

Feasibility study on options to limit unhealthy food marketing to children

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Glossary

Table 1: Glossary

| | |
|-----------------------------|--|
| Food | refers to foods and non-alcoholic beverages. |
| Brand marketing | promotes a food company brand or a product brand, without promoting a specific food or drink product. ¹ 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 majority of their products or some other metric. ² |
| Broadcast | media includes terrestrial linear television services, radio and cinema. |
| 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. ¹ |
| Marketing impact | refers to the effect of marketing on 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. |
| Outdoor advertising | includes billboards, posters, banners and digital displays that are shown outside of the home. This includes along road corridors, in retail settings, in streetscapes, within buildings and at transport venues and infrastructure. |
| Online media | refers to digitised communication technologies through which text, audio, video and images are created, distributed and accessed through Internet-enabled devices. ³ Examples include: websites; social media platforms, video and image sharing platforms and online audio web platforms and their mobile applications (apps); video on-demand TV services (including broadcaster and subscription services); video games (console, mobile apps and PC games); podcasts; SMS; email; and food ordering applications. |
| Priority populations | include Aboriginal and Torres Strait Islander people; Culturally and linguistically diverse (CALD) communities; LGBTQIA+; people with mental illness; people of low socioeconomic status; people with disability; and people from rural, regional and remote areas. |
| Retail marketing | in-store marketing techniques include point of sale and end-of-aisle promotions and price-based promotions. |

| | |
|-----------------------|--|
| Sponsorship | includes of community and professional sporting activities and events, teams and athletes and arts and cultural events involving children as participants. |
| Unhealthy food | refers to foods and non-alcoholic beverages that are high in dietary energy, saturated fats, trans fatty acids, free sugars and/or sodium. Unhealthy food may be further defined for the purpose of food policies, based on nutritional criteria or other characteristics, such as level of food processing. |

List of abbreviations

Table 2: List of abbreviations

| | |
|--------------|--|
| AANA | Australian Association of National Advertisers |
| ACMA | Australian Communications and Media Authority |
| AFL | Australian Football League |
| CI | Confidence interval |
| COAG | (formerly) Council of Australian Governments |
| FSANZ | Food Standards Australia New Zealand |
| HFSS | High fat, salt and/or sugar |
| NPV | Net Present Value |
| OMA | Outdoor Media Association |
| OzTAM | Australian Television Audience Measurement |
| SMD | Standardised mean difference |
| TV | Television |
| UK | United Kingdom |
| UN | United Nations |
| WHO | World Health Organization |

Executive summary

In Australia and globally, protecting children from exposure to the marketing of unhealthy food and non-alcoholic beverage is recognised as a priority policy action to improve population diets, reduce diet-related disease, and support healthy weight.⁴ Few Australian children currently consume a diet that is aligned with national dietary guidelines, with high and frequent intakes of unhealthy foods and sugar-sweetened beverages and inadequate intakes of some core food groups, such as vegetables and fruits.⁵ Poor diet directly impacts on children's oral health⁶ and chronic disease risks.⁷ Poor diet is also the major contributor to the development of excess body weight, leading to related metabolic, respiratory and orthopaedic diseases and exacerbating mental health conditions.

The National Obesity Strategy 2022-2032, National Preventive Health Strategy 2021-2030 and National Diabetes Strategy 2021-2030 all identify restricting unhealthy food marketing to children as essential for improving population diets and weight and preventing disease.⁸⁻¹⁰ These strategies call for comprehensive restrictions on marketing content across all media and settings where children live, learn and play. This aligns with World Health Organization guidance, which recommends governments implement policies to protect children from the harmful impact of food marketing across all media and settings¹¹ and identifies them as a global 'best buy' for reducing unhealthy diets.¹²

In Australia, current policies to limit children's exposure to unhealthy food marketing rely largely on industry-led Codes of Practice, under which food and advertising companies pledge not to target children under 15 years with unhealthy foods and beverage marketing. In practice, the codes only apply to marketing considered 'directed to children', defined by criteria such as whether children make up more than 25% of the audience, or whether the product or advertising content principally appeals to children.

There is no evidence that industry self-regulation has been effective in protecting Australian children from exposure to unhealthy food marketing. Public complaints against current Codes of Practice are frequently dismissed due to advertisements being determined as not primarily 'directed to children'. On the contrary, monitoring studies have found that children continue to be exposed to unhealthy food marketing across media and settings, with little to no change since the introduction of these industry-led Codes of Practice. The ineffectiveness of industry self-regulation of food marketing has also been identified globally. Reviews of policy evaluations have shown that mandatory policies are more likely to be effective than industry self-regulation.^{13,14}

The Australian Government has invested in a feasibility study to provide a better understanding of the options available for implementing restrictions in Australia to limit children's exposure to unhealthy food marketing. This report presents the findings from this feasibility study. The study was conducted throughout 2023-2025 and involved the development and prioritisation of policy options based on a series of literature reviews, policy landscape assessment and stakeholder consultations.

Eight policy options were considered, each targeting a different media or setting where children are exposed to unhealthy food marketing. Combining policy options into a package of food marketing restrictions across media and settings was considered by many stakeholders to increase the likelihood of achieving the policy objectives by minimising the displacement of marketing from regulated to unregulated channels. Overarching policy considerations included

the regulatory approach, age definition of children and the food classification system to be applied. Policy options include:

Option 1: Maintain status quo

Retaining current Industry Codes of Practice was determined to be ineffective, as children continue to be exposed to unhealthy food marketing not classified as ‘directed’ to them, and the approach lacks support from stakeholders outside the food, media and advertising industries.

Option 2: Restrict unhealthy food marketing on broadcast media

A legislative restriction on unhealthy food advertising across television, radio and cinema between 5:30am and 11:00pm were strongly supported by non-industry health stakeholders. Although children’s television viewing has declined, broadcast media remains influential, and time-based restrictions are more effective than limiting only child-directed content. Implementation was considered feasible through an amendment of the *Broadcast Services Act 1992* or through new legislation.

Option 3: Restrict unhealthy food marketing through online media

A legislative restriction on all unhealthy food marketing online, both paid and unpaid, was strongly supported by most stakeholders as children are exposed to high volumes of unhealthy food marketing through this media. Implementation was considered feasible but will likely require new legislation and robust monitoring mechanisms.

Option 4: Restrict unhealthy food marketing in out of home settings

Most stakeholders supported restricting unhealthy food marketing in out-of-home settings, noting children’s significant exposure in outdoor environments, especially during school commutes. Implementation was considered feasible if focussed on state/territory government owned and managed assets. Although, restricting advertising on *all* outdoor media was preferred to prevent displacement from regulated to unregulated assets.

Option 5: Restrict on-pack marketing considered to be ‘directed to children’ on unhealthy foods

Stakeholders showed strong support for regulating child-appeals on the packaging of unhealthy foods and beverages. Implementation was considered feasible via Australia’s Food Standards Code (administered by FSANZ), which already establishes labelling and information requirements for food packaging.

Option 6: Restrict unhealthy food sponsorship

Most stakeholders supported restricting unhealthy food sponsorship through sports and cultural events, noting children’s exposure across both professional and community-level activities. Implementation was considered feasible but depends on mitigating financial impacts on sporting and community organisations.

Option 7: Restrict marketing ‘directed to children’ combined alongside time and media- or settings-based food marketing restrictions

This option complements other policy options by covering marketing outside defined media and times, such direct communications. It was not considered as a standalone option, but to complement a comprehensive package. The feasibility of implementation is limited by the lack of an agreed definition of ‘child directed’ marketing. As it is intended as a ‘back-stop’ policy that

complements a comprehensive approach across media and settings, implementation also depends on the feasibility considerations of restricting those other media and settings.

Option 8: Retail marketing restrictions

Restrictions on placement and price-based promotions in retail settings were supported, particularly by Aboriginal and Torres Strait Islander stakeholders as these techniques were noted to disproportionately promote unhealthy foods. Implementation was considered feasible, with precedents for restrictions on retail store placement of unhealthful products, including tobacco products.

Part 1 What is the policy problem?

The prevalence and burden of unhealthy diets and excess body weight in childhood

Australian children's dietary intakes are sub-optimal, with high and frequent intakes of unhealthy foods and inadequate intakes of some core food groups. Based on data from 2022, fewer than one in 20 children (2-17 years) consume the recommended number of serves of vegetables each day.¹⁵ Conversely, the latest national nutrition survey data from 2023 show that between 35% (12-17 year olds) and 37% (5-11 year olds) of children's energy intake is derived from discretionary¹ foods and beverages.¹⁶ National Health Survey data indicate more than one in four children aged 2-17 years were overweight or obese in 2022,¹⁵ with higher prevalence among those living in more disadvantaged neighbourhoods and among Aboriginal and Torres Strait Islander children.¹⁷

Overweight and obesity, and dietary risk factors are the first and third leading risk factors for death and disease in Australia, respectively.¹⁸ 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.¹⁹ Excess body weight in childhood tracks into adulthood, with children and adolescents with obesity being around five times more likely to experience obesity in adulthood.²⁰ This contributes to health complications across the life course, with resource implications for paediatric and adult health services.¹⁹ Childhood obesity has been estimated to cost Australia \$43.2 million per year in direct medical costs.²¹ Loss of productivity associated with high school absenteeism contributes an additional \$20 million per year in indirect societal costs.²²

The importance of reducing children's exposure to unhealthy 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. This evidence indicates that children are exposed to food marketing across all media and in settings with which they engage.²³ This marketing mostly promotes unhealthy foods and often uses an array of creative strategies, such as promotional characters and persons, premium offers, games, visual imagery, animation and other engagement techniques.

¹ 'Unhealthy foods are referred to as 'discretionary' foods and beverages in the Australian Guide to Healthy Eating. These are unnecessary for a healthy diet and are too high in saturated fat and/or added sugars, added salt or alcohol and low in fibre.

Significant detrimental effects of food marketing on children have been identified. As stated by the WHO's Commission on Ending Childhood Obesity, "*there is unequivocal evidence that the marketing of unhealthy foods and sugar-sweetened beverages is related to childhood obesity*".²⁴ The Commission urged governments to regulate the marketing of unhealthy foods.²⁴

The global scientific evidence on food marketing impacts on diet-related outcomes were 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.²⁵ The review found that children's exposure to unhealthy food marketing was associated with significant increases in their food intake, and their choices and preferences for such foods.²⁵ Unhealthy food marketing also shapes social norms by embedding these foods in everyday life as though they are part of a regular diet.²⁶ The global evidence also suggests that children of ethnic minority and lower socio-economic position have a higher risk of exposure to unhealthy food marketing and that the impact of this marketing is likely to be greater than for other children.²⁷ This is consistent with Australian evidence that shows higher rates of unhealthy food advertising around schools in low socio-economic areas compared to more affluent areas.^{28,29} This may be due to targeted advertising by food companies, cheaper advertising rates in these areas or a higher density of food, and particularly fast food, outlets.²⁷ Lower socioeconomic households may also be more responsive to retail price promotions, which tend to be for unhealthy foods.³⁰ Other data suggest that children living in lower socioeconomic households have greater screen media use.³¹

At the 75th World Health Assembly in 2022, Member States adopted new commitments for the prevention and management of obesity and endorsed the WHO Acceleration plan to stop obesity.⁴ The Plan recognises a core set of interventions that can effectively change the obesity-promoting environment. These include regulations on the harmful marketing of foods to protect children. The WHO has identified food marketing controls as a 'best buy' for the prevention and control of noncommunicable diseases.¹²

Current Australian policies to address children's exposure to unhealthy food marketing

In Australia, the marketing of foods is largely regulated by industry Codes of Practice, with some limited regulatory measures that apply during children's television programming.

Voluntary industry-led policies

The Australian Association of National Advertisers (AANA) have two Codes of Practice that relate to food marketing. The *Food and Beverages Advertising Code*,³² last updated in November 2021 and the *Children's Advertising Code*,³³ updated in December 2023. These codes cover marketing on most media and settings, with some exemptions. Industry codes have been strengthened over time, including by industry-wide adoption, an increase in the age of children to be protected (to under 15 years) and the use of Food Standards Australia New Zealand (FSANZ) Nutrient Profiling Scoring Criterion for defining foods that are not permitted to be marketed to children. Nevertheless, significant gaps remain. In particular, both codes only apply to marketing that is 'targeted at children', despite international evidence showing that children see and are impacted by unhealthy food marketing regardless of whether it is 'targeted', 'directed' or 'intended' for them. Under the existing industry codes, a marketing message is considered 'directed' to children if:

- the food or drink product is principally or significantly appealing to children;
- the presentation of the advertisement content (e.g., theme, images, colours, wording, music and language used) is principally appealing to children; and/or
- the expected average audience at the time or place the advertisement appears includes a significant proportion (>25%) of children.

All three criteria are considered in determining whether marketing targets children. The weighting given to each of the three criteria is determined on a 'case-by-case basis'. The codes do not apply to the marketing of food company brands or logos.

For both AANA codes, Ad Standards³⁴ (sister body to AANA) is responsible for adjudication of complaints made by members of the public. Ad Standards uses a community panel to determine if an advertisement targets children or not, based on the criteria outlined above. If a complaint is upheld, Ad Standards can request that the advertisement be modified or withdrawn but does not have the power to impose any other sanctions.

The Outdoor Media Association (OMA) has a National Health and Wellbeing Policy,³⁵ which has been in effect since July 2020. Under the policy, OMA members are restricted from advertising 'occasional' food and drink products (using FSANZ Nutrient Profiling Scoring Criterion) within a 150-metre sightline of Australian primary or secondary schools. The policy does not apply within the central business district of state and territory capital cities, to advertising on business premises that sell occasional foods and beverages, to transit advertising on buses, trains, trams and taxis or to advertising not viewable from the school boundary. The OMA handles all complaints.

