

Lost in Translation

Regulatory Cooperation by the United States and European Union Needed to Address the Transatlantic Epidemic of Obesity and Diet-Related Disease

Center for Science in the Public Interest

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Executive Summary

Both the United States (US) and the European Union (EU) are suffering from an epidemic of chronic diseases related to poor dietary habits. According to the World Health Organization (WHO), diets high in fat, saturated fat and low in unrefined carbohydrates are responsible for hundreds of thousands of deaths each year from heart disease, stroke, diabetes, and some forms of cancer. Both the US and the EU also suffer from high rates of obesity, which is a risk factor in the development of these diseases. Childhood obesity has greatly increased in both the US and the EU, and represents a particularly insidious public health problem that may burden both European and American society for decades to come.

The WHO, in its Global Strategy on Diet, Physical Activity, and Health, recommends that governments and food companies undertake public policy initiatives to help consumers improve their diets by “making the healthy choice the easy choice.” Steps recommended by the WHO include:

- Changes in food composition, including a reduction in the use of unhealthful fats and oils, salt, and added sugars;
- Improvements to food labeling, including mandatory nutrition labeling;
- New policies to support healthy diets at schools and restrictions on food marketing that exploits children.

Often, the same multinational food companies (MFCs), some based in the US and doing business in the EU, and some based in the EU doing business in the US, are involved in questionable production and marketing practices that contribute to diet-related disease. Some MFCs have made substantive efforts to address these matters by making changes in food composition, improving labeling, and limiting marketing to children. When companies make such changes, however, they typically fail to do so on a transatlantic basis. Rather, most companies typically respond to national or regional pressures, whether they be mandatory regulations or exhortations by government officials. Some food companies maintain that it is impossible to adopt a practice, when they have already done so in another country.

For example, in the United Kingdom (UK), where sodium reduction has been a major priority of the government, Kraft reduced the salt content of Dairylea Lunchables by one-third, but did not make corresponding reductions in the US. In other cases, European consumers cannot enjoy advances made in the United States. For instance in the US, where comprehensive nutrition labeling has been required since 1994, Mars candy bars have full nutrition information, but in Europe the company claims there is not space on the label for more than a few nutrients. In another case, PepsiCo has placed limits on the calorie content of its single-serving Frito-Lay snack products sold in US schools,

but has not shown restraint with its similar Walkers Crisps line sold in the UK. However, the company has begun to produce a line of crisps directed at children in the UK that is sold in smaller packages.

In 1998, the US and the EU agreed to work cooperatively on trade issues with the formation of the Transatlantic Economic Partnership (TEP). Under the auspices of the TEP, the US and the EU have committed to engage in “regulatory cooperation.” The EU has committed itself to achieving consistency by identifying and implementing a system of “best practices” in which significant public health initiatives that have been demonstrated to be effective on one side of the Atlantic be considered for adoption on the other side. The US should agree to follow a similar policy to implement the TEP’s efforts to achieve regulatory cooperation.

To facilitate this objective, US and EU consumer groups, and EU government officials have proposed holding an open dialogue between health authorities, MFC executives, and representatives of consumer organizations. In April 2005, European Health Commissioner Markos Kyprianou announced plans to convene a plenary meeting of the Platform [to improve diet and health] to include representatives of the US government, as well as the American food industry and US consumer organizations. The meeting is scheduled for May 2006.

An EU-US meeting could serve as a forum to examine mechanisms for regulatory cooperation based on best practices consistent with the recommendations of the WHO. The goal should be to ensure that when significant improvements in food composition, labeling, or marketing are made on one side of the Atlantic (whether voluntarily or pursuant to government regulation), and are shown to have demonstrated public health benefits, they should be deemed “best practices” and considered for implementation on a transatlantic basis. The US and EU have already added “nutrition labeling” to the Roadmap for EU-US Regulatory Cooperation and Transparency. That is a step in the right direction.

Obesity and diet-related disease is a transatlantic (indeed global) problem and is caused in part by the practices of MFCs. A response is needed across all levels of society, but MFCs and governments clearly have an important role to play in helping to tackle the problem and to facilitate healthier choices. US and EU cooperation on this issue would be immensely valuable and facilitate the sharing of information and the adoption of best practices.

