



Childhood Obesity Foundation Position Statement on

Marketing to Children and Sugar Sweetened Beverage Taxation

Unhealthy Weights and Childhood Obesity

Like most first world countries, Canada faces an epidemic of unhealthy weights amongst citizens of all ages. The purpose of this brief is to underscore the importance of addressing this public health threat, review the underlying factors which promote unhealthy weight gain and to propose evidence-based public policy steps to address the problem.

In Canada, approximately 60% of adults¹ and 30% of children and youth are either overweight or obese². In 1978 only 15% of the population entered adulthood with an unhealthy weight whereas by 2009 obesity rates in children had tripled³. Despite a recently published meta-analysis that casts doubt as to the health impacts of low level obesity⁴, most agree that there are serious health consequences of excess adiposity.

Obesity is a major risk factor for esophageal, colon and pancreatic cancer⁵ and is also associated with hypertension, stroke, coronary heart disease and type 2 diabetes⁶. Individuals who are overweight at age 40 may lose 3 years of life and those who are obese at the same age may lose 7 years⁷. The pathologic effects of obesity are exacerbated by the length of exposure – making the presence of obesity in youth and young adults particularly problematic^{8,9,10}.

Obesity in adults currently costs British Columbia's health care system over \$450 million dollars per year⁸ and this sum is destined to increase dramatically as it reflects the burden of obesity-related illness that developed when only 15% youth entered adulthood overweight. Currently, 30% of teens graduate into adulthood with unhealthy weights. More worrisome is that fact that young adults gain weight at a faster rate than do older adults.

Statistics Canada has found that 1/3 of normal weight young adults become overweight within 8 years and 1/3 of the overweight become obese⁹. If present trends continue, by 2040, up to 70% of 40 year olds will be either overweight or obese. We will soon be seeing obesity-related illness in both a greater percentage of the population and in relatively younger adults compared to historical norms. This change will escalate overall health care costs that already account for over 40% of all provincial government expenditures. In the near future, rising health care costs may threaten other program spending such as education and the environment.

Effective steps must be taken to lessen the disease burden stemming from unhealthy weights. This can best be accomplished in persons of all ages by focusing on the promotion of healthy active living¹⁰. Positive lifestyle factors include achieving appropriate levels of physical activity¹¹ and increasing our daily consumption of fruit and vegetables¹². We must also limit our recreational screen time to less than 2 hours per day¹³ and drastically reduce our intake of sugar sweetened beverages¹⁴. These four lifestyle factors are consistently linked with improved weight status and may also mitigate the ill effects of excess fat.

Over 20% of obese individuals seem to be as healthy as their normal weight peers¹⁵ and this is likely due to the presence of a relatively healthy lifestyle. It is therefore prudent to focus on core aspects of healthy active living as the primary goal as these lifestyle habits lead to weight normalization and, even in the absence of substantive BMI reduction, will likely improve health.

Current evidence suggests that excessive weight gain is usually the result of consistent, small daily caloric imbalances of an extra 100 to 150 calories per day^{16,17,18}. Even at the higher end of obesity -caloric imbalances of only 75 calories at each meal, 220 calories per day, result in continued weight gain despite the additional calories expended in the movement of an increasingly heavy body mass¹⁶. In addition, recent evidence indicates that approximately 50% of the population is particularly predisposed to save extra calories as fat and therefore develop an unhealthy weight whereas another 25% resist weight gain at a similar caloric intake¹⁷.

Obesity is rarely due to gluttony or sloth and a lean body habitus may owe as much to genetic good fortune as to strength of personality. Similarly, the glut of high calorie, low cost and savory food available to nearly all Canadians is the result of a highly productive and efficient agrifood industry¹⁸ rather than a sinister plot by corporations to ruin our health. Given this knowledge we need to resist moralistic judgment of the obese and of the factors which promote excess weight gain. Society must also understand the limitations of education alone in shaping behavior change and the need for more active government intervention.

Classic economic/libertarian theory holds that if provided with full and relevant information individuals will act rationally to maximize outcomes. It therefore holds that the state should not interfere with the individual's right to decide unless the choices harm others. Libertarian advocates dismiss government involvement in shaping the public's behavior as manifestations of a "nanny state".

However responsible management of publically financed institutions created for the betterment of the population requires effective efforts at cost containment and prevention. This principle clearly applies to fire departments, police departments and health ministries. Nearly all see the wisdom of fire departments lobbying for mandatory smoke alarms in homes and of policemen advising motorists not to leave their cars unattended with the keys in the ignition. It is equally appropriate for government health ministries to take steps to promote healthy, disease preventing, habits.

