



Joint Response from Action on Salt & Action on Sugar to the proposed mandated calorie labelling in the out of home sector

Action on Salt

Action on Salt (formerly Consensus Action on Salt & Health, CASH) is an organisation supported by 24 expert members and working to reduce the salt intake of the UK population to prevent deaths, and suffering, from heart disease, stroke, kidney disease, osteoporosis, stomach cancer and obesity.

Action on Sugar

Action on Sugar is a group of experts concerned with sugar and obesity and its effects on health. It is working to reach a consensus with the food industry and Government over the harmful effects of a high calorie diet, and bring about a reduction in the amount of sugar and fat in processed foods to prevent obesity, type 2 diabetes and tooth decay.

1. Do you think that calorie labelling should be mandatory for all the out-of-home businesses?

Yes. We are in favour of legislation to introduce mandatory calorie labelling in the out-of-home sector.

The Global Burden of Disease shows that the consumption of products high in fat, salt and sugar are by far the biggest cause of premature death and disability.¹ In the UK, two thirds of calories consumed by families come from highly processed packaged foods, which are likely to be high in fat, salt and/or sugar (HFSS) and low in fibre, fruit and vegetables. The diets of UK children are particularly worrying where 47% of primary school children's calories come from HFSS foods, 85% of secondary school children are not eating enough fruit and vegetables, more than 90% are not eating enough fibre and all are eating too much salt and sugar.^{2,3}

At the same time the UK has one of the highest overweight and obesity rates among developed countries. The UK currently spends about £6.1 billion a year on the medical costs of conditions related to obesity and overweight⁴ and more than £14 billion in treatment of type 2 diabetes.⁵ Neither of these two figures include the social cost, which is estimated at £47 billion.⁶

Furthermore, our high salt intake raises blood pressure. Raised blood pressure is the single biggest risk factor for cardiovascular disease, including stroke and heart disease, which are the leading causes of death and disability in the UK. Most of the salt in the UK diet (75%) comes from salt added by the food industry to processed food or food eaten out of the home. As a result, many people do not realise they are eating too much salt and remain unaware of the effects it is having on their blood pressure and health.

Furthermore, it is now becoming clear that unhealthy foods, particularly those contributing to obesity are a major underlying factor for thirteen different types of cancers e.g. breast and bowel cancer.



Nutrition labelling is mandatory for manufactured food and drink sold in supermarkets and other retailers and in part, due to this, many manufacturers have committed to improve the nutritional quality of the food and drink they sell. Those providing food and drink from out-of-home outlets should engage in a similar way to create a level playing field for the entire food and drink industry.

Our surveys have shown that retail products from the same brand have much less salt than the same products sold in the out-of-home sector.⁷ Similarly, our recent survey showed the huge disparity in calories, fat, sugar and salt content between milkshakes sold in retail, where labelling is mandatory, and those sold out-of-home. E.g. milkshakes sold out-of-home can contain 17 times the amount of sugar than a milkshake sold in retail.⁸ Mandatory nutrition labelling might play an important role in influencing the industry to produce healthier products. This legislation will support people to make informed choices whether they choose to eat at home or in a café, pub or restaurant.⁹

Having been provided with evidence that allergens can cause adverse reactions, including potentially fatal anaphylactic shock, in some people, the out of home sector responded very well to providing allergen information on labelling. However despite the evidence that excessive calories in a vast array of products is causing death and disability in huge numbers of people, the same sector has been very slow to act so – as for allergens - mandatory labelling for nutrition is required.

It is grossly unfair that out-of-home businesses are not bound by the same legislation as retailers and policy must be brought inline or it will undoubtedly fail.

References:

1. The Global Burden of Disease Study. <http://ihmeuw.org/4dks>
2. The Food Foundation. Forced-fed. 2016. https://foodfoundation.org.uk/wp-content/uploads/2016/07/execSum_v2.pdf
3. NDNS: results from years 7 and 8 (combined). 2018. <https://bit.ly/2lxtAZ5>
4. Health matters: obesity and the food environment. <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>
5. Diabetes.co.uk. Cost of Diabetes. <https://www.diabetes.co.uk/cost-of-diabetes.html>
6. McKinsey Global Institute. Overcoming obesity: An initial economic analysis. https://www.mckinsey.com/~media/McKinsey/Business%20Functions/Economic%20Studies%20TEMP/Our%20Insights/How%20the%20world%20could%20better%20fight%20obesity/MGI_Overcoming_obesity_Executive_summary.ashx
7. Action on Salt. Pizza Survey. 2014. <http://www.actiononsalt.org.uk/news/surveys/2014/pizza/>
8. Action on Sugar. Milkshake Survey. 2018. <http://www.actiononsugar.org/news-centre/press-releases/2018/call-for-ban-on-excessively-high-sugar-and-calorie-milkshakes-sold-in-high-street-restaurants--fast-food-chains-.html>
9. Crockett RA et al. (2018). Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. Cochrane Database of Systematic Reviews.