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[U]ntil recently Europe "considered obesity to be a US problem . . . we made fun of Americans in a way. It is a European problem now."

-- Markos Kyprianou, European Union (EU) Commissioner of Health and Consumer Affairs¹

“[T]he future looks very bad” for rising rates of obesity among European adolescents “You have the same issues here – and the same companies in many cases.”

-- Robert Madelin, Director-General of the European Commission’s health and consumer protection division making a plea for transatlantic “regulatory cooperation” on the “tricky issues” of nutrition and obesity.²

“[T]he epidemic of overweight and obesity, an unforeseen and unwelcome adverse effect of the proud achievement of our food producers and modern technology . . . is the overflowing horn of plenty.”

-- Lester M. Crawford, Former Commissioner of the United States (US) Food and Drug Administration³

I. Obesity and Diet-related Disease: A Transatlantic Problem

According to the World Health Organization (WHO) two largely preventable risk factors – poor dietary habits and low levels of physical activity – account for a significant portion of the incidence of chronic disease, including that in the US and the EU. The WHO states:

Changes in the world food economy are reflected in shifting dietary patterns, for example, increased consumption of energy-dense diets high in fat, particularly saturated fat, and low in unrefined carbohydrates Because of these changes in dietary and lifestyle patterns, chronic noncommunicable diseases - including obesity, diabetes mellitus, cardiovascular disease (CVD), hypertension and stroke, and some types of cancer - are becoming increasingly significant causes of disability and premature death . . .⁴

Both the US and EU suffer from high rates of obesity,⁵ which is a risk factor linked to heart disease, some forms of cancer, and diabetes.^{6,7} While the US has led this trend, the problem can no longer be considered only an American phenomenon, as Europe has witnessed staggering increases in

obesity in the past 20 years. Obesity in childhood represents a particularly insidious problem. The incidence of what has been called adult-onset diabetes has increased in children^{8,9} and represents a public health time bomb that can burden both European and American society for decades to come.

II. The World Health Organization's Global Strategy on Diet, Physical Activity, and Health

The WHO states:

Noncommunicable diseases present a considerable challenge to health globally, both now and for the foreseeable future . . . These diseases place an increasingly heavy burden on people's health, on health systems and they threaten economic and social development . . . *this is not just a matter of healthy lifestyles and personal responsibility. This problem requires political commitment and clear policies at all levels of government to create supportive environments* (emphasis added).¹⁰

The WHO's 2004 Global Strategy on Diet, Physical Activity, and Health (hereinafter the "Global Strategy") provides national authorities with a comprehensive approach to combat the rapid increase in diet-related diseases and charges governments with the responsibility to make the healthy choice the easy choice. The Global Strategy provides a blueprint that nations can use to make consistent improvements to help reduce obesity and diet-related diseases on a transatlantic basis.

The Global Strategy is based, in part, on WHO Technical Report 916, *Diet, Nutrition, and the Prevention of Chronic Diseases*. That report states:

During the past decade, rapid expansion in a number of relevant scientific fields . . . has helped to clarify the role of diet in preventing and controlling morbidity and premature mortality resulting from noncommunicable diseases (NCDs) . . . The Consultation provided an opportune moment for FAO and WHO to draw on the latest scientific evidence available and to update recommendations for action to governments, international agencies and concerned partners in the public and private sectors. The overall aim of these recommendations is to implement more effective and sustainable policies and strategies to deal with the increasing public health challenges related to diet and health.¹¹

The Global Strategy has recommended specific steps for national governments to take. As stated by the WHO, governments should:

- "[R]equire accurate, standardized and comprehensible information on the

content of food items in order to make healthy choices. Governments may require information to be provided on key nutritional aspects as proposed in the Codex Guidelines on Nutrition Labeling.”¹²

- “Adopt policies that support healthy diets at school and limit the availability of products high in salt, sugar, and fats.”
- “[C]onsider additional measures to ensure the reduction of the salt content of processed foods, the use of hydrogenated oils, and the sugar content of beverages and snacks.”
- Recognize that “food advertising affects food choices and influences dietary habits. Food and beverage advertisements should not exploit children’s inexperience or credulity. Messages that encourage unhealthy dietary practices or physical inactivity should be discouraged and positive health messages should be encouraged. . . . Governments should work with consumer groups and the private sector (including advertising) to develop appropriate multisectoral approaches to deal with the marketing of food to children, and to deal with such issues as sponsorship, promotion and advertising.”