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 the amount of healthier food choices (with a Health Star Rating of 3.5 or above) at the end of food aisles.³⁶

Evidence on the effectiveness of industry-led policies

There are no available evaluations of the industry codes outlined above. Previous evaluation studies relate to industry Codes of Practice that are no longer in effect. However, the handling of complaints by Ad Standards under these earlier industry codes is relevant. 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 (under the *2009 Responsible Children's Marketing Initiative* and the *Quick Service Restaurant Initiative for Responsible Advertising and Marketing to Children*) only 14 were upheld.³⁷ Complaints about advertisements were frequently dismissed due to the advertisements being determined as not primarily directed to children. Ad Standards reports related to these AANA codes indicate that:

- "Advertisements directed to families, rather than primarily to children, will not be considered under this Code".
- "Advertisements may have children discussing a product but this does not mean the ad is directed primarily to children."
- "While children may want the food or beverage product in the advertisement, if the ad is not directed primarily to children, it will not be considered."
- "The use of animation in itself does not mean the advertisement is directed primarily to children".³⁸

Government-led policies

National jurisdiction

There are no national legislative measures in Australia specifically to regulate unhealthy food marketing. The *Broadcasting Services (Australian Content and Children's Television) Standards 2020*, made under subsection 122(1) of the *Broadcasting Services Act 1992* have some relevance, specifically for linear programming on free-to-air television.³⁹ The Standards do not extend to broadcaster- and subscription-based video-on-demand TV services. One of the objectives of these Standards is to provide children (defined as under the age of 15 years) with

certain protections from the possible harmful effects of television. The Standards include advertising restrictions in ‘C’ (children’s) and ‘P’ (preschool children’s) programming. The Standards prevent commercial television licensees from broadcasting any form of advertising immediately before, during and immediately after programs with a P classification. The Standards also impose a series of advertising restrictions before, during and immediately after any programs classified ‘C’. These restrictions include the amount of advertising and the use of promotional characters. The only specific provision related to food is that: “*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*”.

State and territory jurisdiction

The Government of South Australia introduced restrictions on unhealthy food advertising on state-owned buses, trains and trams, which took effect in July 2025.⁴⁰ Advertisements must not contain any unhealthy food or drink products, as defined by the food classification system outlined in the (former) [Council of Australian Government’s \(COAG\) Health Council’s National Interim Guide to Reduce Children’s Exposure to Unhealthy Food and Drink Promotion](#). The policy is being implemented by Preventive Health SA, in partnership with the Department for Infrastructure and Transport within the South Australian Government. In the ACT, Transport Canberra’s advertising policy prohibits representations or promotions of fast food or unhealthy food and drinks, as defined by the Australian Dietary Guidelines and Australian Guide to Healthy Eating (among other restrictions, including for alcohol). This policy is administrative (not legislated) and does not extend to buses and light rail shelters, which are subject to separate advertising agreements. In Western Australia, the Health Promotion Foundation, Healthway, has introduced a co-sponsorship policy that precludes health sponsorship of sports and arts organisations that also receive sponsorship from unhealthy food and beverage brands.⁴¹

Evidence informing potential policies

Television food advertising restrictions

Children’s television viewing

Children’s television (TV) viewing habits have changed drastically over the last 15 years with the advent of multi-channel broadcasters and broadcaster- and subscription-based video-on-demand services. National TV audience data from OzTAM (Australian Television Audience Measurement) for 0-17 year olds show declining viewership of total TV and commercial free-to-air TV, the latter down to between 13 minutes per day of free-to-air TV (13-17 year olds) and 17 minutes per day (0-4 year olds) in 2023.⁴² This represents more than a 75% reduction in free-to-air TV viewing time for children since 2009.

Earlier OzTAM data on children’s TV viewership from 2005-2016, which was collated by the Australian Communications and Media Authority, provide an indication of children’s viewing patterns across the day.⁴³ Children’s peak viewing periods have been previously defined as times when the number of children watching TV (all channels combined) exceeded a quarter of the maximum child audience rating for the day.⁴⁴ Applying this definition, children’s peak viewing times on weekdays and weekend days (combined) are estimated as 7:00am-8:00am and 4:00pm-11:00pm.

Exposure to TV food advertising

Australian studies comparing trends in food advertising on commercial free-to-air TV over time have shown no change in the rates of unhealthy food advertising with the introduction of the

earlier iterations of the food and advertising industry Codes of Practice. In 2015, the rate of unhealthy food advertising on Sydney commercial TV was 3.1 ads per hour,⁴⁵ which was similar to the rate in 2008 prior to the introduction of the industry codes.⁴⁶ Other data on TV advertising on commercial free-to-air channels in Adelaide from 2016 found a higher rate of advertising for unhealthy foods during children's peak viewing times (defined similar to above) compared to non-peak times.⁴⁷

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 assessing the effects of TV food advertising, this 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.²⁵ 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. Based on data from 23 studies, TV food advertising was associated with a statistically significant increase in food intake among 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)).²⁵

Evidence from other systematic literature reviews supports these findings. One meta-analysis, children's exposure to TV food advertising was associated with an increase in energy intake by 60.0 kcal (95% CI: 3.1 to 116.9) compared to children exposed to non-food advertising.⁴⁸ Another meta-analysis found a small, but statistically significant, effect on increasing food intake after viewing food advertising compared with either no advertising or non-food advertising (SMD= 0.25; 95% CI: 0.14 to 0.37).⁴⁹

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-effective⁵⁰⁻⁵⁵ or cost-saving.⁵⁶⁻⁵⁸ A mix of policy options have been evaluated, including statutory restrictions comprising time-based bans on food advertisements and the elimination of tax deductions for TV advertising of unhealthy foods.

Online marketing restrictions

Children's 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 on-demand TV services²; video games (console, mobile apps and PC games); podcasts; SMS; email; and food ordering applications.

² Video on-demand services (including broadcaster and subscription services) are streamed from online repositories through Internet-compatible devices.

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%).⁵⁹ Adolescents spent an average of 14.4 hours online per week, increasing to 16.1 hours for 16-17 year olds. Other survey data from 2023 found that 15% of 8-17 year olds reported watching on-demand content from commercial free-to-air TV platforms for an average of 5.3 hours per week, while 11% of 0-7 year olds had watched this content for an average of 6.3 hours per week.⁶⁰ In 2019, a national survey of 1,127 children aged 10-17 years old reported an average of 5.8 hours online each weekday and 6.9 hours each weekend day, including on social media, playing games and web browsing.⁶¹

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.³¹

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 an Australian study conducted 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, 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 through mobile devices per week. In another Australian study in 2020/21, 13-16 year old children ($n=35$) were asked to share their screen with researchers as they used their social media accounts.⁶³ Participants were exposed to a median of five branded food promotions every 10 minutes.

Impact of online media food marketing on children's diet-related outcomes

Pooled analyses are available from the recent WHO systematic review and meta-analyses on the short-term impacts of online food marketing on children's diet-related outcomes.²⁵ Based on data from six studies, food marketing in 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 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)).

Economic evaluation evidence

In the UK, cost-benefit analyses were undertaken to examine five policy options for restricting paid advertising of unhealthy food on both TV and online platforms.⁶⁴ All five options produced a

positive benefit-cost ratio. The preferred option, which was predicted to produce the greatest health gain, included a restriction on all paid online advertising at all times.

Outdoor advertising restrictions

Children's engagement with outdoor settings

Outdoor settings of relevance to children's exposure to marketing include public transport infrastructure and the area around schools. Children's mode of travel to school influences their potential marketing exposure and informs policy design. 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.⁶⁵ 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 31% caught public transport to school.⁶⁶

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 Perth⁶⁷⁻⁶⁹ and Sydney.⁷⁰ 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 unhealthy food advertisements per one-way trip to school, respectively, compared to 5 advertisements if walking.⁶⁸ Another study from Perth found an average of 36 food advertisements within 500m of schools observed, and this was higher in socially disadvantaged areas.⁶⁷

In Sydney, children would be exposed to 7 unhealthy food advertisements each one-way trip to school when travelling by train, compared to 3 when travelling by bus or two advertisements when walking.⁷⁰ Another study assessed the nature and extent of food marketing on public transport assets across the Sydney metropolitan train network.⁷¹ Of the almost 7,000 advertisements identified, 28% promoted a food or beverage, of which most were classified as unhealthy (78%).

Impact of outdoor food marketing on children's diet-related outcomes

In the UK, an evaluation of a Transport for London policy that restricted advertising for high in fat, salt and/or sugar (HFSS) foods on transport assets assessed the effect of the policy on household food purchases.⁷² Using a controlled interrupted time series analysis from 1,970 households in London (intervention) and North of England (control), average weekly household grocery purchases for HFSS foods reduced by 6.7% (95% UIs: 3.2% to 10.1%) in London households following policy implementation.

Economic evaluation evidence

A cost-benefit analysis of policy to restrict unhealthy food advertising on transport assets owned by the Western Australian government found this would be excellent value-for-money, generating a net present value (lifetime economic benefit expressed in current dollars) of \$1.9 billion.⁷³ A cost-utility analysis of the City of London policy restricting unhealthy food advertising across the Transport for London network estimated 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.⁷⁴ The benefits of the policy were modelled based on changes to weekly household calorie purchases resulting from the policy.⁷²

Product packaging restrictions

Exposure to on-pack promotions targeted to children

On-pack designs that target children often use bright colours, childish lettering, cartoon characters, images of celebrities and sportspersons, premium offers and references to fun and play. An Australian study examining 215 unhealthy food items found that 47% of these had packaging with marketing content designed to appeal to children.⁷⁵ A second study examined the healthfulness of 135 packaged school lunch box snacks that used child-appealing marketing techniques and quantified the proportion of products that would have marketing restricted under a policy that limited on-pack marketing to foods with 3.5 or more stars using the Health Star Rating system. Child-directed marketing would be removed from 89% of sweet snacks and 91% of savoury snacks under such a policy scenario.⁷⁶

Impact of on-pack marketing on children's diet-related outcomes

There is limited available evidence on the impact of child-directed on-pack marketing of foods on children's diet-related outcomes. While pooled analyses are available from the recent WHO systematic review on the impacts food packaging,²⁵ the types of packaging promotions assessed in these studies related to the size and shape of packaging.

Economic evaluation evidence

There are no economic evaluations quantifying the health and economic impacts of restricting on-pack marketing for unhealthy foods.

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.⁷⁷ 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. AusPlay data from 2017 show the median duration of each organised sport session was 60 minutes.⁷⁷

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.⁴³ For free-to-air TV, sports programs were excluded from reporting on popular programs for children in the most recent available data (from 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.⁴³ From a survey of Australian adults in 2022, 14% of parents of 0-15 year olds reported their children viewed mostly sports content when watching TV.⁶⁰

Exposure to food company sponsorship

The main form of 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.

Unhealthy food company sponsorship has been found to be common across many types of community sports. The extent of unhealthy food sponsorship differed across sport types – football, cricket and soccer tended to have the most sponsorship arrangements with unhealthy food companies.^{78,79} Sponsor promotions commonly included branding on uniforms^{80,81}, brand presence on club websites,⁸⁰ branded participant packs,⁸⁰ water bottles/containers, shade tents, flyers and rewards for players featuring the company’s name,⁸¹ vouchers to players for the company’s products⁸¹ and naming rights to development programs.⁸⁰ While sponsors provided some direct funding to sports organisations,⁷⁸⁻⁸² it has been estimated that less than a quarter of community sports clubs’ income comes from sponsorship overall.⁸¹

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%).⁸³ The AFL attracts huge audiences,⁸⁴ with consequently high exposure to sponsors. 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.⁸⁵ 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

There is no available evidence to quantify the impact of food company sport sponsorship on children’s dietary intakes or food purchases. However, studies have shown that children’s exposure to food company sport sponsorship enhances their brand-related attitudes and purchasing intentions.⁸⁶

Economic evaluation evidence

There are no economic evaluations quantifying the health and economic impacts of restricting food company sports sponsorship.

Retail marketing restrictions

The vast majority of food consumed in Australia is purchased from retail food environments.⁸⁷ In Australian major supermarkets, approximately 80% of display space at checkouts and at end-of-aisle displays is for unhealthy foods⁸⁸ and unhealthy foods and beverages are discounted more often than healthier alternatives, with larger discounts.^{89,90}

These in-store marketing techniques have been shown to influence purchases. International evidence shows that in-store food retail marketing, including placement-based and price-based strategies, lead to increased sales.⁹¹ A 2020 review 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.^{92,93}

Evaluation of the Healthy Stores 2020 project, a retail intervention in remote Aboriginal and Torres Strait Islander communities, 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.⁹⁴

Economic evaluation evidence

There is limited evidence on the cost-effectiveness of policies to restrict retail marketing.⁹⁵ One study evaluated mandatory restrictions on price promotions for sugar-sweetened beverages in Australia and showed that the policy was likely to be cost-effective.⁹⁶ Two economic analyses evaluated retail marketing restrictions, including volume promotions⁹⁷ and placement restrictions at checkout counters, end-of-aisle displays and store entrances for unhealthy foods in the retail sector.⁹⁸ These analyses were conducted as part of the UK Government's policy development.^{97,98} The preferred option, deemed most likely to meet the policy objective, was to restrict all volume offers⁹⁷ and placement promotions for unhealthy foods.⁹⁸

Part 2 Government policy targets and objectives

Australian Government policy targets

The Australian Government and state and territory governments have recognised the importance of reducing children's exposure to unhealthy food marketing, promotion and sponsorship, to create supportive, sustainable and healthy food environments. Restricting the marketing of unhealthy foods to children is identified as a key policy priority in The National Obesity Strategy 2022-2032, National Preventive Health Strategy 2021-2030 and National Diabetes Strategy 2021-2030.⁸⁻¹⁰ Specifically, the National Preventive Health Strategy sets a 2030 target to reduce children's exposure to unhealthy food marketing across all forms of media, including digital platforms, sponsorships and retail settings. Such policies have strong community support. During public consultations to develop the National Obesity Strategy, 78% of participants agreed that reducing children's exposure to unhealthy food marketing is an important strategy to help prevent obesity.¹⁰

Implementing policies to restrict children's exposure to unhealthy food marketing would support the achievement of Australian Government health goals. These include:

- To halt the rise, and reverse the trend, in the prevalence of obesity in adults by 2030, and reduce overweight and obesity in children and adolescents aged 2-17 years by at least 5% by 2030.^{8,10}
- Adults and children (≥9 years) to maintain or increase their fruit consumption to an average 2 serves per day by 2030, adults and children (≥9 years) increase their vegetable consumption to an average 5 serves per day by 2030, reduce the proportion of children and adults' total energy intake from discretionary foods from >30% to <20% by 2030, reduce the average population sodium intake by at least 30% by 2030 and increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030.⁸
- To prevent people developing type 2 diabetes, reduce the impact of diabetes among Aboriginal and Torres Strait Islander Peoples and reduce the impact of diabetes among other priority groups.⁹

Reasons for government action

Addressing the limitations of current policies

Existing policies to control marketing in Australia provide limited protection for children from exposure to unhealthy food marketing. As outlined above, industry codes narrowly apply to marketing that is 'directed to children' rather than restricting all unhealthy food marketing children see as they go about their daily lives. The effectiveness of existing industry codes is further limited by minimal sanctions for non-compliance. In the few cases where public complaints against the codes are upheld, only modification or removal of the marketing message is required, which occurs sometime after the marketing message has been disseminated.⁹⁹

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 food marketing exposure and its persuasive power.¹⁴ However, the design of the policy has an important bearing on its effectiveness. Policies have been shown to be more effective when they: are mandatory;^{13,14} are designed to restrict marketing exposures for children beyond 12 years of age; and when the policy uses a government-led nutrient profile model to determine the foods that are not permitted to be marketed.¹⁴

Reviews of the evidence have found that voluntary policies have mixed effects on children's marketing exposures.¹⁴ In a review prepared for the WHO, 29 studies assessed the effect of voluntary food marketing policies compared to no policy. Eleven studies found that industry codes had either a significant or unclear effect on reducing children's exposure to unhealthy food marketing.¹⁴ These studies found a reduction in unhealthy food advertising on TV after the introduction of industry codes. A further two studies found that the introduction of industry codes led to a significant reduction in purchases of unhealthy foods and one study found an improvement in adolescents' self-reported consumption of some snack foods. The remaining 16 studies found either no effect or an effect favouring having no policy, with advertising rates higher amongst signatories of the codes.

