



**BRITISH-IRISH PARLIAMENTARY ASSEMBLY**

**TIONÓL PARLAIMINTEACH NA BREATAINE-NA  
hÉIREANN**

**REPORT**

**from**

**Committee D (Environment and Social)**

**on**

**Childhood Obesity: follow-up**

**June 2018**

## **This report**

1. This report is a follow-up to the July 2017 report by the British-Irish Parliamentary Assembly Committee D (Environmental and Social) on childhood obesity.<sup>1</sup> While the findings of this follow-up report are consistent with the conclusions of our original report, they have been taken forward in line with developments in the past 12 months. In particular, our findings reflect the increased urgency across the BIPA jurisdictions in tackling this fundamental health and societal challenge.

## **Background to the July 2017 report on childhood obesity**

2. The Committee's July 2017 report on childhood obesity was the culmination of a ten-month long inquiry involving meetings in London and Cardiff, and taking account of written material on the situation in Ireland, Northern Ireland and Scotland. The Committee also visited Amsterdam, to hear evidence on some of the innovative approaches to childhood obesity that have been put into practice in the Netherlands.
3. The Committee found that childhood obesity is a challenge common to all the BIPA jurisdictions. According to the World Health Organization (WHO), childhood obesity is one of the most serious public health challenges of the 21st century. The rates of childhood obesity have increased across the developed world, not least in the BIPA jurisdictions, where the statistics on the prevalence of childhood obesity are among the worst in Europe. Among the 35 OECD countries, the UK has the ninth worst figures, and Ireland has the 12<sup>th</sup> worst figures. In all of them, over 25% of both girls and boys (and in some cases, as many as 35%) are either obese or overweight. Childhood obesity consistently becomes more prevalent as deprivation indicators increase. This means that tackling childhood obesity is not just a public health issue—it is also a question of socio-economic inequality.
4. In its original report, the Committee concluded that childhood obesity is a multifactorial problem with no one single cause and no simple solution. Genetics, environment, education, socio-economic status, parental health, and the food and drink industry are all important factors, as well as the diet of individual children and their families. Sustainable and effective solutions have proved hard to identify.
5. The Committee welcomed the fact that each of the BIPA jurisdictions has set out a policy response to combat childhood obesity, and noted that there is much in common between

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<sup>1</sup> <http://www.britishirish.org/assets/com-D/BIPA-Cttee-D-Childhood-Obesity.pdf>

these approaches. It welcomed in particular the forthcoming introduction of a sugary drinks levy in Ireland and the UK as an important step in combating excessive sugar consumption.

6. In its original report, the Committee concluded that necessary components of a successful childhood obesity strategy include:

- Strong political leadership and commitment, at both national and local level
- A coordinated whole-of-government approach covering healthcare, education, local government, transport, finance, the built environment, sports provision, advertising and scientific research
- A national strategy which combines with a localised approach
- A coordinated approach at local level, in order to provide 'joined-up' services and support for children and parents
- A particular focus on deprived communities
- Involving and consulting children and young people as part of any approach to reducing childhood obesity
- Acknowledgement of the role the food and drink industry have to play in tackling childhood obesity, and engaging with them in relation to sugar content, advertising and product reformulation, amongst other things. This can include incentives such as tax breaks to encourage product reformulation or meeting targets for sugar reduction. In the event that voluntary measures do not achieve sufficient results, consideration should be given to tighter regulation or a levy on sugary foods
- Rigorous advertising regulation, including on new forms of social media and on family programmes which are not technically children's television but which are nonetheless watched by large numbers of children
- A strong focus on healthcare provision, including a joined-up approach between healthcare providers, improved and integrated record-keeping, more rigorous controls on the standards of food available on healthcare premises (for instance in vending machines), and educating and training healthcare workers to identify and respond to cases of obesity and overweight
- An enhanced focus on preconception and early years strategies, including interventions before and during pregnancy and promoting breastfeeding
- A positive, non-judgemental approach that does not demonise or stigmatise parents or children but encourages and incentivises them to take action
- Providing better information to consumers, for instance, on nutritional content