2. Do you think that the calorie labelling requirement should apply to all food and drink items an out-of-home business offers?

Yes, calorie labelling should apply to all food items sold in the out-of-home sector, including:

- All beverages, including manufactured ‘ready-to-drink’ and in-store made sugar-sweetened beverages (e.g. juices, cordials, mocktails)
- Sugar and condiment sachets
- Single pieces of fruit and vegetables, such as loose bananas, apples or oranges.
- All items included in ‘meal deals’ (e.g. sugar-sweetened beverages)



- Alcoholic beverages – Alcohol consumption is frequent in England; results from the 2016 Health Survey for England reported that 31% of men and 16% of women drank more than 14 units of alcohol in a normal week. Alcoholic beverages can be a high source of calories and sugar and contribute excessively to daily energy intake. A study from the University College London showed that alcohol consumption may increase the risk of obesity.¹ A poll conducted by the Royal Society of Public Health found that 67% of people would support calorie labelling on packaging of alcoholic drinks.²
- Temporary items and special menus – Businesses offer specials and seasonal items for a substantial period of the year (i.e. summer menus, Halloween drinks, Christmas sandwiches). As reported in different surveys, special menus are typically more indulgent than the items available on a regular basis.^{3,4} Calorie labelling of all items was supported by 75% of respondents in a recent Diabetes UK survey.⁵

References:

1. Shelton NJ, Knott CS. Association between alcohol calorie intake and overweight and obesity in English adults. *Am J Public Health* 2014;104(4):629-31. doi: 10.2105/ajph.2013.301643 [published Online First: 2014/02/15]
2. <https://www.rsph.org.uk/uploads/assets/uploaded/979245d2-7b5d-4693-a9b3fb1b98b68d76.pdf>
3. Action on Sugar. Out-of-home cakes survey. 2016. <http://www.actiononsugar.org/news-centre/surveys/2016/a-slice-of-sugar-reduction-required-coffee-shop-cake-with-more-sugar-than-6-krispy-kremes--new-study-reveals.html>
4. Onbuy. The calories and sugar in your favourite festive hot drinks. 2018. <https://www.onbuy.com/gb/blog/the-amount-of-calories-and-sugar-in-your-favourite-festive-hot-drinks~a99/>
5. *Food labelling in restaurants, cafes and takeaways*, Diabetes UK survey of 1,976 people conducted between 9 and 23 October 2018.

3. Micro-businesses (those with fewer than 10 employees) may find this requirement harder to implement. Which of the following approaches do you most agree with?

- **Micro-businesses are covered by the requirement in the same way as other businesses**
- **Micro-businesses are excluded from the requirement altogether**
- **Micro-businesses are covered by the requirement, but given a longer implementation period (if choosing this option, please state how long you think the implementation period for micro-businesses should be)**
- **Other (please provide details)**

Micro-businesses should be covered by the requirement in the same way as other businesses to ensure a level playing field. We appreciate that some businesses may find it more difficult than others to implement. The government should ensure businesses are supported and consider providing a standardised tool for all businesses to calculate calorie content.

4. As well as the number of calories per portion of the food item, do you think calorie labels should show that number as a proportion of the recommended daily intake?

A survey of adults in England on the perceptions and attitudes towards calories reported that awareness of reference intakes (RI) of calories was not strong, particularly among men.¹ The



provision of calories as a proportion of the RI can help consumers to contextualise the information and make an informed decision.

We recommend that calories from items sold out-of-home should be presented as a percentage of a woman's RI, which will ensure clarity as this is in line with labelling of pre-packaged foods. Information explaining a female's RI should be provided at the bottom of the menu or somewhere visible near the point of sale.

We suggest that calorie labelling should operate in combination with the Public Health England campaign (400/600/600) to inform the public about calories. 61% of respondents to a recent Diabetes UK survey stated it was very, or fairly important that an explanation of recommended calorie intake is made available.²

References:

1. NatCen Social Research. Attitudes to obesity. Findings from the 2015 British Social Attitudes survey. 2015. <http://www.bsa.natcen.ac.uk/media/39132/attitudes-to-obesity.pdf>.
2. *Food labelling in restaurants, cafes and takeaways*, Diabetes UK survey of 1,976 people conducted between 9 and 23 October 2018.

6. Is there any other interpretative information that you think should be displayed on calorie labels, e.g. 'traffic light' ratings for calorie content, or the exercise equivalent of the number of calories?