International guidance on food marketing policies

In July 2023, the WHO released new Guidelines on policies to protect children from unhealthy food marketing.¹¹ These WHO Guidelines were developed over five years by a WHO expert committee on nutrition policy actions and were underpinned by a series of literature reviews. Based on the scientific evidence of food marketing impacts and lessons learnt from evaluations of food marketing policies, the new Guidelines recommend that policies:

- be mandatory
- protect children of all ages (up to 18 years)
- use a government-led food classification system to classify foods to be restricted from marketing
- be sufficiently comprehensive to minimise the risk of migration of marketing to other media, to other segments within the same media or to other age groups
- restrict the power of food marketing to persuade.¹¹

The WHO Regional Committee for the Western Pacific, which includes representation from the Australian Government, endorsed a Regional Action Framework in 2019 to protect children from the harmful impact of food marketing with implementation by 2030.¹⁰⁰ The Framework aims to reduce children's total exposure to, and the persuasive power of, unhealthy food marketing in the Western Pacific Region.

UN Convention on the Rights of the Child

The UN *Convention on the Rights of the Child*, which Australia ratified in 1990, recognises that children have the right to the highest attainable standard of health, including access to adequate nutrition.¹⁰¹ The Convention (and accompanying interpretive instruments) provides legitimacy to restrict commercial activities that infringe upon children's rights, including food marketing. Governments have a legal duty, and businesses have a responsibility, to uphold the rights enshrined in the Convention.¹⁰²

International exemplars of government-led regulation

More than 30 countries have introduced some form of legal or regulatory measures to limit unhealthy food marketing, though most are relatively narrow in design and focus primarily on TV. A few notable exceptions have enacted broader, cross-media controls. For example, Chile has implemented comprehensive restrictions across multiple media and settings, and the United Kingdom is advancing legislation that will apply to both online and broadcast advertising. These broader measures were introduced in response to the limited impact of industry-led codes on reducing children's exposure to unhealthy food marketing. Several other countries are developing or have proposed legislation to restrict children's exposure to unhealthy food marketing across broad media and settings, including Canada, Fiji, Germany, Norway, Portugal and Thailand.

UK case study

As part of a broader strategy to address population obesity, the UK Government introduced legislative measures to restrict the marketing of HFSS foods and beverages. All legal provisions are expected to be implemented by January 2026.¹⁰³ Marketing restrictions target television, online media and retail settings. Prior to this, co-regulation had been in place since 2007 that restricted advertising of HFSS foods during children's television programming and when content was directed to, or likely to appeal to, children. Assessments of this policy identified that children remained exposed to HFSS food advertising as they watched programming other than that targeted at them and were also spending more time online.¹⁰⁴

Legislated broadcast and online food marketing provisions

Under the amendment to the *Communications Act 2003*, advertising for HFSS foods is prohibited between 5.30am and 9:00pm on broadcast and on-demand television. Broadcasters and on-demand TV services under UK jurisdiction will be liable for breaches. For non-UK on-demand TV services, the advertiser will be liable. For online media, no person can pay (monetary or non-monetary) for a HFSS food advertisement to be placed on the Internet. Advertisers will be liable for breaches to the online provisions. Content on companies' website or social media pages is exempt. Brand advertising is also exempt, provided there are no HFSS products depicted in the advertising. Businesses with 249 employees or fewer will be exempt. Alongside public consultation, the UK Government conducted an equality assessment and impact assessment, which informed the choice of regulatory options.¹⁰⁵

Legislated retail marketing provisions

Under the *Food (Promotion and Placement) (England) Regulations 2021*, the promotion of HFSS food is prohibited by location and volume price in medium and large businesses (50 or more employees) that sell food or drink in England. Specifically, the regulations:

- restrict specified foods and drinks from being offered for sale as part of a volume price promotion (e.g., multibuy promotions)
- restrict free refill promotions from being offered for specified drinks
- restrict 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
- in online marketplaces, restrict 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.¹⁰⁶

The restrictions on food placement in-store and online came into force on 1 October 2022.¹⁰⁷ Retail sales data suggest that this policy has led to positive changes in consumer purchases. Sales data for 12 weeks up to the end of December 2022, compared to the same time in 2021, show a 1.9% increase in sales of non-restricted foods and a 5.1% decrease in sales of restricted foods.¹⁰⁸ The restrictions on price promotions were implemented in October 2025.¹⁰⁹

Chile case study

Chile's *Food Labelling and Advertising Law* was enacted in 2012, at which time the Government of Chile recognised that the pre-existing self-regulation had failed to adequately address the issue of unhealthy food marketing to children.¹¹⁰ The accompanying regulations came into full force in 2016, with further legislative amendments in 2018.

Included in the law are restrictions on unhealthy food and beverage marketing, along with provisions for front-of-pack warning labels and bans on the sale of unhealthy foods in schools. Under the food marketing provisions, unhealthy foods cannot be marketed to children, where

children are defined as under the age of 14. In 2018, the provisions on restricting TV advertising were updated to restrict all unhealthy food and beverage marketing on television and in cinemas between the hours of 6am and 10pm (Phase 2 of the Law). Prior to this time, TV advertising provisions had only restricted 'child-directed' advertising (Phase 1 of the Law). 'Child-directed' advertising was defined as advertising that used promotional techniques, including cartoons, animations and toys that could attract the attention of children.

Currently, the law restricts:

- advertising of unhealthy foods on television and in cinemas between 6:00am and 10:00pm
- advertising of unhealthy foods on dedicated children's channels, during child-targeted programs or when children are more than 20% of the audience at any time
- advertising of unhealthy foods on dedicated children's websites, on child-targeted websites or when children are more than 20% of the audience
- any form of marketing of unhealthy foods directed to children, including the use of characters (e.g., child figures, animations); children's music; premiums (e.g., toys); people or animals that capture children's interest; statements or fantastic arguments about the product or its effects; situations that represent children's daily life, expressions, or language; and interactive applications, games, contests
- advertising of unhealthy foods inside schools.

Evidence of policy effectiveness

Evaluations of the effectiveness of Chile's *Food Labelling and Advertising Law* have shown that:

- Between 2015 (pre-policy) and 2017 (post-policy), the proportion of unhealthy breakfast cereals using child-directed marketing on their packaging decreased significantly.¹¹¹
- Comparisons between Phase 1 of the Law (restrictions on child-directed marketing) and Phase 2 of the Law (restrictions between 6am and 10pm) revealed that the Phase 2 restrictions were more effective at reducing children's exposure to unhealthy food marketing.¹¹²
- Per capita purchase volume of sugary beverages decreased by 22.8 mL per person per day (-23.7%) after policy implementation, with similar absolute impacts for households with high- and low-levels of parental education. Calories from sugary beverage purchases decreased by 11.9 kcal per person per day (-27.5%).¹¹³
- Focus groups with mothers revealed that, one year after implementation, the law was well known and perceived positively by mothers and their children, with a perceived shift towards healthier eating practices and social norms.¹¹⁴
- There has been no reported impact on industry labour market outcomes (aggregate employment and average real wages).¹¹⁵

Context informing the proposed policy objectives

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.¹ In contrast, existing food marketing policies in Australia primarily focus on preventing misleading advertising. For example, the AANA codes focus on ensuring that marketing is "*legal, honest, truthful and reflects health and safety standards*".^{32,33} The AANA Code of Ethics also focuses on ensuring advertising is honest and truthful.¹¹⁶ The *Broadcasting Services (Australian Content and Children's Television) Standards 2020* precludes "*misleading or incorrect information about the nutritional value of [a food] product*".³⁹ However, the problem that needs to be addressed is children's high exposures 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. The Outdoor Media

Association's National Health and Wellbeing Policy on the other hand, aims to meet community expectations and support government efforts to tackle overweight and obesity in Australia.³⁵

The Healthy Food Partnership is a joint initiative between the Australian Government, food industries and the public health sector. Its goal is to encourage healthy eating, including through consumer education, product reformulation and serving size reduction. The partnership program logic model includes program activities and short- and medium-term impacts and long-term outcomes.¹¹⁷ 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. Applying this model to policies aimed at limiting unhealthy food marketing to children, short-term impacts would focus on reducing children's exposure to unhealthy food marketing across media and settings. The medium- and long-term impacts would align with those of the Healthy Food Partnership logic model, focussed on changes in food purchases, consumption, and ultimately, a reduction in obesity prevalence.

Part 3 Methodology

The 2022-23 Federal Budget included funding to support a feasibility study to explore the current landscape of food marketing to children and consider the feasibility of different options for implementing restrictions in Australia. The study has been undertaken by the University of Wollongong and Deakin University, funded by the Australian Government Department of Health, Disability and Ageing.

The policy options in this report were informed by global^{4,11,12,24} and regional¹¹⁸ policy guidance, Australian Government priorities and policy agendas⁸⁻¹⁰, as well as a series of literature reviews undertaken between May and September 2023 (presented in Part 1).

The reviews synthesised the evidence on: 1) the nature and extent of Australian children's exposure to unhealthy 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. Evidence was also considered from recent systematic literature reviews and meta-analyses conducted for the World Health Organization (WHO)^{14,33}. These reviews were conducted over a 4-year period to inform the *WHO guidelines for protecting children from the harmful impacts of food marketing*¹¹⁹ and provide a current and comprehensive synthesis and appraisal of the evidence on food marketing impacts and policy effectiveness.

Three stages of stakeholder consultations were undertaken to inform the policy options. This included: a targeted consultation with key stakeholders (October – November 2023), a forum with Aboriginal and Torres Strait Islander representatives (February 2024), a public consultation (February – March 2024) and a targeted consultation with representatives from State and Territory Departments (May – July 2025). Feedback from these consultations helped refine and prioritise the policy options and provide information on implementation considerations.

What policy options were considered?

The initial policy options considered (Table 1) covered all major media and settings where children are exposed to unhealthy food marketing. Policy options 2 to 6 are mutually exclusive, each representing different media and settings through which marketing is communicated. Overarching policy considerations, including the regulatory approach (self-regulatory, co-regulatory, legislative), the definition of a child (<15 years or <18 years) and the food classification system to be applied, were considered separately. All policy options and additional considerations were informed by the evidence described above.