- Creating a healthy local environment where it is easier to walk and cycle and where there is access to affordable and even free facilities for physical activity
  - Enhanced local planning powers, in particular regarding controls on the location and number of fast food outlets in the vicinity of schools
  - A strong focus on schools, including:
    - adding healthcare assessments to school inspection criteria
    - providing easy access to drinking water (for instance through the provision of water fountains)
    - educating and training teachers to identify and respond appropriately to cases of childhood overweight and obesity
    - improving education on nutrition, diet and cooking healthy meals
    - enforcing physical education provision guidelines (including looking beyond traditional provision, such as team sports, to more innovative approaches)
    - improving the design of school playgrounds
    - improving the standards of school food
    - stopping the sale of unhealthy products in school vending machines
  - Provision of sufficient funds, including the hypothecation of funds from levies on sugary products for the provision of physical activity facilities
  - Improved statistical analysis and review to identify trends in childhood obesity prevalence
7. The Committee urged the governments across the BIPA jurisdictions, working in partnership with local authorities where appropriate, to ensure that these criteria are integral elements of their respective childhood obesity strategies.

### **Background to this follow-up inquiry**

8. The Committee's new inquiry into the cross-jurisdictional implications of abortion policy in the BIPA jurisdictions was paused in the first half of 2018 in the run-up to the Irish referendum on repeal of the Eighth Amendment of the Constitution, held on 25 May 2018. In light of this pause, the Committee decided in the intervening period to undertake a short follow-up inquiry to its childhood obesity report. This follow-up work aimed in particular to examine the impact of the sugary drinks levy introduced in the BIPA jurisdictions in April and May 2018, to gain a deeper understanding of the impact of product advertising, and to hear about recent developments in terms of proposals to combat childhood obesity.

9. The Committee held two follow-up meetings, in London in February 2018, and in Dublin in April 2018. It had not been possible for the Committee to visit Ireland during its initial inquiry, so the latter visit provided an invaluable opportunity to hear first-hand about Ireland's approach to tackling childhood obesity. In the course of these meetings, the Committee heard from central and local government representatives, academics and clinicians, the food and drink and advertising industries, and from healthy eating workers and campaigners. We are grateful to all our witnesses for their assistance.

## **The sugary drinks levy**

10. The most significant development since the publication of our original report has been the introduction of a sugary drinks tax in Ireland and the UK in spring 2018. As we set out in our original report, in recognition of the fact that the soft drinks industry treats the BIPA jurisdictions as a single market, the UK and Irish Governments had committed to introduce equivalent sugary drinks taxes. We provide details on these taxes below.

### ***UK: the Soft Drinks Industry Levy***

11. On 6 April 2018, the Soft Drinks Industry Levy came into effect across the UK. The aim of the levy is to encourage companies to reformulate their soft drinks. Soft drinks manufacturers are required to pay 24p per litre of drink if it contains 8 grams of sugar per 100 millilitres, or 18p per litre of drink if it contains between 5 and 8 grams of sugar per 100 millilitres. The levy does not apply to drinks with at least 75% milk content, or to drinks made with fruit juice, with no added sugar.

12. Since the intention to introduce the levy was announced in March 2016, the estimated amount of revenue has been revised down from £520m to £240m in year one, in large part because of the product reformulation efforts of the soft drinks industry. The UK Government has stated that this money will go towards doubling the Primary Sports Premium, the creation of a Healthy Pupils Capital Fund to help schools upgrade their sports facilities, and give children access to top quality PE equipment. It is also intended that the levy will prove a funding boost for healthy school breakfast clubs. The UK Government has stated that even if revenue from the levy declines, funding for schools and children will stay the same.

13. The UK Government argues that, even before coming into effect, the levy is already working—over 50% of manufacturers have reformulated their drinks.<sup>2</sup>

### ***Ireland: the Sugar-Sweetened Drinks Tax***

14. In Ireland, the Sugar-Sweetened Drinks Tax came into effect on 1 May 2018. The introduction of the tax was put back from 6 April to enable the European Commission to complete its administrative processes as regards State aid approval.

