



The European Consumers' Organisation

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Contact : Barbara Gallani
Email : bga@beuc.org
Lang : EN

**BEUC's Response to the European Commission's Green Paper on
'Promoting healthy diets and physical activity: a European dimension for
the prevention of overweight, obesity and chronic diseases'**

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**Bureau Européen des Unions de Consommateurs, Avenue de Tervueren 36, bte 4, B-1040 Bruxelles
Tel: +32(0)27 43 15 90, Fax: +32(0)27 40 28 02, consumers@beuc.org, <http://www.beuc.org>**

Europäischer Verbraucherverband
Europese Consumentenorganisatie
Organización Europea de Consumidores
Organização Europeia de Consumidores
Organizzazione Europea dei Consumatori

Neytendasamtök Evrópu
Európai Fogyasztók Szervezete
Evropska potrošniška organizacija
Den Europeiske Forbrugerorganisasjonen

Euroopan Kuluttajaliitto
Europejska Organizacja Konsumentcka
Ευρωπαϊκή Οργάνωση Καταναλωτών
Den Europæiske Forbrugerorganisation
Den Europeiska Konsumentorganisationen

Introduction

BEUC, the European Consumers' Organisation, is the Brussels based federation of 40 independent national consumer organisations from the EU, accession and EEA countries. Our job is to try to influence, in the consumer interest, the development of EU policy and to promote and defend the interests of all European consumers.

On 15 March 2005, BEUC launched its Nutrition Campaign aimed at making it easier for consumers to choose a healthy diet. The campaign focuses on stimulating the necessary changes to make healthy choices available, affordable and attractive and to create an environment that makes healthy choices possible.

While recognising the important role that factors such as physical activity play in tackling obesity, we focus on nutritional aspects where there is now a clear need for action.

BEUC's Seven Demands to help make this change possible are the following:

- Nutrition should be explicitly considered in other EU policies;
- Marketing to children of foods high in fat, sugar and salt must be restricted through legislation and addressed in the current revision of the TWF Directive;
- Health and nutrition claims should not be allowed on foods high in fat, sugar and salt;
- Nutritional labelling should be made mandatory and standardised and a harmonised simplified labelling scheme should be adopted throughout Europe;
- All consumers should have access to healthy, affordable products;
- Manufacturers, retailers and caterers should reduce fat, sugar and salt levels in foods; and
- Consumers should have clear, consistent information about what is a healthy diet.

General Comments

The aim of the Green Paper is to open a broad-based consultation process and to launch an in-depth discussion, involving the EU institutions, Member states and the civil society, to identify the possible contribution at community level of promoting healthy diets and physical activity.

We welcome this additional opportunity to express our view on this subject but are concerned that the main areas of action have already been identified, researched and discussed many times and the actions recommended by a number of different stakeholders have not been taken on board and implemented.

BEUC recognises that tackling the barriers that make it difficult for EU consumers to make healthy food choices requires action across a wide range of sectors by a wide range of stakeholders.

Consumer organisations also have an important contribution to make. We are committed to contributing to this challenge by providing information to all stakeholders on research conducted by our members on such subjects as salt, sugar and fat found in everyday foods, what consumers would like to find on food labels, how consumers are influenced by claims, and how children may be influenced in their food choices.

Specific Comments

III. The consultation procedure

The White Paper on Food Safety adopted in January 2000 stated that it would adopt a Communication or an Action Plan on nutrition policy by December 2000 and planned a proposal for Council recommendations on European dietary guidelines by December 2001. This has not happened.

We believe that many of the questions asked in the Green paper have already been addressed in public debates a number of times. We are disappointed that very little has been done to address the concerns already raised and more time is going to be spent on collating views from different stakeholders. We hope that this time the concerns expressed will be addressed and not ignored until the next round of consultations.

IV. Structures and tools at community level

We agree that the scale of the problem is such that it needs to be tackled at European level. Appropriate structures and tools could reinforce actions and messages delivered at national and regional level. Adequate commitment and funding should be made available by the Commission to follow up effectively the outcomes of this consultation.

IV.1. European Platform for Action on Diet, Physical Activity and Health

IV.2. European Network on Nutrition and Physical Activity

The links between these two structures are not adequate and could result in discontinuity in approaches and reduced effectiveness of the resources employed.

IV.3. Health across EU policies

What are the concrete contributions which Community policies, if any, should make towards the promotion of healthy diets and physical activity, and towards creating environments which make healthy choices easy choices?