Table 3: Full list of the initial policy options considered

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| OPTION 1: Maintain status quo |
| Option 1 would involve taking no action. The existing self-regulatory industry Codes of Practice would remain. |
| OPTION 2: Restrict unhealthy food marketing on broadcast media |
| 2.1 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) |
| Option 2.1 would extend the status quo by expanding the definition of ‘directed to children’ to include children’s peak viewing times, when high absolute numbers of children are watching TV rather than when children comprise a certain proportion of the total audience. |
| 2.2 Restrict unhealthy food advertising on TV between 5:30am and 11:00pm. |
| Option 2.2 would deviate from the status quo by shifting the focus from marketing that is ‘directed’ to children to restricting all unhealthy food advertising on TV during broadcast times that include when large numbers of Australian children watch TV (between the hours of 5:30am and 11:00pm). |
| 2.3 Restrict advertising on all broadcast media (TV, radio, cinema), with advertising for unhealthy foods not permitted between 5:30am and 11:00pm. |
| Option 2.3 would extend option 2.2 by expanding the types of broadcast media that would be included, from TV to also radio and cinema. |
| OPTION 3: Restrict unhealthy food marketing through online media |
| 3.1 Restrict ‘paid for’ (monetary and non-monetary) marketing for unhealthy foods through online media between 5:30am and 11:00pm. Restrictions apply across all digitised communication technologies. |
| Option 3.1 would align with the time-based watershed approach for broadcast media (Options 2.2 and 2.3), with restrictions applicable between the hours of 5:30am and 11:00pm. The type of marketing to be restricted would be limited to those where a payment has been made to place the marketing content on the Internet, whether through monetary or non-monetary means (e.g. gifts). Brands would be able to continue with marketing activities on their own online spaces (e.g., a brand’s own website or social media page). |
| 3.2 Restrict all ‘paid for’ (monetary and non-monetary) marketing for unhealthy foods on digital media. Restrictions apply across all digitalised communication technologies. |
| Option 3.2 would extend Option 3.1 by removing the time provision and restricting all ‘paid’ marketing that is placed on the Internet at any time. |
| OPTION 4: Restrict unhealthy food marketing in out of home settings |
| 4.1 Restrict unhealthy food advertising on outdoor media at government-owned and managed places and public assets, within 750m around schools and along major transport corridors. |
| Option 4.1 would be limited to assets owned or managed by state and territory governments (e.g., billboards, public transport, events). The 750m reflects children’s walking routes to and from schools and major transport corridors reflect other modes of travelling to and from schools. |
| 4.2 Restrict unhealthy food advertising on outdoor media within 750m around schools and along major transport corridors. |
| Option 4.2 would extend Option 4.1 by including all outdoor marketing, whether owned or managed by governments or not. |
| 4.3 Restrict unhealthy food advertising on all outdoor media. |

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| Option 4.3 would extend to all unhealthy food marketing on outdoor media. It would not be limited by boundaries around schools or who owns or manages the assets. |
| OPTION 5: Restrict on-pack marketing considered to be 'directed to children' on unhealthy foods |
| This is the only option that was considered for marketing on pre-packaged unhealthy foods and beverages and would be limited to marketing where the creative content is designed to appeal to children. |
| OPTION 6: Restrict unhealthy food sponsorship |
| 6.1 Restrict the promotion of unhealthy food sponsorship of community sports and events involving children as participants, including any visible signage and branding. |
| Option 6.1 would be limited to local community sport. It would not include sports or events that are administered at the state or national level. |
| 6.2 Restrict unhealthy food sponsorship of televised events, including sporting players, teams and events. |
| Option 6.2 would be limited to sports that are televised, including elite and professional sports. It would not include sports or events that are administered by community organisations. |
| 6.3 Restrict unhealthy food sponsorship of community sports and events involving children as participants, as well as televised events. |
| Option 6.3 would combine Options 6.1 and 6.2. |
| OPTION 7: Restrict marketing 'directed to children' |
| Option 7 would occur in addition to options 2-6 above. This means that all unhealthy food marketing outside of the times and media included in options 2-6 and where the marketing message is 'directed' or 'intended' for children, would be considered in scope. |

The overarching considerations relevant to policy options 2-7 included the type of regulatory approach, age definition of children and the food classification system to be used (Table 2).

Table 4: Overarching considerations for policy options 2-7

| |
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| <p>Regulatory approach <i>Refers to the regulatory approach to achieve the policy objectives</i></p> |
| <p>Co-regulation, whereby the Australian Government provides guidelines, which the food and advertising industries can choose to adopt or not.</p> |
| <p>Co-regulation, whereby food and advertising industries provide guidelines and government monitors and enforces the rules.</p> |
| <p>Legislation, whereby policy development, monitoring and enforcement is led by governments.</p> |
| <p>Age definition of children <i>The age definition of children refers to the age up to which the policy protects children from food marketing</i></p> |
| <p>Children are defined as less than 18 years of age.</p> |
| <p>Children are defined as less than 15 years of age.</p> |
| <p>Food classification system <i>Refers to the approach for classifying foods to be restricted from marketing.</i></p> |
| <p>Government-led food classification system³ aligned with national dietary guidance that restricts marketing of unhealthy food products AND food brands that are associated with unhealthy products.</p> |
| <p>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.</p> |

³ Examples of government-led food classification systems include the FSANZ Nutrient Profiling Scoring Criterion, the Health Star Rating algorithm and the COAG national interim guide.

Part 4 Stakeholder consultation

Purpose of the consultation

The objectives of the consultation were to develop and prioritise the draft policy options (Tables 1 and 2) and gather information on the implementation considerations. Specifically, the consultations sought to:

- identify appropriate policy objectives to address the problem
- gather additional evidence to inform the draft policy options and considerations
- gather evidence on stakeholder support for (acceptability) the policy options and identify any missing options not proposed
- identify key barriers and enablers (feasibility) to policy implementation.

Approach

The consultation comprised three phases:

Phase 1: A targeted consultation was undertaken with key stakeholders. Interviews and focus groups were conducted with 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.

Phase 2: A public consultation was open for six weeks. Submissions were invited from all members of the public through the Department's online consultation hub. The public consultation was guided by key consultation questions as set out in a consultation paper. As part of the public consultation, a discussion forum with Aboriginal and Torres Strait Islander representatives was also held.

Phase 3: A targeted consultation was conducted with representatives from state and territory government health, wellbeing and transport departments and other relevant agencies. Interviews elicited information on the implementation considerations of the policy options specific to jurisdictional governments.

Outcomes of consultations

Phase 1: Targeted consultation

A total of 42 organisations were engaged in the consultation. These were separated into industry stakeholders (food, advertising and media industries) and non-industry stakeholders. Responses within and between these stakeholder groups were assessed to identify the areas of agreement or dissent.

Non-industry stakeholders

Non-industry stakeholders did not agree with the option to maintain the status quo. Most non-industry stakeholders were supportive of the policy options that most comprehensively restricted unhealthy food marketing across media and settings. This included:

- Restricting unhealthy food advertising on all broadcast media between 5:30am and 11:00pm
- Restricting all marketing for unhealthy foods through online media, including marketing that has been 'paid' for (monetary and non-monetary) and 'non-paid' marketing

- Restricting unhealthy food advertising on outdoor media at government-owned and managed places and public assets, within 750m around schools and along major transport corridors
- Restricting on-pack marketing considered to be ‘directed to children’ on unhealthy foods
- Restricting unhealthy food sponsorship of elite and community sports and events involving children as participants.

Non-industry stakeholders indicated that the following considerations should be applied:

- a legislative approach;
- children defined as less than 18 years of age; and
- a food classification system that restricts marketing of unhealthy food products and brands that are associated with unhealthy foods.

Industry stakeholders

The preferred policy option for industry stakeholders was to maintain the status quo, which is to continue with the existing self-regulatory Codes of Practice. Industry stakeholders mostly indicated dissent towards all other policy options and any change to the regulatory approach, age of children to be considered and the food classification system to be used that differed from the status quo.

Amendments to policy options based on targeted consultation

Based on the feedback from the targeted consultation, amendments were made to the potential policy options (see Appendix 1, Table a). Policy options were removed if there was no support from any stakeholder groups (industry and non-industry). An additional policy option related to marketing within food retail outlets was included, as proposed by non-industry stakeholders. The policy considerations were also revised (Appendix 1, Table b).

Phase 2: Public consultation

Aboriginal and Torres Strait Islander consultation forum

The Aboriginal and Torres Strait Islander consultation engaged 21 representatives from 14 organisations, including national and state bodies, academia and community groups. Responses were assessed to identify the areas of agreement, dissent or where there were mixed views.

Aboriginal and Torres Strait Islander respondents did not agree with the option to maintain the status quo. Most Aboriginal and Torres Strait Islander respondents supported the following policy options (ranked in order of priority by the 14 respondents who answered the question to rank the policy options):

- Restricting all ‘paid’ and ‘non-paid’ marketing for unhealthy foods through online media
- Restricting placement-based and price-based promotions for unhealthy foods within food retail outlets
- Restricting advertising for unhealthy foods on all broadcast media between 5:30am and 11:00pm
- Restricting marketing ‘directed to children’ combined alongside time and media- or settings-based food marketing restrictions
- Restricting on-pack marketing considered to be ‘directed to children’ on unhealthy foods
- Restricting unhealthy food sponsorship of elite and professional sports, community sports and arts and cultural events involving children as participants
- Restricting unhealthy food advertising on all outdoor media.

Most Aboriginal and Torres Strait Islander respondents preferred the following policy considerations:

- a legislative approach
- children defined as less than 18 years of age
- a food classification system that restricts marketing of unhealthy food products and brands that are associated with unhealthy foods.

Public submissions

A total of 280 submissions were received through the public consultation. For the purposes of reporting, respondents were grouped into industry ($n=29$ submissions) and non-industry ($n=251$ submissions) stakeholders. A quantitative summary of the proportion of consultation submissions that supported the different policy options is described in Table 3. Table 4 summarises the proportion of submissions that supported the policy considerations.

Non-industry stakeholders

Almost all non-industry stakeholders agreed that the policy objectives should be as follows.

In the short-term, the objective of the food marketing policy is to reduce children's exposure to unhealthy food marketing and the persuasive power of this marketing (e.g., within 1-2 years).

In the medium-term, the objective of the policy is to improve children's dietary intakes, including reducing energy intakes from discretionary foods, and reducing sodium, saturated fat and added sugar intakes (e.g., within 3-4 years).

The greatest proportion of non-industry stakeholders were supportive of policy options that most comprehensively restricted unhealthy food marketing across media and settings. This included:

- Restricting advertising for unhealthy foods on all broadcast media between 5:30am and 11:00pm
- Restricting all 'paid' and 'non-paid' marketing for unhealthy foods through online media
- Restricting unhealthy food advertising on all outdoor media
- Restricting on-pack marketing considered to be 'directed to children' on unhealthy foods
- Restricting unhealthy food sponsorship of elite and professional sports, community sports and arts and cultural events involving children as participants
- Restricting marketing 'directed to children' combined with time- and media- or settings-based food marketing restrictions
- Restricting placement-based and price-based promotions for unhealthy foods within food retail outlets.

In responding to questions about support for the different policy options, most non-industry stakeholders noted the need for a comprehensive approach that extended to all media and to consider the media use habits of children. Comprehensive marketing restrictions within and across key media and settings was seen as necessary to avoid a shift in marketing from regulated to unregulated media and to ensure policy effectiveness and prevent loopholes.

Non-industry respondents supported the following policy considerations:

- a legislative approach
- children defined as less than 18 years of age
- a food classification system that restricts marketing of unhealthy food products and brands that are associated with unhealthy foods.

Most non-industry stakeholders commented that a mandatory legislative approach was necessary to ensure policy effectiveness. There was strong opposition to retaining the status quo

of self-regulation, with these stakeholders perceiving that this approach had not effectively protected children from unhealthy food marketing and was hindered by conflicts of interest.

In defining the age of children to be covered by the policy, stakeholders highlighted the vulnerability of adolescents to marketing and recommend that the policy align with international recommendations, including the United Nations Convention on the Rights of a Child. It was also considered that the policy must align with other Australian Government definitions and regulations relating to children, citing the Australian Government Attorney General's Privacy Act Review Report and subsequent Government agreement that a child should be defined as an individual who has not reached 18 years of age.

Most non-industry stakeholders noted that a food classification approach that included marketing of food brands that were strongly associated with unhealthy food products was essential for effective regulation. Most recommended that an appropriate definition of a 'brand strongly associated with unhealthy food' or similar would need to be developed in consultation with public health experts, with careful consideration of how it would apply to brands in practice.

Industry stakeholders

Industry stakeholders were mostly supportive of the status quo. Most industry stakeholders reported that the current self-regulatory system was working well, based on the limited number of complaints against the current codes. The regular (5 yearly) review of the AANA codes was thought to enable these to keep pace with community standards. These stakeholders noted that the current self-regulatory codes restricted all marketing of 'occasional' foods and beverages targeted to children and that the restrictions applied across all media and at all times. The complaints handling process, through the Ad Standards Community Panel, was considered to be efficient, flexible, responsive and cost-effective.

For other policy options, industry stakeholders generally supported the option that aligned with the current Codes of Practice.

In relation to the policy considerations, referring to the age of children to be covered by the policy, most industry stakeholders stated that the current definition of 15 years was appropriate and that parents and care providers are best placed to determine what is appropriate for their children to consume. Some industry stakeholders stated that allowing healthy products to be advertised alongside master brands could incentivise product reformulation and encourage the promotion of healthier product lines.

Table 5: Support for the proposed policy options from the public consultation

| Policy options ^a | Industry stakeholders N (%) ^b | Non-industry stakeholders N (%) ^b |
|--|---|---|
| OPTION 1: Maintain status quo | 26 (89.7) | 7 (2.8) |
| OPTION 2: Restrict unhealthy food marketing on broadcast media | | |
| 2.1 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) | 20 (71.4) | 22 (8.8) |
| 2.2 Restrict unhealthy food advertising on TV between 5:30am and 11:00pm. | 1 (3.6) | 9 (3.6) |
| 2.3 Restrict unhealthy food advertising on all broadcast media between 5:30 and 11:00 pm. | 2 (7.1) | 206 (85.1) |
| ‘Other’ option | 5 (17.9) ^c | 13 (5.2) |
| OPTION 3: Restrict unhealthy food marketing through online media | | |
| 3.2 Restrict all ‘paid for’ (monetary and non-monetary) marketing for unhealthy foods through online media | 2 (7.1) | 23 (9.2) |
| 3.3 Restrict all marketing for unhealthy foods through online media, including marketing that has been ‘paid’ for (monetary and non-monetary) and ‘non-paid’ marketing | 3 (10.7) | 218 (86.9) |
| ‘Other’ option | 23 (82.1) ^c | 9 (3.6) |
| OPTION 4: Restrict unhealthy food marketing in out of home settings | | |
| 4.1 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. | 3 (12.0) | 39 (15.5) |
| 4.3 Restrict unhealthy food advertising on all outdoor media. | 1 (4.0) | 205 (82.0) |
| ‘Other’ option | 21 (84.0) ^c | 6 (2.4) |
| OPTION 5: Restrict on-pack marketing considered to be ‘directed to children’ on unhealthy foods | | |
| 5: Restrict on-pack marketing considered to be ‘directed to children’ on unhealthy foods | 3 (12.0) | 231 (92.8) |
| OPTION 6: Restrict unhealthy food sponsorship | | |
| 6.3 Restrict unhealthy food sponsorship of elite and professional sports, community sports and arts and cultural events involving children as participants | 2 (8.7) | 227 (91.2) |
| OPTION 7: Restrict marketing ‘directed to children’ combined alongside time and media- or settings-based food marketing restrictions | | |
| 7: Restrict marketing ‘directed to children’ combined alongside time and media- or settings-based food marketing restrictions | 5 (22.7) | 238 (97.1) |
| OPTION 8: Retail marketing restrictions (new option following Phase 1 consultation) | | |
| 8.1 Restrict placement-based promotions of unhealthy foods within food retail outlets (e.g. end-of-aisle, check-outs) | 0 (0.0) | 21 (8.5) |

| Policy options ^a | Industry stakeholders N (%) ^b | Non-industry stakeholders N (%) ^b |
|--|---|---|
| 8.2 Restrict price-based promotions of unhealthy foods within food retail outlets (e.g. multi-buys, temporary price promotions). | 0 (0.0) | 8 (3.3) |
| 8.3 Restrict placement-based and price-based promotion of unhealthy foods within food retail outlets | 5 (20.8) | 205 (83.3) |
| 'Other' option | 19 (79.2) ^c | 11 (4.5) ^c |

^a Revised policy options following Phase 1 consultation.