15. The Sugar-Sweetened Drinks Tax applies to water and juice based drinks with an added sugar content of over 5 grams per 100 millilitres. There are two rates of tax with the first

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<sup>2</sup> <https://www.gov.uk/government/news/soft-drinks-industry-levy-comes-into-effect>

rate of 20 cents per litre applying to drinks with 5 grams or more but less than 8 grams per 100 millilitres. The second rate of 30 cents per litre will apply to liable drinks with 8 grams or more of added sugar per 100 millilitres. Pure fruit juices are not subject to the tax. However, once sugar is added to pure fruit juice the entire sugar content becomes liable. Dairy products are outside the scope of the tax on the basis of the nutritional value they offer, such as calcium and protein which are necessary for good health.

16. The Irish Government states that the tax is estimated to yield in the region of €40m in a full year. However, as in the UK, it is expected that as industry reformulates and consumers opt for healthier options this figure will reduce over time.<sup>3</sup>

### *The impact of the taxes*

17. We visited London and Dublin in the immediate run-up to the introduction of the taxes, and we asked our witnesses about their impact. Soft drink industry representatives told us about their efforts to reformulate their products. Lucozade Ribena Suntory said that they had reduced calorie and sugar content by 50% across their entire portfolio of products. As a result, none of their products will be caught by the new tax. Coca-Cola suggested that reformulation was already happening before the tax was proposed—they said that they had reformulated 30 drinks between 2005 and 2014, each of its products has a zero version, and many have a lowered sugar version. They also argued that the soft drink industry was further ahead in terms of product reformulation than other products with a sugar content. Food Drink Ireland said that the sector needed to reformulate gradually so as to bring retailers and consumer palates with them. They said that, between 2005 and 2012, across a range of 600 products salt content fell by 37%, sugar by 14%, energy by 12% and total fat and saturated fat by 10%. The British Soft Drinks Association agreed that reformulation had started well before the tax was proposed, but acknowledged that it had encouraged some to do more and to move faster.
18. While representatives of the soft drinks industry were sceptical of the impact that the tax would have, others were more positive. Martin O’Connell, Institute for Fiscal Studies, said that it had created an incentive for some to reformulate, while for those that did not, price increases would be passed on to the consumer, reducing demand. While it is too early to judge if the tax had been a success, he suggested that, if it is deemed after review to have

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<sup>3</sup> <http://www.finance.gov.ie/updates/government-welcomes-european-commission-approval-of-sugar-sweetened-drinks-tax/>

been effective, then given that a minority of sugar intake comes from soft drinks, there may be a case for extending it to other high sugar products such as confectionery and cakes.

19. Paul Dobson, Head of Norwich Business School, University of East Anglia, suggested that the incentive to reformulate and develop new products had had a side benefit for the industry in that it had created an incentive for research and development. Professor Clodagh O’Gorman, University of Limerick, said that while the tax was a positive step, there was a danger that it would penalise lower socio-economic groups given the relative levels of consumption of HFSS products. Dr Grace O’Malley, Temple Street Children’s Hospital and Royal College of Ireland, said that, given the burden on the State and individuals of an increased risk of disease because of obesity, it would nevertheless be a positive measure. She expressed regret that it was not currently planned to hypothecate the tax in Ireland. However, others argued that it would be counter-productive to base funding of projects to combat obesity solely on a tax whose projected revenue base was already falling.

### *Conclusions*

20. **It is too early to assess the full effects of the sugary drinks levies introduced in Ireland and the UK. Nevertheless, the early signs are encouraging, not least in the impetus they have provided to the soft drinks industry to reformulate their products and the attention they have drawn to the importance of healthy diets. Neither should the symbolism of the tax as a demonstration to each jurisdiction’s commitment to tackling childhood obesity be underestimated.**
21. **Once the impact of the taxes has been fully assessed, the case for extending them to cover sugary products such as confectionery and cakes should be considered in detail. While we acknowledge the technical and legal challenges, not least the need to guarantee a baseline of funding, we repeat our view that there is a case for the hypothecation of funds from levies on sugary products for the provision of physical activity facilities and other strategies to combat childhood obesity.**