The Global Strategy also encourages action by the food industry. The WHO states, “Initiatives by the food industry to reduce the fat, sugar, and salt content of processed foods and portion sizes, to increase introduction of innovative, healthy, and nutritious choices; and review of current marketing practices, could accelerate health gains world wide.”

Specifically, the WHO recommends that the food industry:

- “[P]rovide consumers with adequate and understandable product [labeling] and nutrition information.”
- “[L]imit the levels of saturated fats, *trans*-fatty acids, free sugars and salt in existing products.”
- “[C]onsider introducing new products with better nutritional value.”
- “[P]ractice responsible marketing that supports the Strategy, particularly with regard to the promotion and marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt, especially to children.”
- “[I]ssue simple, clear and consistent food labels and evidence-based health claims that will help consumers to make informed and healthy choices with respect to the nutritional value of foods.”¹³

The WHO also emphasizes that “Because many companies operate globally, international collaboration is crucial.”¹⁴

III. US and EU Regulatory Cooperation – History and Background

The Transatlantic Economic Partnership (“TEP”) was formed in 1998 to intensify and extend multilateral and bilateral cooperation and common actions in the field of trade and investment. Under the auspices of the TEP, the US and EU have committed to engage in regulatory cooperation.¹⁵ The TEP explicitly states that there is a specific objective to strengthen regulatory cooperation in the field of health.¹⁶

Food marketing to children, food labeling, and food composition are important factors that affect diet and health and that could potentially be addressed on a transatlantic basis under the auspices of the TEP. The US and EU’s pledge to engage in regulatory cooperation should be implemented by establishing a consistent system of “best practices” that would be followed by both governments on matters that affect public health. The EU has committed itself to this approach.¹⁷ While the term has not officially been defined, it implies a system where significant public health initiatives that have been demonstrated to be effective on one side of the Atlantic, be considered for adoption on the other side.

If a government-based initiative to improve health has been shown to be effective on one side of the Atlantic, it should be deemed a “best practice” and implemented on the other side of the Atlantic, taking into account any cultural differences that may call for a different approach. In this manner, the TEP can serve to improve consumer welfare in both the US and the EU.

Both the US and EU member governments have adopted some favorable policies in the area of food and health. The US has taken the lead in requiring mandatory nutrition labeling, Denmark has limited *trans* fatty acid content to 2% of total fat in both restaurant and packaged foods, the UK has instituted an aggressive program calling for reductions in sodium content of processed foods, and Sweden has banned food (and other) advertising to children. Each of these measures should be examined for possible adoption by the United States and all members of the European Union as part of the pledge by the US and the EU to engage in regulatory cooperation.

To date, however, the US and the EU have only engaged in a small regulatory cooperation project involving the development of uniform testing methods and related technical requirements for measuring nutrient content of foods for the purpose of accurately listing such contents on the nutrition label. Transatlantic cooperation should be expanded to the broader concept of requiring and improving mandatory nutrition labeling. While information sharing is useful, in this case there is a potential for much greater regulatory cooperation and sharing of best practices beyond the scope of ongoing activities.

IV. Actions by Governments and Multinational Food Companies in the US and the EU

Some multinational food companies (“MFCs”)¹⁸ have made substantive efforts on each side of the Atlantic to address high rates of diet-related disease and obesity. Some have made, or have promised to make, changes in food composition such as cutting back on the amount of salt or fat in processed foods, or replacing sugars with artificial sweeteners. Others provide better nutrition labeling. Some have agreed to limit in-school marketing of products to children. When companies make such changes, however, they typically do not do so on a transatlantic (or global) basis. There are some exceptions to this general observation, *see infra*, page 8. However, in most cases, MFCs respond to national political pressures and regulatory requirements only when compelled to do so, and only on a limited basis within that jurisdiction; they often fail to make the same improvements in other regions of the world.