^b Percentages based on the number of respondents for each consultation question. Bolded outputs are the preferred option for the stakeholder group.

^c Most outlined their support for the existing industry Codes of Practice.

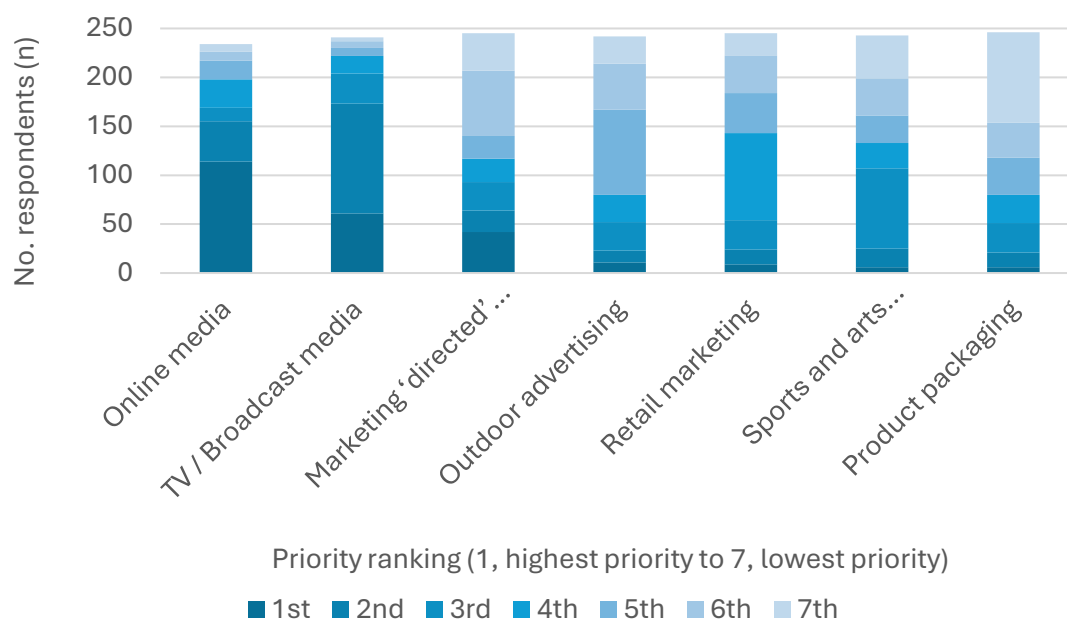
Table 6: Support for the policy considerations from the public consultation

| Regulatory approach | Industry stakeholders N (%)^a | Non-industry stakeholders N (%)^a |
|---|--|--|
| A legislative approach with policy development, monitoring and enforcement led by the Australian Government | 3 (10.3) | 244 (97.2) |
| Age definition of children | | |
| Children are defined as less than 18 years of age | 2 (6.9) | 198 (78.9) |
| Children are defined as less than 15 years of age | 27 (93.1) | 52 (20.7) |
| Food classification system | | |
| 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 | 2 (0.7) | 186 (74.1) |
| 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 | 25 (89.3) | 14 (5.6) |
| 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 | 1 (0.4) | 50 (19.9) |

^a Percentages based on the number of respondents for each consultation question. Bolded outputs are the preferred option for the stakeholder group.

Respondents to the public consultation were asked to rank in order of priority the media and settings for which food marketing should be restricted. Figure 1 shows the overall priority ranking across respondents. Only two of 29 industry stakeholders responded to this question, meaning the findings largely reflect the views of non-industry stakeholders (247 of 251 responded).

Figure 1: Ranking of priority media for marketing restrictions



(Includes responses from industry ($n=2$) and non-industry ($n=247$) respondents)

Phase 3: Targeted consultation with state and territory governments

A total of 12 state and territory government departments/agencies were engaged in this phase of the consultation. Participants broadly supported the need for comprehensive and coordinated policy action, emphasising that a combination of restrictions across media and settings would be necessary to achieve meaningful public health outcomes.

Cost implications: Several policy options were identified as having potential financial implications for governments. This included restrictions on outdoor media advertising, retail food marketing, marketing on food packaging and sports sponsorship. Anticipated costs related to lost advertising revenue, replacement of sponsorship arrangements, and expenses associated with policy development, monitoring and enforcement.

Jurisdictional responsibilities: There was strong support for a national legislative framework to enable consistent action across jurisdictions and to provide the necessary authority for implementation and enforcement.

Legislative and regulatory mechanisms: Participants considered a range of policy mechanisms for implementing the proposed restrictions. These included introducing new national legislation or amending existing frameworks such as food safety, public health and planning laws. The Food Standards Code was identified as a potential vehicle for regulating marketing on packaging and within retail settings.

The structure of government advertising contracts was discussed in relation to restricting unhealthy food marketing on government-owned assets. These contracts were noted as

complex, often involving long-term agreements and multiple layers of management. In some cases, advertising assets are managed by private operators, which can limit direct government control. Despite these challenges, existing clauses requiring compliance with government policy were seen as potential levers for change. Participants emphasised the importance of aligning advertising restrictions across both public and private assets to avoid displacement of marketing and loss of revenue.

Cost mitigation strategies: To reduce implementation and monitoring costs and complexity, participants recommended the development of clear and objective policy provisions for all policy options. This included the need for a robust food classification system and precise definitions of marketing activities that are in scope. National co-ordination of monitoring and enforcement was suggested to streamline compliance processes.

Lessons learnt: Participants shared insights from previous experiences in developing and implementing marketing restrictions for different commodities. Key lessons included the importance of political leadership and cross-sector collaboration. Participants also noted that public support and advocacy play a vital role in building political will and sustaining policy momentum.

Part 5 Overview of the policy options

This part describes the implementation considerations for each of the policy options outlined in Table 3.

Policy option 1: Maintain status quo

Maintaining the status quo would have limited benefits in reducing the burden of diet-related chronic disease in Australia. Reviews of the international evidence have found that mandatory government-led policies are more likely to be effective compared to industry self-regulatory codes.^{13,14} As described in Part 1, a systematic review underpinning the WHO Guidelines on food marketing policy found that 8 of 10 evaluations of mandatory government policies reported positive effects in reducing children's exposure to food marketing and improving diet-related outcomes, compared to no policy.¹⁴ Conversely, of 29 evaluations of self-regulatory policies, only 13 reported improvements in children's marketing exposures or diet-related outcomes, compared to no policy.¹⁴ The remaining studies found either no effect, or in some cases, worse outcomes, such as higher advertising rates higher amongst signatories of the voluntary codes.

In Australia, evaluations of industry Codes of Practice on reducing children's exposure to food marketing have been based on earlier versions of these policies. As with the current industry codes, these earlier codes applied only to marketing that was targeted to children. In one study that assessed complaints against the previous food industry codes for responsible marketing between 2015 and 2020, of 119 complaints about unhealthy food marketing to children, only 14 were upheld.³⁷ Most complaints were dismissed on the grounds that the advertisements were not considered to be 'primarily directed' to children. There is little reason to expect that complaints under the revised codes will be upheld more frequently compared to earlier versions.

Feasibility

The feasibility of this option was assessed as high given it is currently in effect. However, consultation with non-industry stakeholders highlighted that the status quo fails to address the policy issue.

Acceptability

Consultation revealed that support for the status quo was limited to industry stakeholders. Non-industry stakeholders and the public strongly opposed maintaining the current policy arrangement.

Equity

Evidence suggests that children of ethnic minority and lower socio-economic position have a higher risk of exposure to unhealthy food marketing and that the impact of this marketing is likely to be greater compared to other children.²⁷ Taking no further policy action to restrict children's exposure to unhealthy food marketing will entrench these existing inequalities.

Policy option 2: Restrict unhealthy food marketing on broadcast media

Impact

The impact of this policy in achieving the policy objectives was assessed as uncertain if implemented in isolation of other media restrictions. This is largely due to the reduced viewership of linear free-to-air TV amongst children in Australia, as described in Part 1, and the predicted displacement of unhealthy food advertisements to unrestricted media.

International policy experiences suggest that time-based restrictions (policy options 2.2 and 2.3), which prohibit advertising during periods when large numbers of children are in the audience, are more likely to be effective at reducing children's exposure to unhealthy food advertising on television, compared to measures that restrict only 'child-directed' advertising¹¹² or that apply solely to children's television programming or content that is directed to, or likely to appeal to, children.¹⁰⁴ In the UK, radio advertising was excluded from new legislation, as it was then considered to have a lower impact on children, and lacked supporting evidence. However, new research suggests that audio advertising has an equivalent effect on children's food consumption behaviours to television and online advertising.¹²⁰

Feasibility

The feasibility of implementing this policy option was assessed as high, particularly through legislative approaches, with potential amendments to the *Broadcasting Services Act 1992* or introduction of new legislation. There is precedent for the development of commodity specific advertising legislation provided through the passage of Australia's tobacco advertising legislation. This spans from a ban on all cigarette advertising on radio and television commencing in 1976 to banning advertisements for e-cigarettes through the *Public Health (Tobacco and Other Products) Act 2023*. Any new legislation would need to align with the existing *Broadcasting Services Act*.

Several countries have enacted and implemented laws that restrict unhealthy food marketing on television during certain times of the day and night. For example, in 2018 Chile updated their law to restrict all unhealthy food marketing on television and at cinemas between 6am and 10pm. The UK has enacted a law that restricts unhealthy food marketing on television between the hours of 5.30am and 9pm (which becomes enforceable in 2026).

Acceptability

There was strong support among non-industry stakeholders for legislative restrictions on advertising across all broadcast media (Policy option 2.3). The preferred policy option for stakeholders from across governments, the health sector, Aboriginal and Torres Strait Islander people and the public was to include television, radio, music and podcast streaming services and cinema within scope. Stakeholders from the food, advertising and media industries did not support time-based food advertising restrictions on any broadcast media.

Equity

Cost-benefit analyses have found that restrictions on unhealthy food marketing on TV would result in children in the most disadvantaged socioeconomic group having 50% higher health benefits from the policy compared to children in the least disadvantaged group.⁵⁰ This was predominantly due to the higher rates of TV viewership among those from a lower socioeconomic background.

Policy option 3: Restrict unhealthy food marketing through online media

Impact

The likelihood of this policy achieving the policy objectives was assessed as high. Children are exposed to high volumes of unhealthy food marketing online and this type of marketing is particularly engaging and impactful (see Part 1). A complete restriction on all 'paid for' and 'non-paid' unhealthy food marketing online (Policy option 3.3) would prevent shifts in marketing spend to unregulated online marketing techniques, enhancing the likelihood of the policy to achieve the policy objectives. Alternatively, restricting only paid for (monetary and non-monetary) marketing

would allow the promotion of unhealthy foods on brands' own webpages, accounts and apps. These types of promotions currently comprise a smaller proportion of food marketing that children are exposed to online,⁶² although the potential for expansion would remain.

Feasibility

The feasibility of this policy option was assessed as moderate. Under this policy option, restrictions would apply to all unhealthy food marketing in online media (including paid and non-paid content). Conversely, a time-based ban was not considered to be feasible. Stakeholders viewed such an approach as administratively complex, both for policy design and monitoring and compliance mechanisms, and less likely to achieve the policy objectives given the varied times at which children use online devices and the technical challenges of enforcement. No stakeholder group prioritised a time-based online food marketing ban during the initial targeted consultation, and the option was subsequently removed in later consultations. Similarly, when the UK government consulted on a time-based online food marketing ban, it concluded that the approach was neither practical nor technically workable and revised the proposal to a full online ban.

Introducing restrictions on unhealthy food marketing online may require new legislation, as no existing laws adequately cover the scope of online media to be regulated. There is precedent for using new legislation as a vehicle to restrict online marketing, with tobacco and e-cigarette marketing restrictions in Australia (*Public Health (Tobacco and Other Products) Act 2023*, previously the *Tobacco Advertising Prohibition Act 1992*) and online gambling advertising restrictions (*The Interactive Gambling Act 2001*).

Again, several countries have enacted laws that restrict unhealthy food marketing online. In the UK, under changes to the *Communications Act 2003*, no person can pay (monetary or non-monetary) for unhealthy food marketing online. However, content on a company's websites and social media accounts is exempt. In Chile, advertising of unhealthy foods is restricted on dedicated children's websites and when children make up more than 20% of the audience. In practice, there are difficulties in determining the websites for which children make up this audience threshold, limiting the effectiveness and enforceability of the policy. Platforms that are popular with children are also widely used by older age groups.

Monitoring and enforcement of the policy may be challenging due to the individually targeted nature of online marketing, whereby 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. However, this is not insurmountable, as other countries, such as Chile, have demonstrated that third party marketing reports can be purchased and used to monitor compliance with the law. Other novel technology-driven methods are emerging that may support policy monitoring.

Acceptability

Non-industry stakeholders expressed strong support for legislative restrictions on both paid and non-paid online unhealthy food marketing. Most non-industry stakeholders supported marketing restrictions to online food marketing, whereas few industry stakeholders supported any option extending regulations beyond the status quo.

Equity

Population survey data show that children from socially disadvantaged families have the highest access to mobile devices and are more likely to be perceived by their parents as having greater

online use than their peers, compared with children in other sociodemographic groups.³¹ Restricting unhealthy food marketing through online media would likely result in positive equity outcomes.

Policy option 4: Restrict unhealthy food marketing in out of home settings

Impact

The likelihood of this option achieving the policy objectives was assessed as moderate. As described in Part 1, children's exposure to unhealthy food marketing on out-of-home media is high, particularly on public transport infrastructure when travelling to and from school. International evidence has demonstrated that restricting unhealthy food advertising on transport assets has a positive impact on household food purchases.⁷² From the consultations, the importance of aligning advertising restrictions across both public and private assets was emphasised to avoid displacement of marketing to unregulated assets.

