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A multicomponent evaluation of new restrictions on marketing of less healthy foods in England

Submission date
22/10/2025

Recruitment status
Recruiting

Registration date
23/10/2025

Overall study status
Ongoing

Last Edited
13/11/2025

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[_] Record updated in last year

Plain English summary of protocol

Background and study aims
In the UK, many people do not eat in ways that best supports their health. One reason for this is food marketing. Food marketing includes adverts on TV and online as well as special offers. Food marketing mostly focuses on less healthy things like fast food and sweets.
In October 2025, new rules will ban special offers on less healthy food and drinks (eg 3-for-2 offers), TV adverts for these items from 5.30am to 9pm and some online ads . A standard definition of 'less healthy' will be used.

The effects of these bans could extend beyond what food and drinks are marketed. For example, companies may start making healthier food to avoid the bans. Or peoples' buying habits may change, with an impact on the health of the population and economy.

We aim to understand the impacts of the bans on health, the economy and society. This will inform future government policy.

Who can participate?
Much of our work will not involve participants but instead will use information on things like what products are available in supermarkets and what products are advertised on TV and online.

What does the study involve?
We will first study impacts on food marketing. We will use data collected by market research companies and by us and compare the year before the bans to the year after. We will study whether special offers on less healthy items become less common, whether healthier items become more available, and how TV and online advertising changes. We will use data on grocery purchases from 30,000 households to study changes in buying habits.

We have already developed a method to predict changes in chronic diseases from changes in food purchasing. We will use this to predict changes in weight, diabetes, heart disease and cancer over 10 years. We will also study any changes in costs to the NHS of treating these conditions.

The bans could lead to loss of employment in food, media and advertising. We will track the economic performance of relevant companies in the year before the bans compared to the year after.

We will then combine results from all our work to estimate the impacts of the bans on society. We will balance impacts on health and the NHS with those on the economy.

The bans might not work as intended. We will run focus groups and surveys to understand how parents and youth experience the bans. Interviews with people from government and the private sector will help us understand what did and didn't go well.

There are four components where participants will be involved:
1. We will purchase data from a market research company on household food purchasing. This company collects information from around 30,000 UK households every week on what food they brought into their homes. We will study trends in purchases of less healthy foods from 2024 – 2026.
2. We will use answers to an annual online questionnaire collected by colleagues in Canada on how much food marketing people have seen and how much they support the bans. Each year around 4000 adults and 1500 youth from each of the UK, Australia , Canada, Mexico and the USA take part in online surveys and we will compare findings from 2024, 2025 and 2026.
3. We will also study how much people living in England are aware of the bans and what they think about them in focus groups. This will help us understand people's perspectives in more depth than survey answers. We will include about 70-84 people in 14 different online focus groups – separated by age, whether people are parents or not and their social circumstances.
4. We will conduct online interviews with about 15-20 professionals to understand how the bans came about.

what are the possible benefits and risks of participating?
The benefits of taking part include receiving monetary tokens of appreciation and having the opportunity to discuss areas of interest. The risks of taking part include spending time on the research.

where is the study run from?
The study is run from the University of Cambridge, UK. We are working with partners from the Universities of Liverpool, Oxford, Stirling, Exeter and Waterloo as well as from the London School of Hygiene and Tropical Medicine.

When is the study starting and how long is it expected to run for?
The study will start in January 2026 and run until December 2028.

Who is funding the study?
National Institute of Health Research (NIHR) (UK)

Who Is the Main Study Contact?
Prof Jean Adams at the University of Cambridge: jma79@medschl.cam.ac.uk

Contact information

Type(s)
Public, Scientific, Principal investigator

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Study information

Scientific Title
A multicomponent evaluation of new restrictions on marketing of less healthy foods in England

Study objectives
The research questions are:
1. Were there pre-post intervention changes in:
a. prevalence of HFSS price promotions in UK supermarkets?
b. prevalence of HFSS TV and online advertising (both product and brand)?
c. exposure of UK adults to HFSS TV adverts?
d. availability and price of HFSS products in UK supermarkets and chain restaurants?
e. purchasing of HFSS products by English households?
2. What are the modelled impacts of any changes in purchasing on:
a. prevalence of overweight, obesity and other relevant health outcomes in England?
b. economic performance of relevant food, media & advertising industries & wider society in the UK?
3. What proportion of people living in England were aware of and supported the interventions? What were their experiences of the interventions?
4. Who were the key actors and what were the key actions involved in development, prioritisation, delay and implementation of the interventions?
5. Were any changes in outcomes identified in RQ1-3 due to the intervention?

Ethics approval required
Ethics approval required

Ethics approval(s)
Not yet submitted

Primary study design

Observational

Study design
Multi-component evaluation using natural experimental qualitative and modelling methods

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Unhealthy diets

Interventions
This is an evaluation of new restrictions on marketing of food and drinks high in fat, salt and sugar (HFSS), comprising bans on:
• adverts for HFSS products on live broadcast TV and UK on-demand services (eg ITV hub, All4) from 0530-2100h from Jan 2026;
• paid-for online adverts of HFSS products by UK operating businesses from Jan 2026;
• multibuy (eg 3 for 2) and volume based (eg 50% extra free) price promotions on pre-packaged HFSS products in England from Oct 2025.

