practical help in managing situations, such as making an appointment with a doctor, or calculating a dosage of medicine. It is helping parents improve their reading skills while they help their own children to learn.

37. To drive forward action to improve people's understanding of health issues, focusing first on the most deprived areas, we will:

- provide new funding to enable every NHS primary care trust by 2007 to run at least one local *Skilled for Health* programme each year as part of local strategies for health;
- expand *Skilled for Health*, with a further wave of projects in workplaces in partnership with Business in the Community, focusing on marginalised groups where people commonly lack basic skills;
- introduce courses on what the new electronic patient care record does and how to use it in planning personal health choices.⁴ These courses will be included in relevant learning curricula for adult education;
- expand access to training, advice and education to support individuals to develop skills in improving their own health; and
- draw on the specialist skills of relevant organisations to develop action on health literacy.⁵

² *Skilled for Health* is a partnership between DH, DfES and the learning charity ContinYou.

³ DfES: *Skills for Life: the national strategy for improving adult literacy and numeracy skills*, 2000, www.dfes.gov.uk/readwriteplus/

⁴ The roll-out of a nationally accessible electronic patient care record started in autumn 2004. The pace of roll-out will accelerate throughout 2005.

⁵ Led by the Department of Health this could include among others: the National Consumer Council, ContinYou, the National Institute of Adult Continuing Education (NIACE), the National Institute for Clinical Excellence (NICE), NHSU, the Learning and Skills Council and the Institute of Education.

CASE STUDY

A *Skilled for Health* project, jointly funded by Thurrock Primary Care NHS Trust and Thurrock Adult Community College (Essex), provides outreach support to less advantaged parents with young children who have literacy and numeracy needs. The project is part of a well-established and innovative Community Mothers parent support programme and enables parents with young children to access learning provision or one-to-one basic skills support in their own homes. New health and parenting skills are gained as an integral part of the basic skills tuition.

A mother who took part in the project said, "When I looked at healthy eating it showed me what I was eating was not that healthy, I was having more fats than I should and I did not realise a portion size was so much. I would have not known where to go for information about this. My family are now having a healthier diet. When I go shopping I know what to look for on labels."

DEMAND FOR HEALTH AS AN INFLUENCE IN THE MARKET

Consumer influence and corporate social responsibility

38. The first part of this chapter has focused on creating demand for health through marketing campaigns, and making it easier for individuals to choose healthy lifestyles in a consumer society. Individuals and communities can also influence markets through the health choices they make.

39. For markets to work many thousands of people have to want a product. If consumers act together as a group, they can have a great deal of power. The consultation highlighted abundant evidence that groups of consumers can do a lot to influence others, and that industry and the market respond to such influences.

40. The public expects big organisations to be socially responsible corporate citizens, an expectation that industry is increasingly recognising. Many corporate organisations acknowledge that what they do for the community impacts on their reputation and that meeting these expectations can make good business sense. We recognise, for example, the commitment that retailers and food producers have already made towards promoting healthier eating and the scope that exists within the food industry's policies and

'Corporate social responsibility (CSR) can be a powerful tool for good when it is driven by values, and is applied meaningfully and consistently across a company's activities. There is clearly scope for the exercise of CSR to be strengthened by the independent development of standards and independent monitoring and scrutiny, and there is a role for governments at national and international levels to play in this process. It is society that has to pick up the extrinsic costs of commercial activities.'

National Heart Forum

practices for further activity to 'eat well, drink well'. **This includes action in four key areas:**

- **Product development** – assessing market opportunities and making sure that the development of healthier foods, including 'own brand' products, meet customer requirements for affordability, convenience and taste, for example, in salt, fat and sugar content of foods.
- **Labelling information** – by developing nutrition labelling and associated messages such as 5 A DAY, well beyond legal requirements, some retailers are already helping customers make informed choices.
- **Promotion and pricing** – communication strategies to promote healthier eating, including fruit and vegetables, through point of sale information, leaflets and websites.
- **Customer information and advice** – including healthy eating and the promotion of sensible drinking messages to combat alcohol misuse.

41. Recognising that the public sector can never provide all the answers, we have been encouraged by industry's commitment to working with us to improve the nutritional quality of food. But such commitments must deliver real change.