Many factors, such as taste preferences, culinary traditions, and decentralized management of some MFCs may explain why companies have addressed the recommendations made in the WHO’s Global Strategy differently in the US and the EU. However, one key reason that improvements in food composition, labeling, and marketing efforts do not occur consistently on both sides of the Atlantic is that the US and EU governments have taken different approaches to the problems of obesity and diet-related disease.

For example, Markos Kyprianou, the European Health Commissioner, told the *Financial Times* in January 2005, “I would like to see the [food] industry not advertising directly to children any more.” He added, “if this [voluntary approach to restricting ads] doesn’t produce satisfactory results, we will proceed to legislation.”¹⁹ That approach is consistent with statements by WHO officials who have questioned the effectiveness of self-regulation and have called for mandatory restrictions on advertising.²⁰ In contrast, the US Congress has prevented the US agency responsible for regulating advertising, the Federal Trade Commission (“FTC”), from regulating children’s food advertising on an industry-wide basis. The FTC has held a meeting on industry self-regulation, but publicly assured companies that it will not pursue mandatory regulation.²¹ Not surprisingly, responses by MFCs on each side of the Atlantic to limit marketing to children differ.

In brief, when the US or the EU enacts laws or regulations, or strongly pressures companies to take action in the face of mandatory regulation, MFCs respond, but only on one side of the Atlantic. This pattern holds true whether governments employ a mandatory regulatory approach or exhort companies to take voluntary actions. The following are additional illustrations of how MFCs react to differences in government policies and related factors,²² such as public opinion, that help generate those policies.²³

A. Nutrition Labeling

Since 1994, as a result of national legislation, MFCs provide full nutrition labeling on practically all processed food sold in the US. The law requires that labels disclose the amount of calories, fat, saturated fat, trans fat (effective 2006), cholesterol, sodium, total carbohydrates, fiber, sugar, protein, and other key nutrients in a serving of food, and for most nutrients, the amount that a typical portion contributes to the maximum or minimum amount that an individual should consume per day. Nutrition labeling in the US has been a useful tool enabling consumers to choose foods that best fit their dietary needs.²⁴ (The US has recently proposed enlarging the “calories per serving” disclosure on the label as a step to combat obesity).

The EU’s nutrition labeling directive, which supersedes national laws, requires labeling only when a nutrition claim is made (an expansion of nutrition labeling requirements is not expected until 2007). Nonetheless, several MFCs voluntarily provide US-like nutrition labeling in some EU member states, but others provide only partial nutrition labeling, or no labeling at all. In almost all cases, nutrition labeling in the EU is less comprehensive than that provided by the same companies in the US. For example, in the US, Kraft complies with US law requiring nutrition labeling for 13 nutrients. However, in the UK, the company stated that,

[T]he majority of Kraft products carry information about eight major nutrients or the ‘Big Four’ key nutrients (calories, fat, carbohydrate and protein), if space is limited. The company plans to introduce further labeling in the UK to express the quantity of sodium contained in its products in salt equivalent. Kraft also plans to introduce General Daily Allowance (GDA) labeling for calories and fat, as well as for salt on those products that carry a salt equivalent declaration. GDAs will be given separately for men and women. When GDAs for children become available, these will be shown on products consumed mainly by children.²⁵

Similarly, Masterfoods (producer of Mars candy bars and other products), in the US has provided nutrition labeling since 1994 for between 13 to 18 nutrients, together with the percentage that each nutrient contributes to the appropriate amount that one should consume per day. In Europe, however, Masterfoods is only:

[I]n the process of implementing a global labeling policy in which all of our products will have at least the Big 4 on the label. Packs will carry the Big 8 where space permits.²⁶

The US system for nutrition labeling was the first of its kind in the world and certainly can be improved upon. Some may argue that the US requires the

disclosure of too much information, reducing its usefulness to consumers. However, it is disingenuous for MFCs to argue to European officials that there is not space on labels to provide more complete nutrition labeling, while they provide that very same information on the labels of their products sold in the US.