Many EU policies can have a significant impact on consumers' ability to make healthy choices. While policy in the nutrition area is driven by health departments, and within the EU, by the Directorate General for Health and Consumer Protection (DG SANCO), other policy areas must also take account of how they can impact on diet and health.

This includes EU trade and agricultural policy, as well as information and media, consumer, education, research and transport policy.

Nutritional factors should be taken into consideration in the Common Agricultural Policy. Any public support for promoting consumption should be driven by dietary and health considerations and not solely as a means of supporting production or reducing surpluses.

We are very concerned that the revision of the Television Without Frontiers Directive does not address the ever increasing problem of obesity and the issue of advertising of foods (including drinks) high in fat, sugar and salt to children. A number of Member States are starting to introduce national restrictions on TV advertising but these would only cover TV based in their home country.

Thus an EU wide initiative is necessary to ensure that national policies are not undermined by cable/satellite TV which originates from other EU Member States where restrictions may not be in place. Therefore the revision of the TWF Directive should address, in Article 3 G, the pressing health considerations of obesity and diet-related diseases and prohibit TV advertising to children of foods high in fat, sugar and salt.

Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?

The most vulnerable and disadvantaged in our society often have the poorest diets. Lack of money, inadequate shopping facilities, and poor transport mean that many people are denied healthy food choices, including fruit and vegetables.

Schemes should be developed to improve the availability of, and access to, fruit and vegetables for all consumers but with a particular attention granted to disadvantaged families.

Promotion of fruit and vegetables should be co-ordinated at national level.

A thorough research into the advantages and possible impact on food choices and the economy should be carried out into a wide range of possible economic incentives and disincentives (eg. organisation of the common market and taxation regimes).

Another direct way of improving the attractiveness of fruit and vegetables could be through an evaluation of the current advertising and marketing strategies. The National Consumer Council in the UK published a study in November 2005¹ showing how supermarkets can affect consumers' chances of a healthy diet. Similar studies could be conducted across Europe to highlight the extent to which in-store promotion can influence the availability, affordability and attractiveness of fruit and vegetables.

On which areas related to nutrition, physical activity, the development of tools for the analysis of related disorders, and consumer behaviour is more research needed?

We are concerned that the Impact Assessment procedures currently being developed by the EU institutions are still inadequate when it comes to estimating the impact on the EU budget of public health and the long-term economic effects of interventions.

As a consequence, the competitiveness-driven agenda of the European Union could be compromising not only public health but also the future European economy.

More accurate risk assessment models should be developed to take into account public health considerations across different policy areas.

Research into the advantages/disadvantaged and the possible impact on food choices and the economy should be carried out into a wide range of possible economic incentives and disincentives (eg. organisation of the common market, taxation regime, etc).

IV.4. The Public Health Action Programme

How can the availability and comparability of data on obesity be improved, in particular with a view to determining the precise geographical and socioeconomic distribution of this condition?

A considerable amount of data on the health benefits of balanced diets are already available. The problem is that they are not always comparable and available in the same place. There is scope for the Commission to organise these data in a more coherent and efficient manner and to look at the evaluation of interventions at community level.

We believe that DG SANCO should have an overview of all national initiatives and research data in the field of nutrition and obesity in order to be able to better inform its own policy decisions and interventions. This should include information on national campaigns and community initiatives and should also cover the issue of food availability for disadvantaged consumers.

How can the programme contribute to raising the awareness of the potential which healthy dietary habits and physical activity have for reducing the risk for chronic diseases amongst decision makers, health professionals, the media and the public at large?

It is very important that consistent and clear messages are conveyed to consumers. Consistency of approaches could be achieved through mandatory nutrition labelling and by reducing the aggressive advertising of foods which should be consumed in moderation and increasing the advertising and marketing of fruit, vegetables and healthy options.

An Action Plan should also analyse what makes public health campaigns effective and the benefits that social marketing could bring to consumers awareness and motivation in the medium and long term.

Which are the most appropriate dissemination channels for the existing evidence?

A variety of channels are already available for dissemination and could be used more efficiently.

National authorities in different Member States are placed in the best position to address consumers and to diversify messages and actions depending on the characteristics of their population. In addition they can develop strategies to target more vulnerable groups and the groups of the population most affected by poor diets.

The media could better convey consistent messages by addressing the content of advertising and marketing and by disseminating clear messages on healthy eating.

Consumer organisations are playing a role in the dissemination of nutrition concept through their campaigns, magazines and reports.