DRIVING FORWARD CHANGE

Developing partnerships with industry to promote health

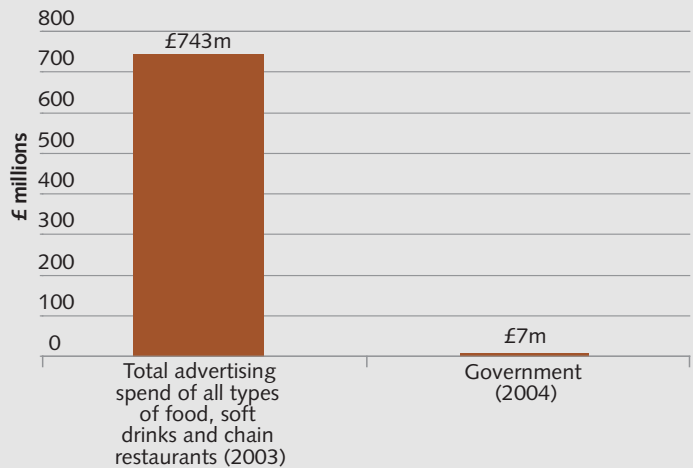
42. In many areas consumer demand and better information, supported by strategies to market health, will be sufficient to secure the changes needed to improve health. But where urgent action is needed to tackle issues that are of national public concern – such as obesity or the increase in prevalence of diabetes and heart disease – the effect of market forces and corporate social responsibility are not enough on their own. Government has a role in engaging in the debate to speed up the natural pace of change.

43. The Government intends to discuss with the food industry how they might contribute to funding national campaigns and other national initiatives to promote positive health information and education.

44. Health ministers and the FSA are leading discussions with industry to identify and implement a range of proposals to increase opportunities for people to make healthy choices in what they eat. These are aimed at:

CASE STUDY

Advertising spend on food by industry compared to food campaign spend by Government



Source on industry spend: Ofcom

The Food and Drink Federation's recently published *Food and Health Manifesto* sets out agreed members' commitments across seven key areas where food manufacturers, working with the rest of the food chain and other partners, will coordinate their efforts. The manifesto includes a commitment to 'continuing to reduce levels of sugar, fat and salt in products'.

Under Project Neptune, which is an industry-wide sodium reduction programme in the soups and sauces sector, encouraging progress has already been made. For example, the Association of Cereal Food Manufacturers, which has already reduced the salt in breakfast cereals by 22% between 1998 and 2003, intends to make further commitments to reductions in 2005.

- increasing the availability of healthier food, including reducing the levels of salt, added sugars and fat in prepared and processed food and drink and increasing access to fruit and vegetables;
- reversing the trend towards bigger portion sizes; and
- adopting consistent and clear standards for information on food including signposting.

45. We will work with industry to develop voluntary action based on:

- long-term and interim targets for reducing sugar and fat levels in different categories of foods⁶ – compliance will be monitored through regular surveys; and
- development of guidance on portion sizes to reduce energy, fat, sugar and salt intake.

46. As a society we need to see significant change if we are going to be successful in tackling the health challenges set out in Chapter 1. We will work with the farming and food industries to coordinate action, including action to take forward policies in this White Paper, through a *Food and Health Action Plan* to be published in early 2005 fulfilling the commitment to such a plan in our *Strategy for Sustainable Farming and Food*.⁷ This will be backed up with wider action in the *Food Standards Agency Strategic Plan*.⁸

⁶ This will build on the current FSA modelling framework developed for salt reduction.

⁷ Published December 2002, available at: www.defra.gov.uk/farm/sustain/default.htm

⁸ www.food.gov.uk/foodindustry/Consultations/completed_consultations/comconsulteng/promofoodconsult



CASE STUDY

Protecting children and young people

47. Responses to the *Choosing Health?* consultation indicated that whilst people felt it was generally right to leave lifestyle choices up to each individual, the government should take specific steps to protect children and help them to make healthier choices. Even those commentators who felt it was inappropriate for the Government to take a role in encouraging adults to make more healthy choices felt it was appropriate to intervene with children.

Food promotion

48. When it comes to food, people feel that it is wrong for children to be bombarded with sophisticated marketing that might confuse them and reduces their ability to make healthy choices before they have been able to develop the skills and experience to negotiate their way through the array of choices on offer. In the responses to *Choosing Health?* there was overwhelming support for some restrictions on the marketing of unhealthy food and drinks to children.