Feasibility

The feasibility of implementing this policy option was assessed as high. Targeted consultation with jurisdictional government representatives indicated that national legislation could enable harmonised policy design and implementation across states and territories. Subsequent changes could then be incorporated into government advertising policies and contractual agreements with advertisers. If restrictions were extended beyond government-owned assets to all outdoor media advertising, monitoring and compliance could be supported through state and territory legislation. Consideration needs to be given to mitigating costs of the policy for jurisdictional governments. Opportunities for cost mitigation were canvassed during the consultation and should be further explored.

The Outdoor Media Association has an existing policy that restricts unhealthy food advertising within a 150-metre sightline of schools. These restrictions apply to certain outdoor media assets (not on business or transit assets) and in certain geographic areas (not capital cities). Supporting resources that have been developed by the Association, such as mapping of outdoor media assets in restricted areas, could support implementation of any future government policy.

There is clear precedent for state and territory governments restricting unhealthy food marketing on publicly owned and managed assets. The Government of South Australia introduced restrictions on unhealthy food advertising on state-owned buses, trains and trams, which took effect in July 2025. In the ACT, the government has a policy that prohibits unhealthy food advertising (as well as for alcohol, gambling, fossil fuels and weapons) on government-owned buses and light rail in Canberra. In Western Australia, the Public Transport Authority has phased out alcohol advertising from trains, buses and related infrastructure since 2018. Implementation of this policy would align with jurisdictional preventive health policies including the National Obesity Strategy, endorsed by all jurisdictions.

Acceptability

In targeted and public consultations, most non-industry stakeholders supported restrictions on unhealthy food advertising across all outdoor media. Industry stakeholders mostly supported the status quo.

Equity

The policy may have limited benefit for Australian's living in remote parts of Australia and some regional areas due to the general absence of outdoor advertising compared to urban areas.

Policy option 5: Restrict on-pack marketing considered to be ‘directed to children’ on unhealthy foods

Impact

The likelihood of this policy achieving the policy objective was assessed as moderate. As per Part 1, on-pack promotions targeting children on unhealthy foods are highly prevalent, although limited information is available to quantify the impact of this marketing.

Feasibility

The feasibility of this policy option was assessed as high as there is an existing regulatory framework, the Australia New Zealand Food Standards Code (Food Standards Code), which could be used to incorporate restrictions to on-pack marketing for unhealthy foods and beverages. The Food Standards Code is incorporated into Australian law through the Food Standards Australia and New Zealand Act (1991) and corresponding state and territory food legislation. The Food Standards Code already establishes labelling and information requirements for food packaging in Australia.

Careful consideration would need to be given to the definition of what marketing content would be considered ‘directed to children’, which can be subjectively interpreted. There may be 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.

Acceptability

From the consultations, restricting ‘child-directed’ marketing on the packaging for unhealthy foods was supported by most non-industry stakeholders and unacceptable to most industry stakeholders.

Equity

The effects of the policy on health equity are unclear.

Policy option 6: Restrict unhealthy food sponsorship

Impact

The likelihood of this policy achieving the policy objective was assessed as high. As described in Part 1, children’s engagement with community and televised sports is high. The contribution of this policy option to achieving the long-term policy objective of reducing the prevalence of overweight and obesity among children would depend on minimising revenue losses to sports clubs to ensure minimal impacts on children’s sports participation and physical activity levels.

Feasibility

The feasibility of implementing this policy was assessed as moderate. There is a precedent for restricting sponsorship for tobacco (as part of the *Public Health (Tobacco and Other Products) Act 2023*, previously the *Tobacco Advertising Prohibition Act 1992*), which imposes specific prohibitions to limit tobacco companies’ ability to sponsor events or activities that results in public exposure to tobacco advertising. It also includes provisions to prevent broadcasting of sponsored events or activities that could lead to the advertising of tobacco products or brands. For the proposed policy, the government could consider mitigation packages for organisations where the loss of unhealthy food sponsorship poses sustainability risks and/or negative

community impacts. In such cases, time-bound exit strategies may be required, including the development of pipelines for replacement sponsorships supported by government funding.

For major international sporting events, the feasibility of implementing event sponsorship is limited and is a matter for international event owners.

For this policy to be effective, provisions would need to cover branding as well as foods, as sponsorships typically promote brands rather than specific foods. A clear definition of what constitutes an ‘unhealthy food brand’ would therefore be required, given many companies manufacture and sell a range of products with varying nutritional quality. To date, no jurisdiction has successfully operationalised such a definition. For example, in the UK, following deliberation, restrictions to television and online marketing ultimately exempted brand-only marketing.¹²¹

Acceptability

Most non-industry stakeholders supported restrictions on unhealthy food sponsorship, often suggesting that measures be introduced first at the elite level before extending to community sport, and that safeguards be established to offset potential financial losses for sporting organisations. Industry stakeholders were generally not supportive of this policy option. The consultation process received limited engagement from community sports organisations, who may be cautious about restrictions on sponsorship of local sports, due to concerns about revenue sustainability and viability of local sporting clubs.^{122,123}

Equity

Data is insufficient to infer potential equity impacts from removing unhealthy food company sponsorship of sports. At the community level, there is some evidence (in Victoria) that a greater proportion of sporting clubs in regional areas are affiliated with unhealthy food sponsors compared to metropolitan areas.¹²⁴

Policy option 7: Restrict marketing ‘directed to children’ combined alongside time and media- or settings-based food marketing restrictions

Impact

The likelihood of this policy achieving the policy objectives was assessed as high, as it is intended to **complement other policy options** that restrict unhealthy food marketing in defined media segments. It would close remaining gaps by addressing any remaining unregulated marketing that children are exposed to, if the marketing message was considered to be ‘directed to children. For example, unhealthy food marketing through direct contact with children (e.g. online messages, posts and notifications, direct mail, telemarketing and school and event marketing). This option is not intended as a standalone policy that restricts marketing that is ‘directed to children’ – this is already covered through the AANA Codes of Practice,^{125,126} which have been deemed ineffective at reducing children’s food marketing exposure.¹⁴

Feasibility

The concept of marketing ‘directed to children’ is difficult to define and can be subjectively interpreted. Children and adults share many of the same physical and digital spaces where food marketing (whether ‘directed’ to them or not) is visible. Further, indirect marketing to children such as through the portrayal of older children, young adults or parents in advertisements may portray the products to be more desirable and influence children’s consumption patterns.^{127,128}

Acceptability

From the consultations, non-industry stakeholders strongly supported this option as a complementary policy to other policy options.

Equity

The additional impacts of restricting marketing that is directed to children, beyond the benefits derived from the other policies with which these restrictions would be combined, is unknown.

Policy option 8: Retail marketing restrictions

Impact

The likelihood of this policy option achieving the policy objectives depends on the scope of the retail food marketing techniques that are included. Option 8.3, which combines restrictions on pricing and placement promotions will likely have greater impact on food purchase behaviours, given the wider range of marketing techniques that are controlled. As described in Part 1, pricing and placement-based marketing at Australian supermarkets largely promote unhealthy foods. These marketing techniques impact consumer purchases. Further, evidence shows that restricting the placement of unhealthy foods leads to improvements in the nutritional quality of food purchases.

Feasibility

The feasibility of implementing this policy was assessed as high. In Australia, there is a precedent for adopting and implementing restrictions on placement-based promotions within large retail outlets, as demonstrated by existing regulations for tobacco and e-cigarettes. Under the *Public Health (Tobacco and Other Products) Act 2023* and, earlier, the *Tobacco Advertising Prohibition Act 1992*, specific prohibitions restrict the display of tobacco and e-cigarette products in retail settings. Additionally, state and territory governments support these national laws through legislative monitoring and enforcement measures, which include compliance checks and regulations related to point-of-sale practices.

The Food Standards Code, administered by FSANZ, could be explored as a potential mechanism for restricting marketing placement-based promotions in retail settings, however this would require a change in the current mandate of FSANZ. Whilst there are existing provisions in the Food Standards Code relating to the placement of equipment in food premises, this relates to food safety (under the mandate of FSANZ). Exploring this mechanism would require engagement from Food Ministers and the Food Regulation Standing Committee.

Internationally, UK regulations have been introduced to restrict pricing and placement-based promotions in food retail stores.¹⁰⁷ As described above, restrictions on the placement of unhealthy foods at the end-of-aisles and near checkouts have led to positive changes in the nutritional quality of food purchases.¹⁰⁸

Acceptability

In the public consultation, including with Aboriginal and Torres Strait Islander representatives, most non-industry stakeholders supported restricting placement and price-based promotions for unhealthy foods and beverages within food retail outlets. Aboriginal and Torres Strait Islander representatives ranked this as a top policy priority, second only to online media marketing restrictions. Aboriginal and Torres Strait Islander respondents particularly highlighted the implications of retail food marketing on Aboriginal and Torres Strait Islanders in remote communities.

Most industry stakeholders did not support restricting retail promotions for unhealthy foods beyond the status quo.

Equity

Food security in remote Aboriginal and Torres Strait Islander 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 Several initiatives have been established to improve retail food stores in remote Aboriginal and Torres Strait Islander communities.^{130,131} Evaluations of retail store interventions in remote communities have shown that placement and price promotion restrictions can improve the healthfulness of foods purchased without adversely affecting store profits.⁹⁴ The scope of the policy, in extending to small businesses or otherwise, will affect the extent that the policy contributes to health equity.

Combining Policy Options

Implementing a combination of the policy options would increase the likelihood of achieving the policy objectives by minimising the displacement of marketing to unregulated media. Recommendations for best practice policies to protect children from the impacts of unhealthy food marketing recommend that policies be sufficiently comprehensive to minimise the risk of migration of marketing to other media or media segments.¹¹

The National Obesity Strategy 2022-2032, National Preventive Health Strategy 2021-2030 and National Diabetes Strategy 2021-2030 broadly define marketing content to be restricted and outline that restrictions should apply across media and settings with which children engage.⁸⁻¹⁰ In the consultations undertaken for this feasibility study, most non-industry stakeholders were supportive of a comprehensive approach to marketing restrictions, which extended to all media and settings in-scope.

Combining policy options is likely to result in greater efficiency in policy development, and monitoring and evaluation. The implementation of a combination of policy options may be best achieved through the introduction of new legislation that encompassed all relevant media and settings.

Conclusion

This feasibility study examined a range of policy options to reduce children's exposure to unhealthy food marketing across media and settings. The analysis indicates that current self-regulatory arrangements do not provide sufficient protection and that legislative approaches are more likely to achieve the intended public health objectives.

Several policy options were assessed as having moderate to high feasibility of implementation and were strongly supported by non-industry stakeholders. These included restrictions on unhealthy food marketing via television and online media, as well as in retail environments, outdoor advertising, sponsorship and product packaging.

Stakeholder consultations highlighted broad support for a comprehensive legislative framework that reduces unhealthy food marketing exposures to all children under 18 years of age and uses a government-led food classification system. Industry stakeholders generally preferred to retain existing arrangements.

Combining multiple policy options into a coordinated package would likely enhance policy effectiveness by reducing the displacement of marketing to unregulated channels and improving consistency across jurisdictions. These findings provide a basis for further policy development, including regulatory design, implementation planning and monitoring.

References

- 1 World Health Organization & UNICEF. Taking action to protect children from the harmful impact of food marketing: a child rights-based approach. (WHO, UNICEF, Geneva, 2023).
- 2 Jordan, R., Garton, K. & Mackay, S. Testing a nutrient composition threshold model to classify brands for marketing restrictions. *PLOS ONE* **19**, e0311579 (2024). <https://doi.org/10.1371/journal.pone.0311579>
- 3 World Health Organization Regional Office for Europe. Monitoring and restricting digital marketing of unhealthy products to children and adolescents (WHO Europe, Copenhagen, 2018).
- 4 World Health Organization. Acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course. (WHO Geneva, 2022).
- 5 Australian Bureau of Statistics. *National Health Survey: First Results*, <<https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results>> (2018).
- 6 Phantumvanit, P. *et al.* WHO Global Consultation on Public Health Intervention against Early Childhood Caries. *Community Dentistry and Oral Epidemiology* **46**, 280-287 (2018). <https://doi.org/10.1111/cdoe.12362>
- 7 Afshin, A. *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* **393**, 1958-1972 (2019). [https://doi.org/10.1016/S0140-6736\(19\)30041-8](https://doi.org/10.1016/S0140-6736(19)30041-8)
- 8 Australian Government Department of Health and Aged Care. National Preventive Health Strategy 2021-2030. (Commonwealth Government of Australia, Canberra, 2021).
- 9 Australian Government Department of Health and Aged Care. National Diabetes Strategy 2021-2030 (Commonwealth Government of Australia, Canberra, 2021).
- 10 Australian Government Department of Health and Aged Care. National Obesity Strategy 2022-2032. (Commonwealth Government of Australia, Canberra, 2022).
- 11 World Health Organization. Policies to protect children from the harmful impact of food marketing: WHO guideline. (WHO, Geneva, 2023).
- 12 World Health Organization. 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. (WHO, Geneva, 2017).
- 13 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* **14**, 960-974 (2013). <https://doi.org/10.1111/obr.12060>
- 14 Boyland, E. *et al.* Systematic review of the effect of policies to restrict the marketing of foods and non-alcoholic beverages to which children are exposed. *Obes Rev* **23**, e13447 (2022). <https://doi.org/10.1111/obr.13447>
- 15 Australian Bureau of Statistics. *National Health Survey. Information on health behaviours, conditions prevalence, and risk factors in Australia*, <<https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/2022#health-risk-factors>> (2022).
- 16 Australian Bureau of Statistics. *National Nutrition and Physical Activity Survey, Food and nutrients* <<https://www.abs.gov.au/statistics/health/food-and-nutrition/national-nutrition-and-physical-activity-survey/2023>> (2025).
- 17 Australian Institute of Health and Welfare. *Australia's children, overweight and obesity*, <<https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/overweight-obesity>> (2022).
- 18 Australian Institute of Health and Welfare. *Australian Burden of Disease Study 2024*, <<https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease->