## **Product advertising**

22. We also examined approaches to product advertising across the BIPA jurisdictions.

### ***UK***

23. In the UK, there have been restrictions on the advertising on television of products that are high in fat, salt or sugar (HFSS) since 2007. Such adverts are banned in children’s media and other media of particular appeal to children (where 25% of the audience are children). The content and scheduling of HFSS adverts is also restricted so that they do not encourage poor nutritional habits and don’t appeal inappropriately to younger children. Reflecting changes in children’s media consumption habits and food advertisers’ market spend, in 2017 the Committees of Advertising Practice (CAP) introduced a ban on HFSS advertising on non-broadcast children’s media, including websites, social media and online video platforms.
24. Shahriar Coupal, Director of the UK Advertising Standards Authority/ Committees of Advertising Practice (ASA/CAP) said that the organisations’ regulatory objectives were to prevent advertising that deceives, seriously offends or harms. The CAP sets the rules while the ASA is consumer-facing and polices the codes. As their work is subject to judicial review, an evidence base is necessary to support their respective decisions. Mr Coupal said that a 2007 study, corroborated by more recent studies, showed that such advertising had a 1.25% direct influence—which he described as a modest immediate impact—on children’s food preferences. This evidence underpinned the broadcast and non-broadcast media bans. He said that there is also regulation of nutrition and health claims in advertising. In April 2018, the ASA/ CAP launched a review of the evidence on the impact on children of HFSS product advertising on television, as well as a review of the restrictions on non-broadcast media.<sup>4</sup>
25. Mr Coupal argued that such mechanisms demonstrated the effectiveness of the current system of self-regulation.<sup>5</sup> However, other witnesses argued that the current system does not go far enough. Kawther Hashem, Action on Sugar, pointed to the vast difference between advertising spend. While the industry spends £143 million per year on advertising snacks, the Change4Life Campaign, which seeks to promote healthy eating, has an annual spend of £5.2 million.

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<sup>4</sup> <https://www.asa.org.uk/news/food-advertising-evidence-based-rules-for-children-s-multimedia-lives.html>

<sup>5</sup> Or, in the case of broadcasting, co-regulation with Ofcom.

26. Some of our witnesses called for the extension of restrictions on television advertising of HFSS products up to the 9pm watershed, given the large numbers of children watching the likes of Saturday evening prime time programmes. The soft drinks industry representatives argued that such a ban would be ineffective because of changing viewing habits towards watching programmes online or on demand. Shahriar Coupal said that there is a need to balance what children see with avoiding unnecessary interference with approaches to adult media. Yet Malcolm Clark, Policy Manager (Cancer Prevention), Cancer Research UK, pointed out that, while the proportion of children in the audience may be lower, in numerical terms the numbers of children watching such programmes is far higher than those watching dedicated children's programming. He said that up to 60% of food and drink adverts associated with such programmes are for HFSS products.
27. We also asked our witnesses about the efficacy of regulation of online advertising. Malcolm Clark said that marketing spend had switched to targeted advertising, which is more difficult to monitor and therefore to regulate. However, Shahriar Coupal said that online advertising is regulated, that interest-based marketing for under-12s is illegal, and that advertisers are required to make responsible choices around interest-based advertising. The soft drinks industry told us that they had recognised that there was a loophole in the broadcasting code of practice and decided to extend it voluntarily to online platforms in 2015, before the ban was introduced. However, they acknowledged that it is more difficult to measure viewing percentages online.