49. The FSA commissioned a *Review of Research on the Effects of Food Promotion to Children*.⁹ This review found that children's food promotion is dominated by television advertising, and that most of the research has focused on this area. However, it found that this research may 'understate the

Sid the slug is a sympathetic character created to front the public health campaign launched by the FSA in September 2004. The aim of the campaign is to save lives, by reducing the amount of salt people eat in the UK. Sid has appeared in all television, national poster and print advertising and on the dedicated campaign website: www.salt.gov.uk. Too much salt can raise your blood pressure, which increases your chances of developing heart disease and stroke. Every year there are 170,000 deaths in England alone where high blood pressure is a cause or contributing factor.

FSA Chairman Sir John Krebs said, "Many in the food industry have introduced salt reduction programmes and, to their credit, many major retailers and manufacturers now label products with the salt content.

"The food industry is about two-thirds of the way to reaching our target of a 1g reduction in processed foods by the end of 2005. However, to reach the ambitious target of 6g per day by 2010 will require further action by both consumers and industry if we are to reduce the human and health costs of eating too much salt."

⁹ *Review of Research on the Effects of Food Promotion to Children*, published September 2003, available at: www.food.gov.uk/multimedia/pdfs/foodpromotiontochildren1.pdf

"Please think about limiting junk food advertising on TV which is targeted at children. Adults make their own choices about their health, children are vulnerable and it's all too easy for adults to give in. My kids say 'I want, I want' when adverts are on the TV."

Mother

"I think that young people do understand that obesity and excessive weight gain is harmful to health but they find it difficult to maintain a healthy diet as they are constantly surrounded by junk food."

Young person

effect that food promotion has on children' and 'the cumulative effect of television advertising combined with other forms of promotion and marketing is likely to be significantly greater' than television alone. It concluded that 'food promotion can have and is having an effect on children, particularly in the areas of food preferences, purchase behaviour and consumption' and that 'these effects are significant, independent of other influences and operate at both a brand and category level'.

50. The Office of Communications (Ofcom), which regulates broadcasting and already has some restrictions on food promotion to children commissioned research¹⁰ into its impact. Their report focused on the effects of television advertising of products high in fat, salt and sugar (HFSS) to children.

Ofcom concluded that television has '*modest direct effects on children's food choices. While indirect effects are likely to be larger, there is insufficient evidence to determine the relative size of the effect of TV advertising on children's food choices by comparison with other relevant factors.*'

51. On the basis of their research, Ofcom's overall conclusion is that there is a need for some specific and targeted tightening of the rules on television advertising, in the context of other changes.

However, Ofcom also concluded that a total ban on television advertising of food and drinks to children would be neither proportionate nor, in isolation, effective.

In addition, the report made a number of observations in relation to children's viewing patterns and found that:

- an average child watches around 17 hours of television each week (including non-commercial broadcasting);
- younger children see more advertising for core category products (ie foods, soft drinks, chain restaurants) in children's airtime than older children (eg 4–9 year olds see just over half of the core category adverts that they are exposed to during children's airtime); and
- children spend 71% of their viewing time outside children's airtime, with more children and young people watching television at peak times (between 6pm–9pm) than at any other part of the day.

In the *Choosing Health?* consultation, although some respondents called for an outright ban, some discussed restrictions during peak times for children's viewing.

52. But we need to look at all food advertising and promotion that is aimed at children. **In line with the research conclusions and the responses to the**

¹⁰ www.ofcom.org.uk/research/consumer_audience_research/tv/food_ads/



consultation, the Government considers there is a strong case for action to restrict further the advertising and promotion to children of those foods and drinks that are high in fat, salt and sugar. To have maximum effect, action needs to be comprehensive and taken in relation to all forms of food advertising and promotion, including:

- broadcast;
- non-broadcast;
- sponsorship and brand-sharing;¹¹
- point of sale advertising, including vending in schools; and
- labels, wrappers and packaging.

53. Most of current advertising spend is through television. In 2003 advertisers for food, soft drinks and chain restaurants spent 72% of their budget promoting their products on television, making this a key medium for food advertisers.

54. There is a range of ways in which the rules governing food and drink advertising and promotion could be enhanced and strengthened. These might cover:

- when, where and how frequently certain advertisements and promotions appear – for example, an option would be to consider different restrictions during children's television (pre 6pm), during peak times (6pm–9pm) and after the 9pm watershed;

- the use of cartoon characters, role models, celebrities and glamorisation of foods that children should only eat seldom or in moderation as part of a balanced diet; and
- the inclusion of clear nutritional information – perhaps based on a signposting system – and/or balancing messages in advertisements to counteract the influence of high fat, salt and sugar food advertisements.