Food industry and retailers should address the issue by reviewing the marketing of their products and the in-store promotions and placement of products.

IV.5. European Food Safety Authority (EFSA)

We agree that the EFSA can make an important contribution to move forward proposed actions on nutrition. We are concerned about the level of funding of the EFSA for the future and would not want to see their potential work in nutrition compromised because of the distribution of the EU budget.

V.1. Consumer information, advertising and marketing

When providing nutrition information to the consumer, what are the major nutrients, and categories of products, to be considered and why?

Consumers need to have clear and simple ways of putting nutritional advice into practice. Since under current legislation, nutrition labelling doesn't have to be provided on all products consumers often face the following problems:

- no nutrition information is provided;
- nutrition labelling is present but is not detailed enough (eg no information on saturated fats, trans fatty acids, sugars, fibre, sodium/salt);
- the terminology on the labels is not clear or familiar;
- labels are often hard to read (eg bad colour contrast, very small size);
- figures are difficult to put into context (eg difficult to understand whether the figures are high or low);
- it is not easy to compare products.

BEUC urges the Commission to include in the new proposal on nutritional labelling the following points (which should be drafted without delay):

- mandatory nutritional labelling for pre-packed processed foods;
- mandatory labelling of the “big eight” (energy, carbohydrates, sugar, fat, saturated fat, protein, fibre, salt/sodium);
- appropriate labelling of trans-fatty acids with an upper level to be set;
- a simplified front-of-pack labelling system to help consumers quickly judge the nutritional quality of the food they want to buy (in addition and not instead of the back-of-pack nutritional labelling);
- a minimum size of lettering.

Which kind of education is required in order to enable consumers to fully understand the information given on food labels, and who should provide it?

In order for the information on the label to be effective it needs to be standardised and simplified. BEUC's Study on Consumers' perceptions of labelling of foodstuffs² clearly shows that more than 75% of consumers are interested in nutrition, try to follow a balanced diet and want nutrition information on the label. Despite their interest though, consumers do not find the current nutrition information easy to find, read or understand. An extensive and clear information campaign should accompany the launch of a new mandatory and standardised nutrition labelling system.

Consumers should be allowed to compare products quickly by looking at the label. They should also be provided with at-a-glance information on the nutritional composition of different foods through a harmonised front-of-pack simplified labelling scheme.

BEUC members, including Consumentenbond in the Netherlands and VZBV in Germany, have conducted research on food labels and found the answers to questions such as to what extent consumers pay attention to the labels on food products, to what extent consumers are interested in nutritional labelling, whether consumers find current nutrition information easy to understand and what consumers think of signposting systems.

Are voluntary codes (“self-regulation”) an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods? What would be the alternatives to be considered if self-regulation fails?

After the publication of the Hastings Report³ in 2003 and the IOM report⁴ in December 2005, there is now a very strong case for restricting the way certain foods are promoted to children. We support Member States efforts to this effect but recognise that in order for any regulatory measure to be effective this issue needs to be tackled at the European level and hope that this can also be addressed in the revision of the Television without Frontiers Directive.

We do not believe in self-regulation in advertising because we cannot agree with food industry, retailers and advertisers on the content of possible self-regulatory codes. We support a ban on advertising and marketing of foods high in fat, sugar and salt to children and urge the Commission to consider the many different ways children are targeted by food companies and clearly summarised in Which's Report Childcatchers published in January 2006⁵ (Ref).

Surveys by BEUC members have highlighted that parents are increasingly concerned about the way foods are marketed and advertised to children. Test Achats-Test Aankoop (Belgium) found in a study conducted in February 2005⁶ that children are highly influenced by the frequency and content of advertising messages. Youngsters between the ages of 5 and 15 who watch a lot of television tend to have a higher level of obesity ten years later than the same age group that watches less. Food is one of the main factors linking television to obesity. Young viewers eat more often and consume more sweet drinks, fried foods (including crisps) and chocolate bars, but less fruit and vegetables. The time spent in front of the TV-screen encourages these (bad) eating habits⁷. In September 2005 Consumentenbond did research on the intensity children are exposed to tv advertising of snacks and "unhealthy" food. Zeven Dutch oriented tv channels were watched for 8 spaces of 24 hours. The findings were that children are still stimulated intensively to eat a lot of foods high in fat, sugar and salt. The Dutch self regulation code – (came into force in June 2005) did not contribute to a healthy diet for children. A large proportion of all the tv advertisements during children programmes are for foods high in fat, sugar and salt. Additional problem is that a lot of tv advertising stimulate unhealthy food because of the games and toys they can collect. The impact of tv advertsing is also huge because most of the advertising is repeated dozens of times. (For example the advertisement of the Spongebob icecream was showed 128 times during the times we watched the tv).