Yes, we support the introduction of full colour-coded nutrition labelling for fat, saturated fat, sugar and salt on food and drink sold out-of-home. Action on Sugar and Action on Salt surveys have revealed that foods that have a low energy density (i.e. the amount of calories for 100 grams) can be high in salt, sugar, total and saturated fats.¹ Therefore, food and drink items should be displaying interpretative information about salt, sugar, total and saturated fats in addition to calories.

In the UK, a considerable proportion of the population suffers from high blood pressure. The provision of the salt content in foods purchased out-of-home could be useful information for people affected by high blood pressure in making healthier choices and increasing compliance with a low salt diet. Moreover, our surveys report that although some standard portions of foods such as cakes and biscuits may contain less energy per serving, these contain excessive amounts of sugar.²

Research shows that colour-coded nutrition labelling that includes the wording 'low', 'medium', 'high' on front of packaging achieve high levels of comprehension among consumers and can overcome barriers some consumers may have with interpreting nutritional labelling.³

1. Action on Sugar. Sugar Levels Survey. 2016. <http://www.actiononsugar.org/news-centre/surveys/2016/action-on-sugars-new-research-shows-huge-differences-in-sugar-levels-in-similar-foods-and-urges-uk-food-manufacturers-to-cut-the-sugar-with-immediate-effect.html>
2. Hashem KM, He FJ, Alderton SA, et al. Cross-sectional survey of the amount of sugar and energy in cakes and biscuits on sale in the UK for the evaluation of the sugar-reduction programme. *BMJ Open* 2018;8:e019075.
3. BMRB (2009) Comprehension and use of UK nutrition signpost labelling schemes, report prepared for the Food Standards Agency



7. Do you think that calorie information should be displayed in establishments at the point of choice?

Calorie information should be displayed at the point of choice alongside the product price and linked to the appropriate menu item. Full colour-coded nutritional information should be accessible in restaurants as well as online in a format that is easily understood by the consumer.

8. Would 12 months be an appropriate amount of time for businesses to implement calorie labelling?

We support the proposed 12 month timeframe for implementation.

9. Do you agree with the proposed approach for calculating the number of calories in a standard portion?

We support the proposed approach to calculating calories in a standard portion. We recommend that the Government should provide a standardised tool to ensure consistency and accuracy.

10. Do you agree with the proposed approach for businesses selling takeaway dishes through third parties?

Yes, we agree that this policy should apply to all businesses selling takeaway dishes through third parties. Spending on takeaway food has increased by a third in the UK since 2009¹ and this is likely to be linked to the rise of food delivery apps and online tools which make ordering and paying for food easier for the consumer. Takeaway dishes are also more likely to be less healthy, with a recent study finding takeaway meals profiled were higher in energy, macronutrients, salt and bigger in portion size.² Businesses should be responsible for calculating the calorie content of their food and drink, with the takeaway provider being responsible for displaying that information at point of choice.

1. <https://www.ig.com/uk/news-and-trade-ideas/shares-news/just-eat-and-deliveroo--what-has-the-takeaway-delivery-market-go-180622>
2. Jaworowska A, et al. (2014) Nutritional composition of takeaway food in the UK, Nutrition & Food Science

11. We will provide businesses with written guidance to help them with calorie labelling. Do you think businesses will need any additional support?

The calorie content of individual foods and recipes can be calculated using a variety of apps and nutritional analysis software. However, we recognise that chefs and kitchen staff may have a limited understanding of calorie calculation in recipes. Businesses should be provided with additional training and we would recommend that government recommend a preferred software package or provide a standardised system that all businesses use as this will be less burdensome and ensure accuracy. It may be beneficial to offer small grants to businesses to support with system costs etc.

13. If you have any suggestions for how this requirement could be enforced in a way that is fair and not overly burdensome, please provide details.

Adherence to this policy should be monitored by Local Authority enforcement teams, which should be appropriately funded for this role.



If local authorities are responsible for the provision of calorie calculation training to businesses, the government should ensure they are appropriately funded for the implementation and enforcement of the policy. Compliance with calorie labelling legislation should be assessed during routine inspections (rather than spot checks). Local Authorities should make available publicly available data on calorie labelling compliance, this should be published periodically

Food businesses receive hygiene training on how to prepare and store food safely to minimise foodborne disease with the ultimate goal of protecting public health and the same principle should be applied to calories in food in relation to overweight and obesity risk. This training could be integrated with calorie labelling training

16. Are there any other potential impacts of introducing calorie labelling, either positive or negative, that you think we should consider?