Options will be dependent upon the nutrient profiling scheme being developed by the Department of Health and the Food Standards Agency discussed earlier in this chapter.

Ofcom's recent tightening of rules governing alcohol advertising is a good example of regulation evolving and modernising to keep up with changes in society and marketing techniques.

55. The Government is keen to see real progress in this area. **On television, we will work with the broadcasting and advertising sectors on ways to help drive down levels of childhood obesity. In particular we will look to Ofcom to consult on proposals on tightening the rules on broadcast advertising, sponsorship and promotion of food and drink and securing their effective implementation by broadcasters in order to ensure that children are properly protected from encouragement to eat too many high fat, salt and**

¹¹ Brand-sharing is the use of non-food products to promote a food product and vice versa.

“We believe that working to reduce alcohol misuse is in the interests of the drinks industry as well as of consumers and society in general. The leading companies who support our work understand that social responsibility is a key part of successful business strategies in today's society.

We have a strong shared agenda with government in promoting responsible drinking and responsible marketing practices. The Portman Group is therefore fully committed to working with government and the public health community towards our common objectives, particularly tackling binge drinking among young people.”

Jean Coussins, Chief Executive, The Portman Group

sugar foods – both during children's programmes and at other times when large numbers of children are watching. It should also include options for broadcasters and advertisers to participate in healthy living promotions.

56. Marketing spend is not limited to television advertising and, indeed, may be increasing in other areas: this increase would probably be magnified when broadcast restrictions are increased unless a more comprehensive approach is adopted. Government is therefore also keen to see stronger controls on non-broadcast and other types of marketing. **We will work with industry, advertisers, consumer groups and other stakeholders to encourage new measures to strengthen existing voluntary codes in non-broadcast areas, including:**

- **setting up a new food and drink advertising and promotion forum to review, supplement, strengthen and bring together existing provisions; and**
- **contributing funding to the development of new health initiatives, including positive health campaigns.**

57. There was a clear call in the responses to *Choosing Health?* for restrictions on the promotion and sponsorship of food and drink in schools. As noted in the *Healthy Living Blueprint*¹² launched

earlier this year, a challenge for schools is to balance the benefits of food promotional activity – including sponsorship, advertising and branding of materials – with the ethos of a healthy school and whole school approach to healthy eating. This will be considered further as part of the comprehensive approach outlined above.

58. The Government is committed to ensuring that measures to protect children's health are rigorously implemented and soundly based on evidence of impact. We will therefore monitor the success of these measures in relation to the balance of food and drink advertising and promotion to children, and children's food preferences to assess their impact. If, by early 2007, they have failed to produce change in the nature and balance of food promotion, we will take action through existing powers or new legislation to implement a clearly defined framework for regulating the promotion of food to children.

59. In addition, there are a range of creative ways for positive campaigns to promote healthy lifestyles in order to counteract the impact of advertising of high fat, sugar and salt foods, and Government is keen to see these used by industry. We will look to the broadcasting and advertising sectors, including Ofcom, to consider how they could have a positive impact on children's food choices. The power of

¹² www.teachernet.gov.uk/healthyliving/

broadcasting could be harnessed, such as in recent campaigns like ITV's *Britain on the Move*. Marketing devices such as cartoon characters, role models, celebrities and glamorisation could also be used to promote foods that children should eat more often.

Alcohol and health

60. The Portman Group¹³ has already created a mechanism to use some of the profits of the alcohol industry's success in the market place to promote health messages. **We will work in partnership with the Portman Group to develop a new and strengthened information campaign to tackle the problems of binge drinking.**

61. We will also work with industry to develop a voluntary social responsibility scheme for alcohol producers and retailers to protect young people by:

- placing information for the public on alcohol containers and in alcohol retail outlets;
- including reminders about responsible drinking on alcohol advertisements; and
- checking identification and refusing to sell alcohol to people who are under 18.