In devising government policies to promote healthy active living it is important to go beyond education and labeling as these steps alone demonstrate limited efficacy¹⁹. In addition, there is ample reason to doubt the classic economic view of human decision making.

Advances in neuropsychology inform us that logical analysis is mentally taxing and the human tendency is to try to preserve our limited stores of mental energy when possible. People can make good decisions when they are motivated, well informed and if they have experience with the question. Decision making is also enhanced when the outcomes are immediate, when people have time to deliberate and when they are not distracted by the many stressors which abound in life. However, many Canadians face challenges which limit their ability to focus their mental energy on healthy active living decisions – and these decisions must be made multiple times per day.

A significant number of Canadians, perhaps the majority, are “distracted” by circumstances which are often beyond their control. According to Statistics Canada, over 10% of the population are in a low income bracket, approximately 10% face mental health struggles, another 15% have low literacy, 14% are single parents, 17% are recent immigrants and in over 60% of homes, both parents are working. It is unlikely that most Canadians bring their best reasoning capacity to bear when walking down the grocery aisles, placing fast food orders or when debating whether to find time for physical activity.

People preserve their stock of mental energy by employing short cuts or heuristics whenever possible²⁰. As a result of modern research into decision making, most prominently articulated by Kahneman (Nobel prize in economics in 2002), we now know that our shortcuts are often unreasonable and can consistently lead to poor choices²¹.

Our selections are often swayed by the immediate emotional impact the decision evokes – the affective heuristic. In novel situations we are prone to linking our judgments to whichever facts we can recall even if they are an imperfect fit to the matter at hand – a heuristic known as anchoring²². We are also highly influenced by the most recent information we have received, the availability heuristic.

Our heuristics are capitalized on by the advertising industry as evidenced by the masterful marketing strategies employed by Coca Cola. Coke ads usually seek to evoke a positive affect or mood (happiness in a can) and a recent ad campaign anchors the caloric content of their product on that of a relatively small portion (140 kcals in 360 mls). By repeatedly showing the ad, Coca Cola enhances availability of the message it wishes consumers to recall.

The current obesogenic environment challenges us by providing us with numerous opportunities throughout the day to overeat and to under exercise. In addition, clever and effective marketing strategies consistently nudge the population towards unhealthy choices. Given the human tendency to employ decision making shortcuts whenever possible it is not surprising that on a daily basis many of us consume 100 to 200 more calories each day than we burn off in exercise. Although education is necessary, it proves insufficient to change behavior in the face of sophisticated and pervasive marketing. We therefore require a whole of society approach in order to “make the healthy choice the easy choice”.

The majority of Canadians, over 90%, accept the fact that helping our children and youth achieve a healthy weight is the responsibility of parents²³. But Canadian parents are also asking for a more active role from government. Over 85% of Canadians want government to restrict the marketing of unhealthy food and beverages to their children and youth²⁴. Parents are asking for help in limiting the ability of advertisers to undermine parental efforts to instill healthy habits in their loved ones.

The call for restricting the marketing of unhealthy food and beverages has a strong ethical and pragmatic foundation. Children and youth lack judgment and are blessed with credulity (readiness to believe on little evidence). This is a neurobiologic developmental stage and is not likely amenable to media training²⁵. Children under the age of 5 years cannot consistently distinguish commercials from programming²⁶ and at least one third of 11 year olds do not grasp the persuasive nature of ads²⁷.

Children are hardwired to believe what they are told and most of the food and beverages marketed to children are unhealthy. Unfortunately marketing works²⁸ and there is strong evidence that children and youth “eat what they watch” and “eat while they watch”²⁹. It is ethically irresponsible to market unhealthy food and beverages to children who are blessed by nature to believe what they are told – we are betraying their trust and our obligation to protect and nurture them. It is also counterproductive to allow advertisers to persuade children to adopt the very same unhealthy lifestyles that parents want their children to avoid. Pragmatically, the practice should be restricted as persuading children to eat unhealthy food leads to unhealthy weight gain which ultimately ends up costing society extra health care dollars.

In November of 2010 a Federal/Provincial/Territorial (FPT) taskforce on childhood obesity published a statement calling for restraints on the marketing of unhealthy food and beverages to children. One year later, the follow up report echoed this sentiment and recommended that corporations, and the advertisers they employ, follow voluntary restraints. Some corporations have worked to create limits on marketing to children under the umbrella of the Canadian Children’s Food and Beverage Advertising Initiative or CAI. In this initiative each company sets their own standards and then judge themselves. Although the CAI found that each corporation was successful in meeting the standard they had set for themselves, the CAI is not been effective when gauged by objective criteria such as those employed in the United Kingdom. This once more proves the old adage that the fox does a poor job of guarding the chicken coop.