B. Product Composition

The UK's Department of Health and the Food Standards Agency ("FSA") have launched an aggressive campaign to reduce salt (sodium chloride) consumption by one-third, particularly in processed foods, which account for 75% of the consumer's salt intake. Those reductions are crucial for the UK government to reach its goal of reducing salt consumption from the current 9.5g/day to 6g/day by 2010. The FSA has pressured food manufacturers and the major supermarket chains to "voluntarily" reduce salt in their products, threatening stronger action if its goal is not reached.²⁷ Some companies have reduced the salt in their products sold in the UK below that of the comparable product in the US.²⁸

- For example, General Mills new reformulated Honey Nut Cheerios cereal sold in the UK under the Nestlé brand name has 500 mg of sodium per 100g, while in the US, Honey Nut Cheerios has 700 mg of sodium per 100g. General Mills has no plans to make a comparable reduction in sodium content in the US.
- Nestle's Nesquik Chocolate Drink contains 96 mg of sodium per 240 ml serving in the UK, while the same size drink in the US contains 150 mg of sodium.
- Kraft reduced the salt content of Dairylea Lunchables in the UK by one-third. Some Lunchables in the UK now have less salt than their US equivalents. For example, the Dairylea Lunchables "Ham stack'ems" (which contain ham, cheese, and crackers) contains 800 mg of sodium per 100g in the UK, while the US equivalent product contains 1,040 mg of sodium per 100g.

C. In-school Food Marketing

The school environment should support healthy eating and parents' efforts to feed their children well. Some MFCs have started to market more healthful products in school vending machines or to remove in-school "branding" on vending machines. These policies, however, have occurred only on one side of the Atlantic.

- Under pressure from government in Denmark and Greece, Coca-Cola has removed all branding from in-school vending machines. Food authorities in those countries have been particularly concerned with that issue.^{29, 30} Similar steps were taken in the UK, where the government has recently

gone a step further and beginning in September 2006, will ban the sale of soft drinks and foods of low nutritional value from school meals and vending machines.³¹ However, in the US where federal government authorities have not spoken out to the same degree as in some European countries, Coca-Cola has not adopted a national policy for removing branding from vending machines. The American Beverage Association, of which Coca-Cola is a member, has adopted an industry-wide policy of not selling carbonated soft drinks in elementary schools and limiting carbonated soft drinks to no more than 50% of vending machine selections offered to high school students.³² That effort, while a step in the right direction, must still be regarded as only minimal as most high school vending machines already offer less than 50% carbonated soft drinks.

- PepsiCo North America limited serving sizes for all its Frito-Lay snacks in elementary schools to 150 calories, and to 300 calories in middle schools.³³ Such steps occurred after the US Food and Drug Administration held public hearings on obesity and sought comments on whether existing serving size regulations should be changed. PepsiCo International has not placed similar restrictions on Walkers Crisps sold in UK schools, but has begun to produce a smaller size package of crisps that is directed to children. In addition, individual 25 gram packages of Walkers Crisps sold as part of a multi-pack package only have 133 calories per serving.

V. Recommendations

While no one step by itself will solve the epidemic of obesity and diet-related disease, changes in nutrition labeling, product composition, and in-school sales practices can be part of a comprehensive solution. Unfortunately, the steps that have been taken by MFCs have occurred largely because of regulatory requirements or pressures from either the US or the EU governments, and have not been implemented on a transatlantic basis.

It is possible for MFCs to institute global nutrition policies that advance health. Kraft, for example, has adopted a global corporate policy not to advertise in television, radio, or print media with a primary audience under age six. In addition, the company now, on a global basis, advertises only healthier products in television, radio, and print media seen principally by children ages 6-11.³⁴ In another case, the Coca-Cola Company has pledged on a global basis not to directly promote its brands to elementary school children.³⁵ Other MFCs should follow these examples (if not stricter policies) and take steps to ensure that their efforts to improve labeling, food composition, and marketing are implemented on both sides of the Atlantic.

- **Governments should deal with the common problem of limited action by multinational food companies by facilitating a unified approach.**

Often, the same MFCs are involved in questionable production and marketing efforts that contribute to the incidence of diet-related disease. Some of these MFCs are based in the US and some are based in the EU, but many do significant business on both sides of the Atlantic.