62. During the development of the *Alcohol Harm Reduction Strategy for England*, concerns were raised about the effectiveness of the current rules on alcohol advertising, which are aimed mainly at

preventing an inappropriate influence on children and people under 18 and at preventing advertising condoning anti-social or self-destructive behaviour by any age group. **Ofcom, which has statutory responsibility for the regulation of broadcast advertising, has been undertaking a review of the rules on broadcast advertising of alcohol and has published its code amendments, aimed at significantly strengthening the rules in many areas, particularly to protect the under-18s.**

63. The new rules, which will take effect from 1 January 2005, include requirements that:

- advertisements for alcoholic drinks on television must not be likely to appeal strongly to people under 18, in particular by reflecting or being associated with youth culture;
- advertisements must not link alcohol with sexual activity or success or imply that alcohol can enhance attractiveness;
- television advertising for alcoholic drinks must not show, imply, or refer to daring, toughness, aggression or unruly, irresponsible or anti-social behaviour; and
- alcoholic drinks must be handled and served responsibly in television advertising.

¹³ www.portman-group.org.uk/alcohol/47.asp.

CASE STUDY

Every year Quit runs a National Smoke-Free Ramadan Campaign with partners like the British Heart Foundation, Smoke-Free London, the Muslim Health Network and the imams of some 60 large mosques. The campaign reaches some 1.6 million Muslims in the UK. Last year's campaign was targeted at smokers and non-smokers alike during the Muslim holy month of fasting, to bring home

the dangers of second-hand smoke to the family. Smokers were urged to stop smoking as they are twice as much at risk of developing heart diseases as non-smokers. Their family and colleagues were urged to support the smokers in their quit attempt as they too risk developing the same diseases as the smokers through second-hand smoke.

Tobacco advertising and promotion

64. In 2003 the Tobacco Advertising and Promotion Act put an end to almost all tobacco advertising, recognising the harmful nature of tobacco and the link between advertising and increased consumption.

- **By the end of the year the size of tobacco advertising still allowed in shops will be restricted to a total area the size of an A5 piece of paper – a third of which will be a health warning featuring the NHS Smoking Helpline number.**
- **In 2005 we will end internet advertising and brand-sharing (using a non-tobacco product) in the UK.**

65. The Government is aware of research that suggests that children and young people may be influenced to start smoking by viewing role models smoking in films, particularly if it is presented as a sophisticated, desirable activity. The British Board of Film Classification (BBFC) has assured the Government that it does consider whether a film targeted at children and young people is actively promoting smoking. The Board's classification guidelines are currently under consideration and one aspect of that review includes the public's attitude to smoking in films with particular appeal

to children and young people, and the potential impact on their smoking behaviour.

66. We are pleased that there seems to have been a reduction in the portrayal of smoking on television in recent years. Broadcasters do appear to have followed the Independent Television Commission (now part of Ofcom) code rules; these require that smoking should be avoided in children's programmes and that, in other programmes likely to be widely seen by children and young people, smoking should be included only where context or dramatic veracity requires it, and even then not prominently featured as a normal or attractive activity. However, concerns have been put to us about the continued frequency of smoking in soap operas and its appearance in new formats such as reality programmes, often shown before the watershed. These programmes are popular with older children and young teenagers who may be influenced if role models are shown smoking or if it is shown in a positive light.

67. Ofcom has proposed a new broadcasting code which will come into effect in 2005. All broadcasters who are licensed by Ofcom, and the BBC and S4C, must comply with the relevant code. The proposed code contains rules about smoking in the section entitled 'protecting the under-18s', which clearly recognises the potential for harm and

the need for a clear framework for the way smoking is dealt with in programming where children are concerned. The Government welcomes Ofcom's consultation on this issue. In this consultation Ofcom has proposed tightening the rules so that smoking would be prohibited in children's programmes, unless there is a clear educational purpose, and in programmes before the watershed, unless there is an editorial justification. Ofcom is considering the wording of these rules and whether additional rules may be required in the light of responses and evidence they receive.

CONCLUSION

68. The actions in this chapter set out how we will work across government, with industry and other organisations to increase demand for health and support healthier choices with a comprehensive strategy to market health:

- providing people with clear information and advice about health choices in ways that can be easily understood and through channels that people use, as well as access to healthier choices;
- ensuring that the NHS and other public services develop responsive services where people want support or advice in adopting healthy lifestyles – targeting help and support to groups that are excluded, including those who need help in developing the basic skills to make healthy choices;
- influencing industry to promote healthier options and backing this up with a national *Food and Health Action Plan*; and
- protecting children and young people's health, in particular, through restrictions on market promotion of certain foods, alcohol and tobacco.