Calorie labelling could positively improve public health and reduce the prevalence of overweight and obesity. Evidence suggests that calorie labelling can be effective in reducing the amount of energy people consume. A recent Cochrane review suggests that nutritional labelling comprising energy information on menus may reduce energy purchased in restaurants.¹

New York City was the first city to implement calorie labelling in the out-of-home sector (New York City Labelling Law). A modelling study suggests that since its implementation, the point-of-purchase provision of calorie information on chain restaurant menus reduced body mass index (BMI) by 1.5% and lowered the risk of obesity by 12%.² Another study analysed over 100 million transactions in Starbucks stores before and after the Implementation of the New York Labelling Law and found a statistically significant 6% reduction in mean calories per transaction. The reduction was mainly due to calories from foods rather than for drinks.³

As was seen after the implementation for the soft drinks industry levy (SDIL), when regulation is implemented, businesses are more willing to reformulate their products. A recent evaluation reports that the SDIL has resulted in an 11% reduction in sugar levels per 100ml of drinks since its announcement in April 2016.⁴ For calorie labelling, we foresee that manufacturers would reduce food energy density and/or portion size to avoid having to display products high in calories.

References:

1. Crockett RA, King SE, Marteau TM, et al. Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. *Cochrane Database Syst Rev* 2018;2:Cd009315. doi: 10.1002/14651858.CD009315.pub2 [published Online First: 2018/02/27]
2. Restrepo BJ. Calorie Labeling in Chain Restaurants and Body Weight: Evidence from New York. *Health Econ* 2017;26(10):1191-209. doi:doi:10.1002/hec.3389
3. Bollinger, Bryan & Leslie, Phillip & Sorensen, Alan. (2010). Calorie Posting in Chain Restaurants. National Bureau of Economic Research, Inc, NBER Working Papers. 3. 10.1257/pol.3.1.91.
4. Public Health England. Sugar reduction and wider reformulation programme: Report on progress towards the first 5% reduction and next steps. 2018.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/709008/Sugar_reduction_progress_report.pdf.



17. Do you think that this proposal would be likely to have an impact on people on the basis of any of the following characteristics?

- Age
- Sex
- Race
- Religion
- Sexual orientation
- Pregnancy and maternity
- Disability
- Gender reassignment
- Marriage/civil partnership

We support the conclusions summarised in the published equality assessment document.

19. Do you think that this proposal would be likely to have any impact on people from lower socio-economic backgrounds?

Obesity prevalence is higher in those from a lower socio-economic (SE) backgrounds. Nutrition labelling needs to be in an easily understood format and government should invest in measures to improve consumer understanding of calories and food labelling alongside legislation. Low SE groups may benefit from such policy because of their indirect effects, e.g. reformulation, and because choosing food of lower calorie density could become a normative behaviour in the population. In the UK, the average salt intake has successfully been reduced in people from all socio-economic backgrounds due to a government-led reformulation strategy.^{1,2} The salt reduction strategy did not require any behaviour change in individuals of any population subgroup, therefore potentially reduce health inequality.

In addition, we would recommend that an independent evaluation should be commissioned by government to measure the effectiveness of the policy and to measure its effectiveness on food choice and reformulation. The policy should be monitored for any unintended outcomes positive and negative. This will ensure that if needed, the policy can be adjusted and refined to better improve public health.

References:

1. He FJ, Brinsden HC, MacGregor GA. Salt reduction in the United Kingdom: a successful experiment in public health. *J Hum Hypertens* 2014;28:345-52. doi: 10.1038/jhh.2013.105 [published Online First: 2013/11/01]
2. F Yau A, Adams J, Monsivais P. Time trends in adherence to UK dietary recommendations and associated sociodemographic inequalities, 1986-2012: a repeated cross-sectional analysis. *European Journal of Clinical Nutrition*. 2018 Nov 16:1.



20. If there are any further matters that you would like to raise or any further information that you would like to provide in relation to this consultation, please give details here.

We strongly support the Government's proposal to introduce legislation to make calorie labelling compulsory in the out-of-home sector. Our recent survey to mark Sugar Awareness Week clearly demonstrated the need for transparent labelling when we eat out. Some milkshakes featured in our survey contained nearly 1200 calories in one portion clearly demonstrating that oversized portions are the norm.¹

We live in an obesogenic environment. Calorie labelling in the out-of-home sector would improve individual behaviour by enabling consumers to make informed decisions at the point of choice. More importantly, calorie labelling would also influence the environment, by bringing the food eaten in pubs, cafes, takeaways and restaurants more in line with what is seen in the retail sector. Not only has this policy been shown to help reduce the amount of calories consumed,² it also proved to be popular with the public, with 76% of the people agreeing that cafes and restaurants should display calorie information on menus.³

References:

1. Action on Sugar. Milkshake Survey. 2018. <http://www.actiononsugar.org/news-centre/press-releases/2018/call-for-ban-on-excessively-high-sugar-and-calorie-milkshakes-sold-in-high-street-restaurants--fast-food-chains-.html>
2. Crockett RA et al. (2018). Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. Cochrane Database of Systematic Reviews.
3. ComRes interviewed 2,036 adults in Great Britain online between 22 and 24 January 2016. Data were weighted to be representative of all adults in Great Britain