The UK Food Standards Agency research on food promotion to children conducted in 2004⁸ concluded that:

- food promotion does influence eating habits;
- the advertised diet is less healthy than the recommended one;
- children enjoy and engage with food promotion;
- food promotion is having an effect particularly on children's preferences, purchase behaviour and consumption; and
- the effect is independent of other factors and operates at both a brand and category level. Restrictions on advertising to children have existed in a number of countries for some time, most notably in Sweden, Norway and Greece. Other countries have recently introduced tighter controls or are considering further restrictions, including France, Ireland and the UK.

Some additional facts.

In 2004 in France, industry spent 1,3 billion Euro on TV advertising, too often in praise of "junk" food, whereas the National programme for nutrition and health had a budget of only 6 million Euro for all media to promote fruit and vegetable consumption⁹.

In the **UK** Which? in 2003 found that 78% of parents thought that TV adverts were influential and 70% thought that there should be no advertising of junk foods to children¹⁰.

In **Spain**, an average child, watching TV for 3.30 hours a day, views a total of 95 advertisements per day, and more than 34000 a year¹¹!

In **Belgium**, nearly one in four TV advertisements is related to food. The most advertised products, after dairy products, are fast foods, snacks, cookies and cakes¹².

In **Italy**, Altroconsumo has found that many unhealthy food products advertised on TV to children contain a little game or gift. These are often part of a series of characters to be collected, which leads to increased demand by children for products that should not be eaten often¹³.

In **Germany**, 200 TV advertising spots per day extol the virtues of special food for children. A breakfast is only really attractive if it contains flakes, pops, smacks, trio and crunchies. Hunger between meals can be satiated with milk bars, mini fruit yoghurts and cheerful snacks¹⁴.

In 2004, in **France**, one TV advert in three is for a food product. After dairy desserts, chocolates and sweets appear most frequently. During children's programmes, on all channels (except one) TV ads are much more frequent than at other times: two to three minutes of advertising (10 commercials) every twenty minutes. Two thirds of these praise food products, with cookies, sweets, fast foods, cereals or sweet desserts in the TOP TEN¹⁵.

How can effectiveness in self-regulation be defined, implemented and monitored? Which measures should be taken towards ensuring that the credulity and lacking media literacy of vulnerable consumers are not exploited by advertising, marketing and promotion activities?

Self-regulation in advertising is not adequately addressing the content and volume of advertising and marketing of foods high in fat, sugar and salt. Only a self-regulatory code including a self-ban on advertising and marketing of foods high in fat, sugar and salt to children could be considered acceptable.

BEUC is strongly against industry-sponsored *media literacy programmes* which do mask the influence of advertising on children's choices and eating behaviours rather than tackling it in a responsible manner. Media literacy programmes should be provided by national bodies or independent organisations.

Food industry, retailers and advertisers should follow the example of some leading food and drink companies and take it even further. They should take direct responsibility on this issue and simply stop advertising and marketing of certain products to children.

V.2. Consumer education

We believe that consumer education alone will not be effective in changing behaviours and in reversing the current trend in obesity rates.

The surrounding environment is as important as, and is part of, the necessary consistency of messages. School and education environments should be free of commercial messages promoting foods high in fat, sugar or salt.

V.3. A focus on children and young people

What are good examples for improving the nutritional value of school meals and how can parents be informed on how to improve the nutritional value of home meals?

Eating habits are picked up early in life. It is important to:

- provide healthy school meals;
- provide healthy food guidelines to the industry catering for meals in schools and hospitals;
- provide healthier options in vending machines in schools and ban sales of foods high in fat, sugar and salt;
- monitor sponsorship in schools to ensure it is not linked to the promotion of snacks or foods that should not be consumed too often;
- educate consumers on healthy options that are not expensive.

What is good practice for the provision of physical activity in schools on a regular basis?

While recognising the important role that factors such as physical activity play in tackling obesity, BEUC will not comment on this particular aspect.

What is good practice for fostering healthy dietary choices at schools, especially as regards the excessive intake of energy-dense snacks and sugar-sweetened soft drinks?

Discontinue provision of foods high in fat sugar and salt within the school premises and ban vending machines from educational environments.