### ***Ireland***

28. The Advertising Standards Authority for Ireland (ASAI) told us about Ireland's regulation of food and drink advertising. A self-regulatory Code of Standards for Advertising and Marketing Communications in Ireland was introduced in 2016. Where marketing and communications are targeted by content at pre- and primary school aged children, whatever media is used, they cannot have a promotional element unless it is for fresh fruit and vegetables, nor use characters or other characteristics designed to attract children.<sup>6</sup>
29. Catherine Byrne TD, Minister of State for Health, said that the Department of Health had been engaging with the food industry, including food retailers, to develop a Code of Practice to reduce the marketing of HFSS products, with a particular aim to reduce consumption of such products by children and young people. The resulting voluntary Code

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<sup>6</sup> [http://www.asai.ie/wp-content/uploads/ASAI-CODE\\_2015\\_DEC15\\_Revision.pdf](http://www.asai.ie/wp-content/uploads/ASAI-CODE_2015_DEC15_Revision.pdf).

of Practice for Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement, was launched in early 2018. It is designed to complement the ASAI and other Codes. Its purpose is “to ensure that foods high in fat, especially saturated fat, sugar and salt are marketed and advertised in a responsible way, thereby reducing the exposure of the Irish population to marketing communication concerning these foods to exert a positive influence on healthy eating patterns.” It includes rules for non-broadcast digital media, stating that marketing of HFSS products should not be targeted at under-15s.<sup>7</sup>

30. The ASAI argued that self-regulation is effective because it has a deterrent effect on companies who do not want to be named and shamed. However, some witnesses argued that a tougher regulatory approach had advantages over a voluntary approach by imposing a level playing field for industry, rather than leaving open a risk that one company could undercut competitors in its approach to advertising.
31. Nevertheless, several witnesses saw the voluntary Codes of Practice as an important first step. It was noted in particular that the Code of Practice for Sponsorship linked to HFSS Food is the first of its kind in the EU. It states that no sponsorship involving HFSS food will be permitted for any setting or event dedicated to or particularly appealing to children.

### *Conclusions*

32. **We welcome the development in Ireland and the UK of codes of practice and self-regulatory models regarding the advertising of HFSS products on broadcast and non-broadcast media. We note in particular the innovative development in Ireland of a Code of Practice for Sponsorship linked to HFSS Food. Nevertheless, we note arguments that, given the seriousness of the issue, a more stringent regulatory regime may be necessary, not least to adapt to the evolving media landscape. The self-regulatory systems currently in operation must therefore be kept under constant review. We repeat our conclusion that, if existing measures do not achieve sufficient results, consideration should be given to tighter and, if necessary, statutory regulation.**
33. **In our previous report, we stressed the need for rigorous advertising regulation, including on new forms of social media and on family programmes which are not technically children’s television but which are nonetheless watched by large numbers**

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<sup>7</sup> [https://health.gov.ie/wp-content/uploads/2017/12/29835\\_Dept.Health\\_code.pdf](https://health.gov.ie/wp-content/uploads/2017/12/29835_Dept.Health_code.pdf)

**of children. While we note concerns from some of our witnesses about the efficacy of such a move, we conclude that the scale of the public health challenge presented by childhood obesity means that the time has now come to introduce a pre-9pm watershed restriction on advertising of HFSS products across the BIPA jurisdictions.**

## Other recent developments and case studies

34. We also reflected on other recent developments, as well as case studies of innovative responses to childhood obesity, across the BIPA jurisdictions.

### *England/UK-wide*

#### *National strategies*

35. Our previous report analysed the UK Government's August 2016 [Childhood Obesity: A Plan for Action](#), and reports that it had been watered down from an earlier draft which included stronger proposals for action on advertising and promotion. In April 2018, *The Times* reported that a new obesity strategy would be published in the summer of 2018, which would include restrictions on multi-buy deals. It was also reported that opposition leaders had written to the Prime Minister calling for a 9pm watershed for HFSS adverts both for TV and online, a ban on using cartoons and celebrities to promote HFSS products, mandatory traffic light labelling on the front of food packs, calorie labels on restaurant menus, and an extension of the sugary drinks levy to cover food that is high in sugar.<sup>8</sup>

36. In the meantime, in May 2018, Public Health England published the first assessment of the UK Government's sugar reduction programme. The food industry has been challenged to cut 20% of sugar from a range of products by 2020, with a 5% reduction in the first year. Retailers have thus far achieved a 2% reduction in both average sugar content and calories in products likely to be consumed in one go.<sup>9</sup>