- [study-2024/contents/interactive-data-on-risk-factor-burden/leading-risk-factors>](#)
(2024).
- 19 Lister, N. B. *et al.* Child and adolescent obesity. *Nature Reviews Disease Primers* **9**, 24 (2023). <https://doi.org:10.1038/s41572-023-00435-4>
- 20 Simmonds, M., Llewellyn, A., Owen, C. G. & Woolacott, N. Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. *Obesity Reviews* **17**, 95-107 (2016). <https://doi.org:https://doi.org/10.1111/obr.12334>
- 21 Black, N., Hughes, R. & Jones, A. M. The health care costs of childhood obesity in Australia: An instrumental variables approach. *Econ Hum Biol* **31**, 1-13 (2018). <https://doi.org:10.1016/j.ehb.2018.07.003>
- 22 Carrello, J., Lung, T., Killedar, A., Baur, L. A. & Hayes, A. Relationship between obesity and school absenteeism in Australian children: Implications for carer productivity. *Obesity Research & Clinical Practice* **15**, 587-592 (2021). <https://doi.org:https://doi.org/10.1016/j.orcp.2021.09.006>
- 23 World Health Organization. Food marketing exposure and power and their associations with food-related attitudes, beliefs and behaviours: a narrative review. (WHO, Geneva, 2022).
- 24 World Health Organization. Report of the Commission on Ending Childhood Obesity. (WHO Geneva, 2016).
- 25 Boyland, E. *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* **176**, e221037 (2022). <https://doi.org:10.1001/jamapediatrics.2022.1037>
- 26 Cairns, G. A critical review of evidence on the sociocultural impacts of food marketing and policy implications. *Appetite* **136**, 193-207 (2019). <https://doi.org:https://doi.org/10.1016/j.appet.2019.02.002>
- 27 Backholer, K. *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* **22**, e13144 (2021). <https://doi.org:10.1111/obr.13144>
- 28 Trapp, G. *et al.* Children's exposure to outdoor food advertising near primary and secondary schools in Australia. *Health Promot J Austr* **33**, 642-648 (2022). <https://doi.org:10.1002/hpja.532>
- 29 Trapp, G. *et al.* Exposure to unhealthy food and beverage advertising during the school commute in Australia. *J Epidemiol Community Health* **75**, 1232-1235 (2021). <https://doi.org:10.1136/jech-2021-217032>
- 30 Riesenber, D. *et al.* Price Promotions by Food Category and Product Healthiness in an Australian Supermarket Chain, 2017–2018. *American Journal of Public Health* **109**, 1434-1439 (2019). <https://doi.org:10.2105/ajph.2019.305229>
- 31 Graham, A. & Sahlberg, P. Growing Up Digital Australia: Phase 2 technical report. (Gonski Institute for Education. UNSW, Sydney, 2021).
- 32 Australian Association of National Advertisers. *Food & Beverages Advertising Code*, <<https://aana.com.au/self-regulation/codes-guidelines/food-and-beverages-code/>> (2021).
- 33 Australian Association of National Advertisers. *Children's Advertising Code*, <<https://aana.com.au/self-regulation/codes-guidelines/aana-code-for-advertising-marketing-communications-to-children/>> (2023).
- 34 Ad Standards. *Ad Standards*, <<https://adstandards.com.au/about/ad-standards>> (2023).
- 35 Outdoor Media Association. *National Health and Wellbeing Policy*, <<https://www.oma.org.au/resources/oma-national-health-and-wellbeing-policy>> (2022).
- 36 Woolworths Group. *Woolworths removed kids confectionary from checkouts and increases healthier choices at the end of aisles*,

- <<https://www.woolworthsgroup.com.au/au/en/media/latest-news/2023/woolworths-announces-healthier-checkouts.html>> (2023).
- 37 Watson, W. L., 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* **45**, 562-567 (2021). <https://doi.org/https://doi.org/10.1111/1753-6405.13174>
- 38 Australian Association of National Advertisers. *Advertising to children: determination summary*, <<https://adstandards.com.au/issues/childrens-code-determination-summary>> (2023).
- 39 Australian Communications and Media Authority. *Broadcasting Services (Australian Content and Children's Television) Standards 2020*, <<https://www.legislation.gov.au/Details/F2020L01653>> (2020).
- 40 Government of South Australia Preventive Health SA. *Unhealthy food and drink advertising on Government of South Australia buses, trains and trams*, <<https://www.preventivehealth.sa.gov.au/our-agency/obesity-prevention/healthy-food-nutrition/unhealthy-food-and-drink-advertising-on-government-of-south-australia-buses-trains-and-trams#:~:text=The%20Restriction%20of%20Unhealthy%20Food%20and%20Drink%20Advertising,those%20most%20vulnerable%2C%20are%20exposed%20to%20every%20day.>>> (2025).
- 41 Healthway. *Healthway Co-Sponsorship Policy*, <<https://www.healthway.wa.gov.au/wp-content/uploads/2020/05/Co-Sponsorship-Guidelines-FINAL-FEB-2020.pdf>> (2020).
- 42 Free TV. Submission regarding feasibility study on options to limit unhealthy food marketing to children. (2024).
- 43 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. (ACMA, Canberra, 2017).
- 44 INFORMAS. INFORMAS protocol, food promotion module. Television food marketing. (University of Auckland, Auckland, 2017).
- 45 Watson, W. L., Lau, V., Wellard, L., Hughes, C. & Chapman, K. Advertising to children initiatives have not reduced unhealthy food advertising on Australian television. *J Public Health* **39**, 787-792 (2017). <https://doi.org/10.1093/pubmed/fox004>
- 46 Kelly, B., Chapman, K., King, L. & Hebden, L. Trends in food advertising to children on free-to-air television in Australia. *Australian and New Zealand Journal of Public Health* **35**, 131-134 (2011). <https://doi.org/https://doi.org/10.1111/j.1753-6405.2011.00612.x>
- 47 Smithers, L. G., Haag, D. G., Agnew, B., Lynch, J. & Sorell, M. Food advertising on Australian television: Frequency, duration and monthly pattern of advertising from a commercial network (four channels) for the entire 2016. *J Paediatr Child Health* **54**, 962-967 (2018). <https://doi.org/10.1111/jpc.13929>
- 48 Russell, S. J., Croker, H. & Viner, R. M. The effect of screen advertising on children's dietary intake: A systematic review and meta-analysis. *Obes Rev* **20**, 554-568 (2019). <https://doi.org/10.1111/obr.12812>
- 49 Arrona-Cardoza, P., Labonté, K., Cisneros-Franco, J. M. & Nielsen, D. E. The Effects of Food Advertisements on Food Intake and Neural Activity: A Systematic Review and Meta-Analysis of Recent Experimental Studies. *Adv Nutr* **14**, 339-351 (2023). <https://doi.org/10.1016/j.advnut.2022.12.003>
- 50 Brown, V. *et al.* The potential cost-effectiveness and equity impacts of restricting television advertising of unhealthy food and beverages to Australian children. *Nutrients* **10**, 622 (2018).
- 51 Cecchini, M. *et al.* Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. *The Lancet* **376**, 1775-1784 (2010).

- 52 Gortmaker, S. L. *et al.* Cost effectiveness of childhood obesity interventions: evidence and methods for CHOICES. *American journal of preventive medicine* **49**, 102-111 (2015).
- 53 Mytton, O. T. *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* **17**, e1003212 (2020).
- 54 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* **33**, 1094-1102 (2009).
- 55 Sonnevile, K. R. *et al.* BMI and healthcare cost impact of eliminating tax subsidy for advertising unhealthy food to youth. *American Journal of Preventive Medicine* **49**, 124-134 (2015).
- 56 Cobiac, L. J., Law, C. & Scarborough, P. PRIMETIME: an epidemiological model for informing diet and obesity policy. *medRxiv*, 2022.2005. 2018.22275284 (2022).
- 57 Gortmaker, S. L. *et al.* Three interventions that reduce childhood obesity are projected to save more than they cost to implement. *Health Affairs* **34**, 1932-1939 (2015).
- 58 Kenney, E. L. *et al.* Limiting television to reduce childhood obesity: Cost-Effectiveness of five population strategies. *Childhood Obesity* **17**, 442-448 (2021).
- 59 Australian Government eSafety Commissioner. The digital lives of Aussie teens. (eSafety, Canberra, 2021).
- 60 Social Research Centre. The 2023 media content consumption survey – summary report (Department of Infrastructure, Transport, Regional Development, Communications and the Arts, Canberra, 2023).
- 61 Demers-Potvin, E. *et al.* Adolescents' media usage and self-reported exposure to advertising across six countries: Implications for less healthy food and beverage marketing. *BMJ Open* **12** (2022). <https://doi.org/10.1136/bmjopen-2021-058913>
- 62 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* **23**, e28144 (2021). <https://doi.org/10.2196/28144>
- 63 van der Bend, D. L. M., Jakstas, T., van Kleef, E., Shrewsbury, V. A. & 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* **19** (2022). <https://doi.org/10.1186/s12966-022-01310-3>
- 64 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*, <<https://www.gov.uk/government/consultations/total-restriction-of-online-advertising-for-products-high-in-fat-sugar-and-salt-hfss/evidence-note>> (2021).
- 65 Rhodes, A. Travelling to school: Habits of Australian families. (The Royal Children's Hospital Melbourne, Melbourne, 2019).
- 66 Garrard J. Walking, riding or driving to school: what influences parents' decision making? , (South Australian Department of Planning, Transport and Infrastructure, Adelaide, 2016).
- 67 Trapp, G. *et al.* Children's exposure to outdoor food advertising near primary and secondary schools in Australia. *Health Promotion Journal of Australia* **33**, 642-648 (2022). <https://doi.org/10.1002/hpja.532>
- 68 Trapp, G. *et al.* Exposure to unhealthy food and beverage advertising during the school commute in Australia. *Journal of Epidemiology and Community Health* **75**, 1232-1235 (2021). <https://doi.org/10.1136/jech-2021-217032>
- 69 Parnell, A., Edmunds, M., Pierce, H. & Stoneham, M. J. The volume and type of unhealthy bus shelter advertising around schools in Perth, Western Australia: Results from an

- explorative study. *Health Promot J Austr* **30**, 88-93 (2019).
<https://doi.org:10.1002/hpja.55>
- 70 Richmond, K. J., Watson, W. L., Hughes, C. & Kelly, B. Children's trips to school dominated by unhealthy food advertising in Sydney, Australia. *Public health research & practice* **30** (2020). <https://doi.org:https://dx.doi.org/10.17061/phrp3012005>
- 71 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* **17**, 490 (2017). <https://doi.org:10.1186/s12889-017-4433-2>
- 72 Yau, A. *et al.* Changes in household food and drink purchases following restrictions on the advertisement of high fat, salt, and sugar products across the Transport for London network: A controlled interrupted time series analysis. *PLOS Medicine* **19**, e1003915 (2022). <https://doi.org:10.1371/journal.pmed.1003915>
- 73 Ananthapavan J, A. M. *Economic evaluation of the implementation of a policy to restrict unhealthy food and drink advertising on Western Australian (WA) state owned assets*, <<https://cancerwa.asn.au/wp-content/uploads/2023/09/Economic-Evaluation-WA-Healthy-food-advertising.pdf>> (2023).
- 74 Thomas, C. *et al.* 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* **19**, 1-12 (2022).
- 75 Pulker, C. E., Scott, J. A. & Pollard, C. M. Ultra-processed family foods in Australia: nutrition claims, health claims and marketing techniques. *Public Health Nutrition* **21**, 38-48 (2018). <https://doi.org:10.1017/S1368980017001148>
- 76 Watson, W. L., Torkel, S., Kat, M. & Hughes, C. How healthy are Australian lunch box snacks with child-directed marketing? *Health Promotion Journal of Australia* (2023). <https://doi.org:10.1002/hpja.718>
- 77 Clearinghouse for sport. *AusPlay results*, <<https://www.clearinghouseforsport.gov.au/research/ausplay/results>> (2023).
- 78 Macniven, R., Kelly, B. & King, L. Unhealthy product sponsorship of Australian national and state sports organisations. *Health Promot J Austr* **26**, 52-56 (2015). <https://doi.org:10.1071/HE14010>
- 79 Martino, F. *et al.* A state-wide audit of unhealthy sponsorship within junior sporting clubs in Victoria, Australia. *Public Health Nutrition* **24**, 3797-3804 (2021). <https://doi.org:10.1017/S1368980021002159>
- 80 Watson, W. L., Brunner, R., Wellard, L. & Hughes, C. Sponsorship of junior sport development programs in Australia. *Aust N Z J Public Health* **40**, 326-328 (2016). <https://doi.org:10.1111/1753-6405.12541>
- 81 Kelly, B. *et al.* Food and drink sponsorship of children's sport in Australia: who pays? *Health Promot Int* **26**, 188-195 (2011). <https://doi.org:10.1093/heapro/daq061>
- 82 Kelly, B. *et al.* Role modelling unhealthy behaviours: food and drink sponsorship of peak sporting organisations. *Health Promot J Austr* **22**, 72-75 (2011). <https://doi.org:10.1071/he11072>
- 83 Sartori, A., Stoneham, M. & Edmunds, M. Unhealthy sponsorship in sport: a case study of the AFL. *Australian and New Zealand Journal of Public Health* **42**, 474-479 (2018). <https://doi.org:https://doi.org/10.1111/1753-6405.12820>
- 84 7News. *AFL TV ratings reach mind-blowing numbers as millions of eyeballs watch Round 1 action*, <<https://7news.com.au/sport/afl/afl-tv-ratings-reach-mind-blowing-numbers-as-millions-of-eyeballs-watch-round-1-action-c-10104143>> (2024).
- 85 Sherriff, J., Griffiths, D. & Daube, M. Cricket: notching up runs for food and alcohol companies? *Aust N Z J Public Health* **34**, 19-23 (2010). <https://doi.org:10.1111/j.1753-6405.2010.00468.x>