How can the media, health services, civil society and relevant sectors of industry support health education efforts made by schools? What role can public-private partnerships play in this regard?

The food industry should not use the media and commercial communication techniques to promote foods high in fat, sugar and salt, to children and young people in schools and elsewhere.

V.4. Food availability, physical activity and health education at the work place

How can employers succeed in offering healthy choices at workplace canteens, and in improving the nutritional value of canteen meals?

While recognising the important role that food consumed in the work place plays in tackling obesity, we will not comment on this particular aspect.

What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?

While recognising the important role that factors such as physical activity play in tackling obesity, we will not comment on this particular aspect.

V.5. Building overweight and obesity prevention and treatment into health services

While recognising the important role that these factors play in tackling obesity, we will not comment on this particular aspect.

V.6. Addressing the obesogenic environment

While recognising the important role that factors such as physical activity play in tackling obesity, we will not comment on this particular aspect.

V.7. Socio-economic inequalities

The most vulnerable and disadvantaged in our society often have the poorest diets. Lack of money, inadequate shopping facilities, and poor transport mean that many people are denied healthy food choices. It is also a very sad paradox that the poor have a greater chance of becoming obese, as their diet often comprises of cheap, energy-dense convenience foods and lacks adequate amounts of fruits and vegetables. Differences in income have a direct effect on consumption patterns: foods that contain lots of fat such as cream or fatty sausage are particularly cheap. Nutritious, healthy foods that are low in calories tend to be among the most expensive food groups.

A study on biscuits for children by FRC in Switzerland has shown that the healthier products are more expensive¹⁶. According to a Which? (UK) report of November 2004 the so-called healthy ranges sold in UK supermarkets are more expensive than the standard version. Consumers often have to pay more for less fat, sugar and salt¹⁷. In 2004 (CHECK), in France, UFC found that the average budget for a school lunch is 1.7 per child¹⁸. This does not lead to healthy meals. Price should never be a barrier to a healthy diet. Schemes should be developed to improve the availability of, and access to, healthy products for all consumers but with a particular attention granted to disadvantaged families.

We want quality, affordability and availability of healthy food for all, whatever the place and whatever the person.

The following actions can help to achieve this aim:

- provide healthy food in schools, hospitals and public places;
- provide healthy food guidelines to the industry catering for meals in schools and hospitals;
- provide access to fresh fruit and vegetables to people who live in disadvantaged areas and don't have access to transport (housing estates etc);
- educate consumers on healthy options that are not expensive;
- consider possible advantages of economic incentives and disincentives for the promotion of fruit, vegetables and healthy foods to the disadvantage of less healthy foods (tax fat, CAP, levies, etc.).

V.8. Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity

Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity? Which role at national and at Community level?

V.9. Recommendations for nutrient intakes and for the development of food-based dietary guidelines

We are following the work of EFSA in this area and in particular the Scientific Colloquium on the development of Food-based Dietary Guidelines.

In which way could social and cultural variations and different regional and national dietary habits be taken into account in food-based dietary guidelines at a European level?

BEUC is concerned that the significance of social and cultural variations and different dietary habits around the Community is often over-stated in relation to the establishment of food-based dietary guidelines. We consider that it is possible to establish Community-wide food-based guidelines as wherever you live in the EU, your nutritional requirements will be generally the same. Certainly the general advice in relation to prevention of overweight, obesity and chronic diseases is very consistent.

Different approaches may be needed at national level in order to describe what this means in terms of national dietary habits, depending on the documented national diets and the presence of different target groups.

How can the gaps between proposed nutrient targets and actual consumption patterns be overcome?

A number of different interventions could assist in helping consumers choose better and more balanced diets. As already stated in other parts of this document clearer labelling, tighter controls over advertising and promotion, stricter school food standards, as well as efforts to reduce fat, sugar and salt levels in foods can make healthier choices easier for consumers.

How can dietary guidelines be communicated to consumers?

Dietary guidelines should be communicated in a simple way that relates the guidelines to the way that people choose foods.

Nutrition labelling could include guidance on guideline daily amounts (GDAs) to better explain to consumers what is a lot or a little amount of fat, sugar and salt.

Simple front-of-pack nutrition information could also assist in providing at-a-glance information on the overall nutritional characteristics of a food.

The same guidelines should be used in more general communications by government, health professionals and other stakeholders including consumer groups and the food industry.

In which way could nutrient profile scoring systems such as developed recently in UK contribute to such developments?