#### *Local strategies*

37. Significant initiatives have been taken forward at local level. In December 2017, the Mayor of London, Sadiq Khan, published the London Food Strategy. Almost 40% of children aged 10 or 11 in London are overweight or obese—one of the highest rates in Europe. In recognition of this, the Strategy includes six 'good food' priority areas: at home; shopping and eating out; in public institutions and community settings; for maternity, early years, education and health; for growing, community gardens and urban farming; and for the environment. The Strategy, which is open for consultation until July 2018, includes draft

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<sup>8</sup> ['Ban on junk food deals as obesity drive unites MPs'](#), *Irish Times*, 25 April 2018

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/709008/Sugar\\_reduction\\_progress\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/709008/Sugar_reduction_progress_report.pdf)

planning rules designed to prevent new takeaways opening within 400 metres of schools.<sup>10</sup> In addition, in May 2018, the Mayor announced his intention to ban HFSS advertising from London Underground and Overground trains and stations, as well as buses.<sup>11</sup>

38. Oliver Mytton, MRC Epidemiology Unit, University of Cambridge, cited his work with Hertfordshire Council as part of a new national pilot with Public Health England and the Local Government Association, to promote a joined-up localised approach to promoting healthy lifestyles. This pilot scheme is working across such fields as planning (for instance restricting the location of takeaway outlets), parks and leisure, and environmental health (to promote the health offer at catering outlets, and support walking and cycling). He said that this was a conscious effort to follow the community model in Amsterdam that we highlighted in our original report. Nevertheless, the limited resources available are a challenge, as is convincing partners to commit time and political will to such initiatives for the long term.
39. Several of our witnesses argued that planning restrictions needed to be tightened up more generally. Paul Dobson said that other countries have tighter planning laws, which means they have a lower density of fast food outlets. Oliver Mytton said that planning rules should be used to promote wellbeing, for instance by placing restrictions on takeaways or promoting ‘healthy streets’. He said that there is a statistical link between the prevalence of fast food outlets and the rate of obesity. Witnesses also said that local authorities need adequate finances to deal with enforcement or public health interventions. A number referred to a new report by the Guys and St Thomas’ Charity entitled [\*Bite Size: Breaking down the challenge of inner-city childhood obesity\*](#), which considers what powers need to be devolved to local authorities in order to make healthy choices the norm.

### ***Scotland***

40. In May 2018, the First Minister of Scotland, Rt Hon Nicola Sturgeon MSP, announced a new target to cut childhood obesity in half by 2030. The First Minister announced that the Scottish Government will publish a Healthy Weight plan in the summer of 2018. This will seek to “tackle junk food promotions and the marketing of unhealthy food, such as multi-buys, that encourage overconsumption. To ensure that the steps we take are proportionate and deliver beneficial outcomes, we will consult widely with consumers, suppliers and retailers following the release of the new plan. Diet and activity go together and our Healthy

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<sup>10</sup> [https://www.london.gov.uk/sites/default/files/london\\_food\\_strategy\\_2018\\_15.pdf](https://www.london.gov.uk/sites/default/files/london_food_strategy_2018_15.pdf)

<sup>11</sup> <http://www.bbc.co.uk/news/uk-england-london-44071809>

Weight plan will build on programmes like Scotland’s Daily Mile that encourage children to be more active”.<sup>12</sup>

41. Paul Dobson pointed out the perverse nature of pricing structures, where cheaper deals for larger sized products or for multi-buys encourage consumers to ‘go large’. He said that the UK as a whole was extreme in terms of the volume of purchases of discounted or multi-buy goods, which were disproportionately targeted on HFSS goods, and which attracted people with large families and/or on low incomes who were price-sensitive. He suggested that Ireland was headed in the same direction. He argued that there needed to be consistent unit pricing such as is in place in Denmark and Germany.
42. Malcolm Clark was optimistic that efforts by the Scottish Government and the Welsh Government (which he suggested was also finalising its own plans) to restrict price promotions may in turn encourage the UK Government to follow suit. In Ireland, the ASAI noted that, while multi-buy options are permitted, the rules state that promotions should not encourage over-consumption.