Some companies are beginning to take voluntary action, but overall action is limited. Governments should deal with this common problem by establishing a process that facilitates enactment of laws and regulations that provide the most effective public health protections to consumers on both sides of the Atlantic.

- **The US and EU should convene a meeting of public health officials and appropriate stakeholders.**

US and EU consumer groups, and EU government officials have proposed holding an open dialogue between health authorities, MFC executives, and representatives of consumer organizations. In April 2005, European Health Commissioner Marcus Kyprianou announced plans to “convene a plenary meeting of the Platform [to improve diet and health], to include representatives of the US Administration, the American food industry and consumer organizations.” The meeting is scheduled for May 11, 2006.³⁶ The US should facilitate this meeting.

- **The US and the EU should identify “best practices” and implement them on a transatlantic basis, as part of their pledge to engage in regulatory cooperation in accordance with the TEP.**

Since the US and EU have pledged regulatory cooperation, a system of “best practices” should be followed by both governments on issues like food labeling, food marketing, and food composition, taking into account, where appropriate, differing public health priorities and cultural differences.

An EU-US meeting could serve as a forum to examine mechanisms for regulatory cooperation based on best practices consistent with the recommendations of the WHO. The goal should be to ensure that when significant improvements in food composition, labeling, or marketing are made on one side of the Atlantic (whether voluntarily or pursuant to government regulation), they should be deemed “best practices” and considered for implementation on a transatlantic basis.

The US and EU have already added “nutrition labeling” to the Roadmap for EU-US Regulatory Cooperation and Transparency.³⁷ That is a step in the right direction. This matter should be further addressed at the proposed meeting. Also, the meeting could examine how MFCs could take voluntary action to

address the WHO recommendations in cases where the US Congress has restricted government agencies from issuing mandatory regulations in particular areas, such as children's advertising.

Obesity and diet-related disease is a transatlantic (indeed global) problem, and is caused in part by the practices of multinational food companies. A response is needed across all levels of society, but MFCs and governments clearly have an important role to play in helping to tackle the problem and to facilitate healthier choices. US and EU cooperation on this issue would be immensely valuable in developing effective solutions, sharing and adopting best practices, and ultimately working to create a food environment where, as the WHO puts it, "the healthy choice is the easy choice." Such actions could serve as a model and eventually be adopted by governments in other regions of the world.

Endnotes

This report was written by Ann Bryant of the Center for Science in the Public Interest, and edited by Bruce Silverglade, director of legal affairs, and Michael Jacobson, Ph.D., executive director. CSPI wishes to acknowledge the assistance of Sue Davies, chief policy advisor for *Which?*, published by the UK Consumers Association.

¹ Mason, John and Parker, George. "Warning on junk food adverts." *Financial Times* (London, England), January 20, 2005.

² Food Chemical News, February 28, 2005, page 3.

³ U.S. Food and Drug Administration Anti-Obesity Task Force Report, 2004

⁴ WHO *Technical Report 916*, April 2003, page 1-2.

⁵ Obesity is a global problem affecting both developed and developing countries. World Health Organization, *Global Strategy on Diet, Physical Activity, and Health*, 2004. This report, however, focuses on the US and the EU.

⁶ *Id.*

⁷ CDC, Overweight and Obesity: <http://www.cdc.gov/nccdphp/dnpa/obesity/> (accessed April 7, 2005).

⁸ US Department of Health and Human Services. CDC. National Diabetes Fact Sheet. 2003.

⁹ World Health Organization, *Global Strategy on Diet, Physical Activity, and Health*, 2004.

¹⁰ World Health Organization, Regional Committee for Europe: Towards a European strategy on noncommunicable diseases. Fifty-fourth session. Provisional agenda item 8(a). June 15, 2004.

¹¹ WHO *Technical Report 916*, op cit.

¹² World Health Organization, *Global Strategy on Diet, Physical Activity, and Health*, 2004.

¹³ *Id.*

¹⁴ *Id.*

¹⁵ Commission of the European Communities. Communication from the Commission to the Council and the European Parliament. *Reinforcing the Transatlantic Relationship: Focusing on Strategy and Delivering Results* (2004).

¹⁶ The United States Mission to the European Union. The Transatlantic Economic Partnership. May 18, 1998.