We support the development of a European nutrient profile system to be used to enforce restrictions in the use of health and nutrition claims and advertising to children and to design a coherent, clear and consistent European simplified labelling scheme. The nutrient profile system could also be used to develop more consistent and clearer messages and dietary guidance for consumers.

V.10. Cooperation beyond the European Union

Under which conditions should the Community engage in exchanging experience and identifying best practice between the EU and non-EU countries? If so, through which means?

BEUC recognises that obesity and diet-related diseases constitute a problem which is not limited to Western countries. A large number of developing countries could soon be affected by similar

trends if action is not taken. WHO has published its Action Plan for Food and Nutrition Policy in 2000¹⁹ and its Global Strategy on Diet, Physical Activity and Health in 2004²⁰.

It is now time to convey a strong message and a strategy for action to the Ministerial Conference on Obesity which will take place in November 2006 in Istanbul.

V.11. Other issues

Which of the issues addressed in the present Green paper should receive first priority, and which may be considered less pressing?

As started throughout this document BEUC ask that:

- Nutrition should be explicitly considered in other EU policies;
- Marketing to children of foods high in fat, sugar and salt must be restricted through legislation and addressed in the current revision of the TWF Directive;
- Health and nutrition claims should not be allowed on foods high in fat, sugar and salt;
- Nutritional labelling should be made mandatory and standardised and a harmonised simplified labelling scheme should be adopted throughout Europe;
- All consumers should have access to healthy, affordable products;
- Manufacturers, retailers and caterers should reduce fat, sugar and salt levels in foods;
- Consumers should have clear, consistent information about what is a healthy diet.

VI. NEXT STEPS

We hope that the Commission will not waste any more valuable time in its fight against raising obesity in Europe and will soon consider the most appropriate measures, including direct legislative approaches, to make nutritional labelling mandatory and to ban advertising of foods high in fat, sugar and salt to children.

We also hope that any impact assessments will take into account the benefits to public health and consumers in a justified and appropriate manner.

END

¹ Healthy Competition – how supermarkets can affect your chances of a healthy diet, National Consumer Council - Sue Dibb, 2005.

² Report on European Consumers' Perception of Foodstuffs Labelling, BEUC, 2005.

³ Review of research on the effects of food promotion to children, Final Report Prepared for the Food Standards Agency – Gerard Hastings, Martine Stead, Laura McDermott, Alasdair Forsyth, Anne Marie MacKintosh, Mike Rayner, Christine Godfrey, Martin Caraher and Kathryn Angus, 2003.

⁴ Food Marketing to Children and Youth: Threat or Opportunity?, IOM, December 2005.

⁵ Childcatchers – The tricks used to push unhealthy food to your children, Which? Campaign Report, January 2006.

⁶ Test-Achats n°484, Feb 2005 – Test-Achats, Belgium.

⁷ The Lancet (Scientific Review), in Test-Achats n°484, Feb 2005 – Test-Achats, Belgium.

⁸ Food Promotion and Children's Diets – Views of Young People, Report conducted by Kampbell Keegan Ltd. for the FSA, July 2004.

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- ⁹ Marketing alimentaire: le double jeu des industriels, Enquête Que Choisir, April 2004 – UFC-Que Choisir, France.
- ¹⁰ Marketing of foods to kids, August 2003 – Which?, UK. Which? Survey of 490 parents of 3-12 year olds.
- ¹¹ Compra Maestra 290, Feb 2005 – OCU, Spain.
- ¹² Test-Achats n°484, Feb 2005 – Test-Achats, Belgium.
- ¹³ Altroconsumo 179, Feb 2005 – Altroconsumo, Italy.
- ¹⁴ Vzbv dossier “...with the Extra Portion of Sugar and Fat”. Dossier on malnutrition in children and adolescents in Germany, 2003 – vzbv, Germany.
- ¹⁵ Marketing alimentaire: le double jeu des industriels, Enquête Que Choisir, April 2004 – UFC-Que Choisir, France.
- ¹⁶ J’achète mieux n°327, Nov 2004 – FRC, Switzerland.
- ¹⁷ Healthy Ranges – the slim truth?, Which? Report, 2004 – Which?, UK.
- ¹⁸ Que Choisir n° 423, Feb 2005 - UFC-Que Choisir, France.
- ¹⁹ WHO First Action Plan for Food and Nutrition Policy 2000-2005, WHO European Region, 2000.
- ²⁰ WHO Global Strategy on Diet, Physical Activity and Health, WHO, 2004.