### *Ireland*

43. Several witnesses were encouraged that there was a more joined-up approach to tackling childhood obesity in Ireland than ever before. Minister Byrne cited a number of recent developments in Ireland to this end, including the formation of a cross-sectoral Obesity Policy Implementation Oversight Group in October 2017, and the launch of a new childhood obesity campaign, called START, in November 2017. This campaign was developed in partnership between the Department of Health, safefood and the HSE. The campaign is focussed on the parents of under-12s, and through a new media campaign and other tools aims to: reverse obesity and lifestyle trends; provide families with the tools and confidence to make positive changes to their lives; provide a consistent approach across relevant sectors including schools, crèches, hospitals and GP surgeries; support sustainable communities; and tackle the obesogenic environment.<sup>13</sup>
44. Safefood told us about this project, and North-South initiatives to tackle inequality, improve standards for school meals, provide healthy eating guidelines, and promote product reformulation. In addition, the National Youth Council of Ireland’s National Youth Health Programme works with 380,000 young people, over half of which are from

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<sup>12</sup> <https://www.scotsman.com/news/politics/nicola-sturgeon-scotland-aims-to-halve-childhood-obesity-by-2030-1-4739226>

<sup>13</sup> <http://www.safefood.eu/News/2017/Launch-of-START%3B-a-new-five-year-public-health-cam.aspx>

disadvantaged backgrounds, 40,000 volunteers and 1,400 staff. There is a health quality mark to recognise those organisations which promote youth health, food literacy and access to catering facilities to promote basic skills. Both organisations stressed the importance of tone and context—they do not talk about obesity *per se* but rather the importance of healthy lifestyles. Professor Catherine Hayes, Trinity College Dublin, referred to the Food Dudes programme of promoting fruit and vegetables in schools across the EU, which has been successful in forming good habits. For 14 days, fruit and vegetables are supplied to the school, followed by a maintenance phase where children bring in healthy lunches.<sup>14</sup> She said that such schemes need support from school leadership and parents, to provide incentives for children, and to be embedded in a whole school strategy including effective communication, provision of canteen facilities and the resources to take on new initiatives.

45. A number of witnesses referred to the ‘no fry zone’ initiative in Wicklow, which placed a planning ban on new fast food outlets within 400 metres of schools. Dr Grace O’Malley praised the initiative, and Professor Catherine Hayes said that it had come about because of parental and societal engagement. She argued that placing restrictions on the location of fast food outlets had the potential to create a tipping point in the fight against obesity. However, Des O’Brien, Director of Planning and Development at Wicklow County Council, was concerned that a blanket approach could conflict with the quasi-legal and evidence-based structure of the planning system in Ireland. He suggested that local authority planning guidelines could be strengthened, and stressed the other work that local authorities were engaged in such as constructing cycleways, promoting safe walking, and developing playground and playing field policies. Yet Professor Clodagh O’Gorman was concerned that there were noticeably fewer playgrounds in Ireland compared to the UK.

### ***A cross-jurisdictional approach***

46. A number of our witnesses stressed the importance of a consistent approach between Ireland and the UK. The complementary sugary drinks taxes in Ireland and the UK are a case in point. In addition, Dr Grace O’Malley pointed to the close alignment of clinical guidelines between Ireland and the UK. Food Drink Ireland said that, when the content of products was being reviewed, it was important to work closely with the UK Food Standards Agency because there was one common market across Ireland and the UK. Ireland’s regulation of non-broadcast media is closely aligned with the Ofcom model in the UK. The

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<sup>14</sup> <http://www.fooddudes.ie/main.html>



ASAI pointed to the way it shares best practice with equivalent organisations in the UK (and the EU as a whole), and said that they seek alignment in advertising codes of practice where possible. For instance, in development of its 2016 Code of Standards for Advertising and Marketing Communications in Ireland, the ASAI had examined the UK's equivalent code and adopted many of its provisions.