¹⁷ One EU document states that "best practices" can be determined by examining "what works, what does not, [and] what can be improved." *Joint EU-US Work Programme Implementing the*

"Initiative to Enhance Transatlantic Economic Integration and Growth" of the June 2005 EU-US Summit, Preliminary European Commission contribution, October 4, 2005.

¹⁸ This report does not examine the practices of food companies that operate only on a national basis.

¹⁹ Mason, John and Parker, George. "Warning on junk food adverts." *Financial Times* (London, England), January 20, 2005.

²⁰ Further, the European Parliament passed, in February 2005, the final text of a law on Unfair Commercial Practices. The new law would ban advertisements that encourage children to use "pester-power" to make adults buy a product and those that directly encourage children to buy a product. The law does not, however, restrict advertising of foods high in fat, added sugars, or salt to children. Silverman, Gary. "Food ads face greater regulation." *Financial Times* (London, England), December 1, 2004.

²¹ United States Federal Trade Commission and the U.S. Department of Health and Human Services, Public Workshop: Marketing, Self-Regulation & Childhood Obesity, www.ftc.gov/os/2005/05/050511childobese.pdf (accessed July 8, 2005).

²² In the US, where the judicial system facilitates lawsuits by private attorneys, the threat of class action litigation also has a significant impact on efforts by MFCs to improve marketing practices.

²³ The examples presented here are current as of July 2005.

²⁴ Dr. Rodolfo M. Nayaga, Professor, Department of Agricultural Economics at Texas A&M University. 2003. *Do Nutrition Labels Affect Caloric Intakes and Diet Quality?* Prepared for the FDA Workshop: Exploring the Link Between Food Labeling and Weight Management.

²⁵ Kraft. *Kraft welcomes industry manifesto for food and health*. <http://www.kraftfoods.co.uk/kraft/page?siteid=kraft-prd&locale=uken1&PageRef=2384&Mid=>.

²⁶ Correspondence between the Center for Science in the Public Interest and the Consumers Association (UK), concerning labeling practices of Masterfoods, March 2005.

²⁷ Food Standards Agency. <http://www.salt.gov.uk/>

²⁸ In the 1980s, the US FDA responded to pressure from consumer groups by monitoring the sodium content of packaged foods and required that sodium be listed on food labels whenever nutrition labeling was required or provided voluntarily. In response, some companies, by the mid-1980s, had begun introducing new lower-sodium products. However, those reductions were not across-the-board and primarily appealed only to those on sodium-restricted diets. In 1994, sodium labeling was made mandatory, but, since then, FDA has done virtually nothing to pressure the food industry to reduce sodium.

²⁹ Correspondence between the Center for Science in the Public Interest and the Consumers Association (UK) concerning labeling practices of Coca-Cola - Denmark, March 2005.

³⁰ Food and Drink Federation. *Food Manifesto: Vending*. http://www.fdf.org.uk/manifesto_eg4.aspx (accessed March 11, 2005).

³¹ BBC News, Junk food to be banned in schools, Sept. 28, 2005, <http://newsvote.bbc.com.uk>.

³² American Beverage Association: Beverage Industry School Vending Policy, www.ameribev.org/schools, accessed October 5, 2005.

³³ Ward, A., Grand, A., PepsiCo curbs advertising to kids: Company voluntarily responds to rising obesity levels. *The Financial Times*. <http://msnbc.msn.com/id/7067184/> (accessed March 2, 2005).

³⁴ Kraft. *Kraft Foods Announces Marketing Changes to Emphasize More Nutritious Products*. January 12, 2005. <http://www.kraft.com/newsroom/01122005.html> (accessed February 2, 2005). Although Kraft has positive policies in place regarding advertising to children, the company is a founding member of the Alliance for American Advertising, a lobbying organization in the US that discourages government regulation of food advertising, and particularly ads aimed at children.

³⁵ *Global Policy Restatement: Advertising and Promotion to Children*, Paragraph 4, The Coca-Cola Company (2005).

³⁶ Markos Kyprianou. *Opening Speech to the 7th Annual Meeting of the Transatlantic Consumer Dialogue*. April 18, 2004.

³⁷ US-EU Transatlantic summit, 2004.