

June 17, 2011

Federal Trade Commission  
Office of the Secretary  
Room H-113 (Annex W)  
600 Pennsylvania Avenue, NW  
Washington, DC 20580

Re: Interagency Working Group on Food Marketed To Children: Project No. P094513

To Whom It May Concern:

On behalf of our 157,000 member dentists, we are pleased to comment on the proposed voluntary principles for use by industry to improve the nutritional profile of foods marketed to children. We offer these comments in response to your press releases of April 28, 2011, and May 10, 2011.

Dentists are concerned about the record numbers of carbonated soft drinks being consumed by America's youth.<sup>1,2</sup> It is widely accepted that the sugar in these beverages promotes tooth decay: the single most common chronic childhood disease—five times more common than asthma and seven times more common than hay fever.<sup>3-8</sup> The acid content may also play a role in the erosion of tooth enamel.

In 2009, the Congress charged your workgroup to study and develop nutrition standards for food marketing aimed at children who are 17 years old or younger, and determine the scope of the media to which such standards should apply.<sup>9</sup> The draft principles you have proposed are wholly consistent with the need to curb youth soft drink consumption.

### **Proposed Nutrition Principles**

**We are pleased with your recommendation to focus on the categories of foods that are most heavily marketed directly to children.** Of the \$1.05 billion reported for teen marketing in 2006, the food industry spent \$474 million (45 percent) on carbonated beverage advertising.<sup>10</sup> These beverages are by far the largest category of food marketed to adolescents and your recommendation would elevate them as a priority for industry self-regulation.

**We are also pleased with your recommendation to limit the *added* sugar content of foods marketed to children.** While increased sugar in the diet increases the risk of tooth decay, almost all foods have some type of sugar that cannot (and should not) be eliminated from our diets. Limiting *total* sugar content would impede the marketing of foods that are otherwise considered healthy. (Orange juice, for example, contains large quantities of natural sugar and citric acid; however, it is also a major source of Vitamin C.)

**We urge you to consider the extent to which the acid content in carbonated beverages contributes to enamel erosion.** Most soft drinks contain phosphoric and citric acid. This acidity can wear down enamel and result in erosion or the loss of hard tissues from the tooth surface. Diet soft drinks are also acidic and increase the risk of enamel erosion, although the science on the role of soft drinks and tooth erosion is preliminary.

#### **General Comments and Proposed Marketing Definitions**

**We urge you to encourage more self-regulation of school “pouring rights” contracts, which allow schools to share in a portion of vending machine revenue in exchange for allowing beverage companies the exclusive right to market their products on campus.**

School pouring rights contracts inevitably provide for direct and indirect product advertising on school grounds (i.e., providing free samples, posting signage, branding school equipment, sponsoring events, etc.). They often require some minimum number of vending machines to be housed on campus and, in some cases, govern where they must be placed and when they must be in operation (i.e., placed within 25 feet of a school cafeteria, operating during student meal times, etc.). Some contracts even entice schools with bonus profit-sharing payments when sales volumes increase.

Between 2004 and 2005, 83 percent of high school students and 67 percent of middle school students attended schools or districts that had a pouring rights contract with a soft drink bottler.<sup>11</sup> In 2006, about one third of all school districts allowed beverage companies to advertise soft drinks in school buildings and nearly 47 percent allowed soft drink companies to advertise on school grounds, including on the outside of school buildings and on playing fields or other areas of campus.<sup>12</sup> Some even allowed advertising through the distribution of products (e.g., T-shirts, hats, book covers, etc.) to students.

Encouraging more self-regulation of school pouring rights contracts is a vital first step towards improving the school day messages our children receive.

We appreciate the opportunity to comment on your work and look forward to your favorable reply. Please contact Mr. Robert J. Burns if you have any questions. Bob can be reached at 202-789-5176 or burns@ada.org.

Sincerely,

Raymond F. Gist, D.D.S.  
President

Kathleen F. O'Loughlin, D.M.D., M.P.H.  
Executive Director

RFG:KTO:rjb

## ENDNOTES

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<sup>1</sup> Cecilia Wilkinson Enns, Sharon J. Mickle, and Joseph D. Goldman, Trends in food and nutrient intakes by adolescents in the United States, *Fam Econ Nutr Rev* 15, no. 2 (2003): 15–28.

<sup>2</sup> Samara Joy Nielsen and Barry M. Popkin, Changes in beverage intake between 1977 and 2001, *Am J Prev Med* 27, no. 3 (October 2004): 205–210.

<sup>3</sup> Amid I. Ismail, Brian A. Burt, Stephen A. Eklund, The cariogenicity of soft drinks in the United States, *J Am Dent Assoc* 109, no. 2 (August 1984): 241–245.

<sup>4</sup> Teresa A. Marshall et al., Dental caries and beverage consumption in young children,” *Pediatrics* 112, no. 3 (September 2003): 184–191.

<sup>5</sup> Andrew Rugg-Gunn and June H. Nunn, Nutrition, diet and oral health, *J R Coll Surg Edinb* 46, no. 6 (December 2001): 320–328.

<sup>6</sup> Keith E. Heller, Brian A. Burt, Stephen A. Eklund, Association between sugared soda consumption and permanent tooth caries, *J Dent Res* 80, no. 11 (November 2001): 1949–1953.

<sup>7</sup> American Dental Association, Joint Report of the American Dental Association Council on Access, Prevention and Interprofessional Relations and Council on Scientific Affairs to the House of Delegates: Response to Resolution 73H-2000 (October 2001).

<sup>8</sup> U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

<sup>9</sup> House Committee on Appropriations, 2009, *Joint Explanatory Statement accompanying the Omnibus Appropriations Act, 2009 (H.R. 1105, Pub. L. 111-8)*, 111th Cong., 1st sess., Committee Print: 983-984.

<sup>10</sup> Federal Trade Commission, *Marketing Food to Children and Adolescents: A Review of Industry Expenditures, Activities, and Self-Regulation*, Report to Congress (July 2008): 10-11 and Table II.2.

<sup>11</sup> Lloyd D. Johnson, Jorge Delva, and Patrick M. O'Malley, Soft drink availability, contracts, and revenues in American secondary schools, *Am J Prev Med* 33, no 4 Suppl. (2007): S209-25.

<sup>12</sup> Terrence O'Toole, Susan Anderson, et al., Nutrition Services and Foods and Beverages Available at School: Results From the School Health Policies and Programs Study 2006, *J Sch Health* 77, no. 8 (2007): 500-521.