### *Conclusions*

47. **We welcome the range of initiatives across the BIPA jurisdictions that have been announced, or are shortly to be announced, for tackling childhood obesity. We look forward to the forthcoming publication of the Scottish Government's Healthy Weight plan, in particular its commitment to restrict multi-buy food promotions. We encourage the other BIPA jurisdictions to follow suit.**
48. **There was widespread disappointment that the UK Government's 2016 childhood obesity action plan was watered down. We welcome indications that a revised Plan will be published later this year, and that it may include stronger measures including a 9pm watershed for HFSS adverts both for TV and online, a ban on using cartoons and celebrities to promote HFSS products, mandatory traffic light labelling on the front of food packs, and calorie labels on restaurant menus. Once the effect of the new sugary drinks tax has been assessed, the case for extending it to cover food that is high in sugar needs to be considered.**
49. **We welcome the steps towards a joined-up approach to tackling childhood obesity in Ireland, including the new cross-sectoral Obesity Policy Implementation Oversight Group and the START campaign. We call on the Irish Government to examine the case for the introduction of commensurate measures to those being considered in other BIPA jurisdictions.**
50. **The Committee's visit to Amsterdam demonstrated the importance of an effective community-based approach. Local authorities and stakeholders across the BIPA jurisdictions have a key role to play in coordinating and supporting such work. We welcome the example set by Wicklow County Council, now being followed by others such as the Mayor of London, in seeking proactively to tackle the proliferation of fast food outlets around schools. While we do not dismiss concerns about the practical efficacy of so-called 'no fry zones', we call on local authorities across the BIPA jurisdictions, working with central government and local stakeholders, to explore ways to strengthen planning controls and to create a healthy living environment.**

**51. A number of witnesses have stressed the importance of cooperation across the BIPA jurisdictions, for instance in relation to approaches to taxation, regulation, advertising and product reformulation. We call on the governments of all jurisdictions to redouble their efforts to work together, and with local and community partners, to ensure an effective collective response to a public health crisis with implications for all of us across these islands.**

## **Annex A – list of meetings and witnesses**

**London, 25-26 February 2018**

### **Witnesses**

Dan Parker, Chief Executive, Living Loud  
Gavin Partington, Director General, British Soft Drinks Association  
Mark Saxon, Head of Public Affairs GB, Coca-Cola  
Michelle Norman, Head of External Affairs UKI, Lucozade Ribena Suntory  
Martin O’Connell, Associate Director, Institute for Fiscal Studies  
Oliver Mytton, NIHR Academic Clinical Director (Public Health Medicine), MRC  
Epidemiology Unit, University of Cambridge  
Paul Dobson, Head of Norwich Business School, University of East Anglia  
Malcolm Clark, Policy Manager (Cancer Prevention), Cancer Research UK  
Shahriar Coupal, Director, Advertising Standards Authority/ Committees of Advertising  
Practice  
Kawther Hashem, Nutritionist and Researcher, Action on Sugar

### **Attendance**

Lord Dubs (Chairman)  
Senator Victor Boyhan  
Deidre Brock MP  
Senator Catherine Noone  
Chris Ruane MP  
Karin Smyth MP  
Jim Wells MLA

**Dublin, 26-27 April 2018**

**Witnesses**

Paul Kelly, Food Drink Ireland

Orla Twomey, Chief Executive, Advertising Standards Authority for Ireland

Professor Clodagh O’Gorman, University of Limerick

Dr Grace O’Malley, Clinical Lead of W82GO Child and Adolescent Obesity Service, Temple Street Children’s Hospital and Research Lecturer, Royal College of Surgeons in Ireland

Professor Catherine Hayes, Associate Professor in Public Health/specialist in Public Health Medicine, Trinity College Dublin, and Chair Royal College of Physicians in Ireland Policy Action Group on Obesity

Ailish O’Neill, National Youth Health Programme Manager, National Youth Council of Ireland

Dr Aileen McGloin, START Campaign, safefood

Des O’Brien, Director of Planning and Development, Wicklow County Council

Catherine Byrne TD, Minister of State, Department of Health

Kate O’Flaherty, Healthy Ireland

Liam McCormack, Healthy Ireland

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