Population (purchasing data) – participants sign up to be a member of the commercial household purchasing panel and comply with the panel's requirements throughout. Population (marketing recall and intervention support) – participants are invited to take part in an online survey, provide consent, and then complete the survey at their convenience. Population (awareness, acceptability and experiences) – participants are invited to take part in an online focus group, provide consent, and then attend the focus group arranged to meet their availability. Health professionals (key actors and actions) – participants are invited to take part in an online 121 interview, provide consent, and then take part in the interview arranged to meet their availability.

Intervention Type
Behavioural

Primary outcome(s)
Prevalence of HFSS price promotions in UK supermarkets measured using commercially collected product data on products sold in 5 UK supermarkets from Sept 24 to Dec 26 and analysed using interrupted time series methods.

We have multiple outcomes are none are formally designated as the primary outcome. One is listed here and the remainder under secondary outcome measures.

Key secondary outcome(s)
1. Availability and price of HFSS products in UK supermarkets measured using commercially collected product data on products sold in 5 UK supermarkets from Sept 24 to Dec 26; analysed using interrupted time series methods.
2. Prevalence of HFSS TV and online advertising and exposure of UK adults to HFSS TV adverts measured using commercially collected broadcast data and social media content collected using WHO protocols from Sept 24 to Dec 26; analysed using interrupted time series methods.
3. Availability of HFSS products in UK chain restaurants measured using menu and nutritional data scraped from large UK chain restaurant websites from Jan 21 to April 28; analysed using interrupted time series methods.

4. Purchasing of HFSS products by English households measured using commercially collected household purchasing data from Sept 24 to Dec 26; analysed using interrupted time series methods.
5. Prevalence of overweight, obesity and other relevant health outcomes in England, modelled using PRIMEtime multi-state life table model to Dec 2035.
6. Economic performance of relevant food, media and advertising industries measured using monthly domestic turnover, employment, profitability and market share of the largest UK manufacturers and retailers of HFSS products, UK-based advertisers, digital platforms and broadcasters from Sept 24 to Dec 26; analysed using interrupted time series methods.
7. Economic performance of wider UK society, modelled using a Computable General Equilibrium model.
8. Recall of marketing exposure among adults and youth in the UK and elsewhere (Australia, Canada, Mexico and USA) measured using annual online self-reported surveys in November 2024, 2025 and 2026; analysed using difference-in-difference methods.
9. Support for the interventions in adults in the UK and elsewhere (Australia, Canada, Mexico and USA) measured using annual online self-reported surveys in November 2024, 2025 and 2026; analysed using difference-in-difference methods.
10. Awareness, acceptability and experiences of the interventions in adults and youth measured using in-depth qualitative focus group interviews in 2026.
11. Key actors and actions involved in development, prioritisation, delay and implementation of the interventions measured using in-depth qualitative interviews with key informants in 2026-27 supplemented with documentary analysis of responses to relevant consultations over the last 10 years.

Completion date
31/12/2029

Eligibility

Key inclusion criteria
1. Population (purchasing data)- adult household respondents who are members of commercial household purchasing panel living in England; age 18 years plus
2. Population (marketing recall and intervention support) - adults (age 18y+) and youth (age 10-17y) who took part in the International Food Policy Survey in 2024, 2025 or 2026 from the UK, Canada, Mexico and the USA. Recruitment is through Nielsen Consumer Insights Global Panel and their partners.
3. Population (awareness, acceptability and experiences) - adults (aged 18y+) and youth (aged 13-18y) living in England. Adult participants will be recruited from the general population through a GDPR-compliant market research agency operating an adult research panel. Participants aged 13-15y will be recruited via parents on the panel.
4. Health professionals (key actors and actions) - those with self-described professional knowledge and experience of UK food marketing regulations who are currently (or until recently were) working in academia,
civil society, industry or government.

Participant type(s)
Health professional, Population

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
10 Years

Upper age limit
100 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Unable to provide consent.
2. Evidence that completed the survey too quickly or without enough attention (simple factual questions incorrect).

Date of first enrolment
01/09/2024

Date of final enrolment
31/03/2027

Locations

Countries of recruitment
United Kingdom

England

Scotland

Canada

Study participating centre
University of Cambridge
The Old School
Trinity Lane
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CB2 1TN

Study participating centre

University of Stirling
Stirling Campus
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Study participating centre
University of Waterloo
200 University Ave W
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Sponsor information

Organisation
University of Cambridge

ROR
https://ror.org/013meh722

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

Much of the data we use in this work is proprietary and/or available from third parties under licence. We will not be able to share this data ourselves but will share contact details for interested parties to obtain the data themselves.

Data from the International Food Policy Study is available upon request from Prof David Hammond: dhammond@uwaterloo.ca

Qualitative data that we collect for this study will likely not be made available due to ethical and consent restrictions.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file	version 1.0	24/10/2025	13/11/2025	No	No