- 86 Kelly, B. *et al.* "Food company sponsors are kind, generous and cool": (Mis)conceptions of junior sports players. *International Journal of Behavioral Nutrition and Physical Activity* **8**, 95 (2011). <https://doi.org:10.1186/1479-5868-8-95>
- 87 Spencer, S. K., M. *FOODmap: An analysis of the Australian food supply chain*, Department of Agriculture, Fisheries and Forestry, Canberra., <<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>> (2012).
- 88 Schultz, S. *et al.* Availability and placement of healthy and discretionary food in Australian supermarkets by chain and level of socio-economic disadvantage. *Public Health Nutr* **24**, 203-214 (2021). <https://doi.org:10.1017/s1368980020002505>
- 89 Riesenber, D. *et al.* Price Promotions by Food Category and Product Healthiness in an Australian Supermarket Chain, 2017-2018. *Am J Public Health* **109**, 1434-1439 (2019). <https://doi.org:10.2105/ajph.2019.305229>
- 90 Zorbas, C. *et al.* The frequency and magnitude of price-promoted beverages available for sale in Australian supermarkets. *Aust NZ J Public Health* **43**, 346-351 (2019). <https://doi.org:10.1111/1753-6405.12899>
- 91 Hecht, A. A. *et al.* Influence of Food and Beverage Companies on Retailer Marketing Strategies and Consumer Behavior. *Int J Environ Res Public Health* **17** (2020). <https://doi.org:10.3390/ijerph17207381>
- 92 Bennett, R. *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* **21**, e12948 (2020). <https://doi.org:10.1111/obr.12948>
- 93 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* <https://assets.publishing.service.gov.uk/media/5a7f9a6040f0b623026907cd/Annexe_4_Analysis_of_price_promotions.pdf> (2015).
- 94 Brimblecombe, J. *et al.* Effect of restricted retail merchandising of discretionary food and beverages on population diet: a pragmatic randomised controlled trial. *The Lancet Planetary Health* **4**, e463-e473 (2020). [https://doi.org:10.1016/S2542-5196\(20\)30202-3](https://doi.org:10.1016/S2542-5196(20)30202-3)
- 95 Tran, H. N. Q., 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* **18**, 1356 (2021).
- 96 Huse, O. *et al.* The potential cost-effectiveness of mandatory restrictions on price promotions for sugar-sweetened beverages in Australia. *Int J Obes (Lond)* **44**, 1011-1020 (2020). <https://doi.org:10.1038/s41366-019-0495-9>
- 97 Department of Health and Social Care. *Restricting volume promotions for high fat, sugar, and salt (HFSS) products*, <<https://assets.publishing.service.gov.uk/media/60f59e358fa8f50c6f050c8e/impact-assessment-for-restricting-volume-promotions-for-HFSS-products.pdf>> (2020).
- 98 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)* <<https://assets.publishing.service.gov.uk/media/61095bfcd3bf7f044d7ad7f8/impact-assessment-restricting-checkout-end-of-aisle-and-store-entrance-sales-of-HFSS.pdf>> (2020).
- 99 Ad Standards. *Ad Standards Community Panel Cases*, <https://adstandards.com.au/cases/?_case_search=food&_category=food-bev-groceries&_issue=aana-advertising-to-childrens-code> (2023).

- 100 World Health Organization Regional Office for the Western Pacific. Regional action framework on protecting children from the harmful impact of food marketing in the Western Pacific. (WHO, Manila, 2020).
- 101 United Nations. *Convention on the Rights of the Child*, <<https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>> (1989).
- 102 WHO, U. Taking action to protect children from the harmful impact of food marketing: a child rights-based approach. (World Health Organization, , Geneva, 2023).
- 103 United Kingdom Department for Digital Culture Media & Sport. *Introducing further advertising restrictions on TV and online for products high in fat, salt or sugar: consultation on secondary legislation*, <<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>> (2022).
- 104 United Kingdom Department of Health and Social Care. *Childhood obesity: plan of action, chapter 2*, <<https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2>> (2018).
- 105 United Kingdom Department for Digital Culture Media & Sport. *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* <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/996232/impact-assessment-hfss-advertising.pdf> (2021).
- 106 *The Food (Promotion and Placement) (England) Regulations 2021*, <<https://www.legislation.gov.uk/ukxi/2021/1368>> (2021).
- 107 Government of the United Kingdom. *The Food (Promotion and Placement) (England) Regulations 2021*, <<https://www.legislation.gov.uk/ukxi/2021/1368>> (2021).
- 108 Kantar. *Treading lightly on HFSS trading compliance*, <<https://www.kantar.com/uki/inspiration/health/2023-wp-treading-lightly-on-hfss-trading-compliance>> (2023).
- 109 United Kingdom Government Prime Minister's Office. *PM backs public's right to choose with delay to BOGOF restrictions*, <<https://www.gov.uk/government/news/pm-backs-publics-right-to-choose-with-delay-to-bogof-restrictions>> (2023).
- 110 Sing, F., Reeve, B., Backholer, K., Mackay, S. & Swinburn, B. Designing legislative responses to restrict children's exposure to unhealthy food and non-alcoholic beverage marketing: a case study analysis of Chile, Canada and the United Kingdom. *Globalization and Health* **18**, 72 (2022). <https://doi.org:10.1186/s12992-022-00865-x>
- 111 Mediano Stoltze, F. *et al.* Prevalence of Child-Directed Marketing on Breakfast Cereal Packages before and after Chile's Food Marketing Law: A Pre- and Post-Quantitative Content Analysis. *International Journal of Environmental Research and Public Health* **16**, 4501 (2019).
- 112 Dillman Carpentier, F. R. *et al.* 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* **20**, 62 (2023). <https://doi.org:10.1186/s12966-023-01454-w>
- 113 Taillie, L. S., Reyes, M., Colchero, M. A., Popkin, B. & Corvalan, C. An evaluation of Chile's Law of Food Labeling and Advertising on sugar-sweetened beverage purchases from 2015 to 2017: A before-and-after study. *PLoS Med* **17**, e1003015 (2020). <https://doi.org:10.1371/journal.pmed.1003015>
- 114 Correa, T. *et al.* "Responses to the Chilean law of food labeling and advertising: exploring knowledge, perceptions and behaviors of mothers of young children". *Int J Behav Nutr Phys Act* **16**, 21 (2019). <https://doi.org:10.1186/s12966-019-0781-x>

- 115 Parajea. G., Colchero. A., Wlasiukc. J.M., Sota. A.M. & Popkin. B.M. The effects of the Chilean food policy package on aggregate employment and real wages. *Food Policy* **100** (2021).
- 116 Australian Association of National Advertisers. *Code of ethics*, <<https://aana.com.au/self-regulation/codes-guidelines/code-of-ethics/>> (2021).
- 117 Australian Government Department of Health and Aged Care. *Healthy Food Partnership - program logic*, <<https://www.health.gov.au/resources/publications/healthy-food-partnership-program-logic?language=en>> (2018).
- 118 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. (WHO Western Pacific, Manila, 2019).
- 119 Dunlop, S. *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* **17**, 761-768 (2014). <https://doi.org/10.1093/ntr/ntu180>
- 120 European Association for the Study of Obesity. *Five minutes exposure to junk food marketing results in children consuming 130kcal more per day, regardless of media advertising type* <<https://eco-newsletter.co.uk/five-minutes-exposure-to-junk-food-marketing-results-in-children-consuming-130-kcals-more-per-day-regardless-of-media-advertising-type/>> (2025).
- 121 Government of the United Kingdom. The Advertising (Less Healthy Food) (Brand Advertising Exemption) Regulations 2025. (UK, 2025).
- 122 Zorbas, C. *et al.* Perceptions towards unhealthy food sponsorship in junior sports in Victoria, Australia. *Aust N Z J Public Health* **47**, 100024 (2023). <https://doi.org/10.1016/j.anzjph.2023.100024>
- 123 Kelly, B. *et al.* Restricting unhealthy food sponsorship: attitudes of the sporting community. *Health Policy* **104**, 288-295 (2012). <https://doi.org/10.1016/j.healthpol.2011.10.004>
- 124 Martino, F. *et al.* A state-wide audit of unhealthy sponsorship within junior sporting clubs in Victoria, Australia. *Public Health Nutr* **24**, 3797-3804 (2021). <https://doi.org/10.1017/s1368980021002159>
- 125 The Australian Association of National Advertisers. *Food & Beverages Advertising Code*, <<https://aana.com.au/self-regulation/codes-guidelines/food-and-beverages-code/>> (2021).
- 126 The Australian Association of National Advertisers. *Children's Advertising Code*, <<https://aana.com.au/self-regulation/codes-guidelines/aana-code-for-advertising-marketing-communications-to-children/>> (2023).
- 127 World Health Organization. A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children. (WHO, Geneva, 2012).
- 128 World Health Organization. Guidance on ending the inappropriate promotion of foods for infants and young children. Implementation manual. (WHO, Geneva, 2017).
- 129 National Indigenous Australians Agency. Food security in remote First Nations communities. (National Indigenous Australians Agency, Canberra, 2023).
- 130 Remote Indigenous Stores and Takeaways Project. *Remote Indigenous Stores and Takeaways Project*, <https://healthinfonet.ecu.edu.au/key-resources/resources/14880/?title=Remote+Indigenous+Stores+and+Takeaways+Project&contentid=14880_1> (2005).
- 131 The Arnhem Land Progress Aboriginal Corporation. *Health and Nutrition Strategy*, <<https://www.alpa.asn.au/health-and-nutrition>> (n.d).

Appendix 1 Revised policy options following Phase 1: Targeted consultation

Table a: Revised policy options

| Policy options | | Outcome |
|--|--|---|
| OPTION 1: Maintain status quo | | |
| Option 1 | Maintain status quo | <u>Retained</u> |
| OPTION 2: Restrict unhealthy food marketing on broadcast media | | |
| Option 2.1 | 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) | <u>Retained</u> |
| Option 2.2 | Restrict unhealthy food advertising on TV between 5:30am and 11:00pm | <u>Retained</u> |
| Option 2.3 | Restrict unhealthy food advertising on all broadcast media between 5:30 and 11:00 pm | <u>Retained</u> |
| OPTION 3: Restrict unhealthy food marketing through online media | | |
| Option 3.1 | Restrict 'paid for' (monetary and non-monetary) marketing for unhealthy foods through online media between 5:30am and 11:00pm | <u>Removed</u> as it was not supported by industry or non-industry stakeholders |
| Option 3.2 | Restrict all 'paid for' (monetary and non-monetary) marketing for unhealthy foods through online media | <u>Retained</u> |
| Additional Option 3.3 | Restrict all marketing for unhealthy foods through online media, including marketing that has been 'paid' for (monetary and non-monetary) and 'non-paid' marketing | <u>Added</u> as an additional option by non-industry stakeholders |
| OPTION 4: Restrict unhealthy food marketing in out of home settings | | |
| Option 4.1 | Restrict unhealthy food advertising on outdoor media at government-owned and managed places and public assets, within 750m around schools and along major transport corridors | <u>Retained</u> |
| Option 4.2 | Restrict unhealthy food advertising on outdoor media within 750m around schools and along major transport corridors | <u>Removed</u> as it was not supported by industry or non-industry stakeholders |
| Option 4.3 | Restrict unhealthy food advertising on all outdoor media | <u>Retained</u> |
| OPTION 5: Restrict on-pack marketing considered to be 'directed to children' on unhealthy foods | | |
| Option 5 | Restrict on-pack marketing considered to be 'directed to children' on unhealthy foods | <u>Retained</u> |
| OPTION 6: Restrict unhealthy food sponsorship | | |
| Option 6.1 | Restrict the promotion of unhealthy food sponsorship of community sports and events involving children as participants | <u>Removed</u> as it was not supported by industry or non-industry stakeholders |

| Policy options | | Outcome |
|--|--|---|
| Option 6.2 | Restrict unhealthy food sponsorship of televised events, including sporting players, teams and events | <u>Removed</u> as it was not supported by industry or non-industry stakeholders |
| Option 6.3 | Restrict unhealthy food sponsorship of elite and professional sports, community sports and arts and cultural events involving children as participants | <u>Amended</u> to include sponsorship of arts and cultural events based on feedback from non-industry stakeholders. |
| OPTION 7: Restrict marketing 'directed to children' | | |
| Option 7 | Restrict marketing 'directed to children' | <u>Retained</u> |
| ADDITIONAL OPTIONS | | |
| New option Option 8.1 | Restrict placement-based promotions of unhealthy foods within food retail outlets (e.g. end-of-aisle, check-outs). | <u>Added</u> as it was proposed by non-industry stakeholders to include options for restricting marketing in food retail settings |
| New option Option 8.2 | Restrict price-based promotions of unhealthy foods within food retail outlets (e.g. multi-buys, temporary price promotions). | <u>Added</u> as it was proposed by non-industry stakeholders to include options for restricting marketing in food retail settings |
| New option Option 8.3 | Restrict placement-based and price-based promotion of unhealthy foods within food retail outlets. | <u>Added</u> as it was proposed by non-industry stakeholders to include options for restricting marketing in food retail settings |

Table b: Revised policy considerations

| Policy approach | |
|---|---|
| Co-regulation, whereby the Australian Government provides guidelines, which the food and advertising industries can choose to adopt or not | <u>Removed</u> as it was not supported by industry or non-industry stakeholders |
| Co-regulation, whereby food and advertising industries provide guidelines and the Australian Government monitors and enforces the rules | <u>Removed</u> as it was not supported by industry or non-industry stakeholders |
| Legislation, whereby policy development, monitoring and enforcement led by the Australian Government | <u>Retained</u> |
| Age definition of children | |
| Children are defined as less than 18 years of age | <u>Retained</u> |
| Children are defined as less than 15 years of age | <u>Retained</u> |
| Food classification system | |
| Government-led food classification system ⁴ aligned with national dietary guidance that restricts marketing of unhealthy food products AND food brands that are associated with unhealthy products | <u>Retained</u> |
| 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. | <u>Retained</u> |
| 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 in conjunction with a healthy food product owned by the brand. | <u>Added</u> as an additional option by non-industry stakeholders |

⁴ Examples of government-led food classification systems include the FSANZ Nutrient Profiling Scoring Criterion, the Health Star Rating algorithm and the COAG national interim guide.