Given the inherent conflict of interest facing the food and beverage industry as they strive to self-regulate it is imperative that government accept the role parents request of it. The Federal government should follow the lead of the United Kingdom and establish objective criteria for what constitutes healthy food and beverages and children’s programming. Government must monitor compliance and if significant breaches occur, government must legislate.

The province of BC should advocate for active federal involvement in regulating marketing food and beverages to children. Our province should also identify the powers that it wields that can be used to restrict the marketing of unhealthy food and beverage within British Columbia. In addition to this

popular policy direction, majority of Canadians support a tax on sugary drinks – especially if the proceeds go towards health promotion³⁰.

Canadians realize that they must pay taxes in order to fund the publically provided facilities and services that enrich and prolong our lives. They also support smart taxation. Wise tax policy should reduce the taxes on products and services which promote health and prevent depletion of public resources. This would apply to items such as exercise equipment, gym memberships and vegetable platters. Products which are linked with ill health, such as tobacco and obesogenic foods, should be taxed at high rates. Tax policy should be used to nudge the population towards healthier choices.

To date, the strongest link between any food or beverage product and obesity, has been with sugar sweetened beverages. Numerous studies have linked SSBs with excess weight gain in both children^{31,32} and adults^{33,34}. Calories derived from soft drinks are of particular concern as people seldom compensate for their consumption of high calorie liquids by decreasing their intake of solid foods.³⁵ In some studies, participants who drank sugary drinks during the day actually ate more than those who drank water^{36,37}. This is particularly problematic as these high caloric drinks are marketed as thirst quenchers, often to be consumed with meals.

SSB consumption usually leads to a positive energy balance (excess energy intake) which can cause weight gain. It only takes 150-300 excess calories per day to gain a pound of fat per month³⁶ and each additional 300 ml of a soft drink increases a child's risk of being overweight by 60%.³⁷ Canadian and American studies have attributed 20% of the excess calories we consume to drinking SSB³⁸.

Canadians consume large quantities of SSB with per capita consumption of ready to drink SSB estimated at 66L/pp/yr. If fountain soda is factored in, consumption may be over 300L/pp/yr. They are effectively marketed and a significant proportion of the Canadian population, beginning early in childhood, regularly consume SSBs and are at risk for developing unhealthy weights. In Quebec 17% of preschoolers drink SSBs daily³⁹. In addition, over half of male Canadian teens report having had a soft drink the previous day with the average serving size being over 700 ml, containing over 300 calories⁴⁰. Reducing SSB consumption has been termed the single best opportunity to prevent overweight and obesity in adults⁴¹.

Similar to our experience with tobacco, we know that educating consumers to reduce their intake of SSBs is not enough to counterbalance the aggressive marketing of these products. Over 90% of British Columbians recognize the detrimental effects of SSBs and over 70% support taxation if revenue is targeted to health promotion⁴².

Taxing SSBs would capture the societal costs of these products and facilitate personal responsibility for the increased cost to the health care system generated by SSB consumption. In addition, taxing SSBs would generate revenue for prevention as well as reduce consumption of these products. However, unless constructive steps are taken, British Columbia will find itself in the unenviable position whereby with the removal of the HST and reinstatement of the PST government taxation on SSB will actually be reduced in the future – contrary to common sense and the common interest.

If the province of British Columbia instituted a 30 cent per liter excise tax on SSB it would raise between 90 to 360 million dollars yearly to place in a Health Promotion Fund. These funds could be used to increase the availability of physical activity opportunities and for subsidizing the price of fruits and vegetables. Dollars could also be used to fund social marketing campaigns and obesity treatment programs.

It is clear that Canadians need to work collectively to widen the practice of healthy active living in our population and to decrease the rates of unhealthy weights. We know that the development of an unhealthy weight is usually the culmination of many small, daily, errors in judgment combined with a genetic predisposition to gain weight – not moral laxity. There is also ample evidence that education alone is insufficient to consistently correct these unhealthy choices. Human nature predisposes us to take illogical short cuts in decision making and our ability to make sound decisions is also compromised by overpowering marketing which nudges us towards unhealthy choices.

The overwhelming majority of Canadians accept personal responsibility for the health of their children but they are requesting government help in “making the healthy choice the easy choice”. In view of the evidence and of public sentiment, government should analyze the practicality of restricting the marketing of unhealthy food and beverages to children and of taxing sugar sweetened beverages.

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