Joint Response from Action on Salt & Action on Sugar to UK Consultation on Nutrient Profiling Model

Action on Salt
Action on Salt (formerly Consensus Action on Salt & Health, CASH) is an organisation interested in reducing the salt intake of the UK population so as 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 and type 2 diabetes.

Action on Salt and Action on Sugar campaign to encourage food manufacturers to slowly and gradually remove salt and sugar from their products to improve their nutritional profile, in turn enabling consumers to buy healthier products without having to change their purchasing behaviour. However, until this is done in all products, we must look towards creating an environment that educates and encourages healthier eating behaviours among the public, including consistent and transparent front of pack labelling and restrictions on marketing, promotions and advertising of foods high in fat, salt and sugars (HFSS).

We commend Public Health England's decision to seek views on suggested modifications made to the UK Nutrient Profiling Model to hopefully fall in line with current UK dietary recommendations and welcome the opportunity to provide our views and feed into the consultation.

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General Statement
The food and drink we now consume is the biggest cause of premature death and disability in the UK and represents a huge burden on the NHS. Poor diets contribute significantly to the onset of heart disease, stroke, type 2 diabetes and some types of cancer. Diets high in salt, fat and sugar and low in fruit and vegetables account for around 30% of all coronary heart disease, while 5.5% of all cancers in the UK are linked to excess bodyweight. High blood pressure in particular is linked to heart disease, the biggest risk factor for which is a high salt intake.

In addition, the very large amounts of calories from sugar in foods that only give a transient feeling of fullness or satiation not only cause tooth decay but are also responsible for the worldwide obesity and type 2 diabetes pandemic. The latest figures from the National Childhood Measurement Programme show that levels of childhood obesity have hit a devastating all-time high. More than one in three (34.2%) children aged 10 to 11 have a

weight status classified as overweight or obese. Obesity prevalence for children living in the most deprived areas is more than double that of those living in the least deprived areas for both reception and year 6. [1] Children with obesity are over five times more likely to be obese as adults.[2] This increases their risk of developing serious diseases including Type 2 diabetes, cancer, heart and liver disease, plus associated mental health problems. Obesity is putting an enormous and unsustainable strain on the NHS and society.

The impact of HFSS marketing on children

Cigarette advertising has been banned in the UK for many years because it causes cancer and cardiovascular disease, yet HFSS food and drink, which are now a bigger cause of death and disability, can be advertised without strong restrictions to vulnerable children, who have no understanding of the dangers of consuming these products. There is a substantial body of evidence to demonstrate that junk food marketing negatively affects children's health and is associated with:

- The 'normalisation' of junk food consumption[3]
- Increased preference for junk food[4]
- Greater preferences towards advertised products[5,6,7]
- Greater pestering of parents to buy junk food[8]
- Immediate snack food consumption[9]
- Greater intake of junk food and lower intake of healthy food[12] overall[10]
- Increased food intake that is *not* compensated for by eating less at later eating occasions[11]
- Greater body weight[12]

Our position

Protecting children from exposure to HFSS marketing across all media is one of Action on Salt and Action on Sugar's agreed policy priorities.[13] We support the use of the Nutrient Profiling Model (NPM) as an established and evidence-based tool to identify 'less healthy' food and drink that should have marketing restrictions applied. We will be strongly calling for the final revised NPM (and any subsequent updated versions) to be adopted by the UK advertising regulators.

We note that a decision was taken by PHE, early in the process of updating the NPM, and without consultation, to update the existing model rather than develop a new one from starting principles. There is little information about the rationale for this decision on the consultation documents. As such, we feel there may have been a missed opportunity to fully consider other model structures available worldwide that could provide further protection to children from HFSS advertising. We encourage PHE to commit to a full review of the NPM against international models ahead of any future reviews.

The NPM test data set

We understand that the data set used to test the updated NPM consisted of food and drink consumed at a household level and does not include out of home (OOH) consumption. One fifth of children reportedly eat food from OOH food outlets at least once a week. These

meals tend to be associated with not only higher energy intake but also higher levels of salt, fat and sugar.[14] Furthermore, evidence from the Obesity Health Alliance suggests that fast food is the most heavily advertised food and drink category, during the TV programmes most popular with children.[15] We strongly encourage PHE to undertake further testing, using OOH food and drink products to ensure the revised NPM provides adequate protection from fast food adverts.

Specific modifications

Free sugars

We strongly support modifications made to bring the NPM into line with evidence based dietary recommendations on free sugars made by SACN in their *Carbohydrates and Health* Report[16] in 2016. The latest National Diet and Nutrition Data[17] shows that children of all ages are exceeding the recommendation of free sugars providing no more than 5% of daily total energy intake, with girls aged 11-18 consuming just under three times the recommended daily limit of free sugar.

We strongly support the performance measure that the draft 2018 NPM should allow fewer foods that are high in free sugars to pass the modified NPM. We are pleased to see that during testing, the revised NPM allowed fewer foods and drinks higher in free sugars to pass than the existing model. We are satisfied the revised model allows fewer cereal and yoghurt products to pass, as these are regularly advertised to children. Furthermore, cereals and cereal products represent the largest source of free sugars intake in children aged 1.5-10 years.

Our main concern however is the ability to quantify and police such a change. Currently, free sugar content of a product is not required to be listed on product packaging. This will mean advertising regulators are reliant on manufacturers' own calculation of free sugars content to assess whether a product passes the revised NPM. Consequently, academics and NGO's will struggle to monitor and evaluate existing marketing restrictions. We encourage PHE to develop and make public standard tools that can be used by industry and all interested stakeholders to calculate the free sugars content of food and drink products using information that is available on pack.

We also encourage the Government to explore options on how to communicate free sugars content of foods as part of the commitment made in their Child Obesity Plan[18] to review additional opportunities to go further and ensure we are using the most effective ways to communicate information to families on packaged food labels.

Saturated fat

We support the recommendation to retain the current reference value for saturated fat. We note that this aligns with the 2018 SACN recommendation on saturated fat intake.

Salt

We understand that extending the scale of salt was considered as it was suggested it could be a drive to reduce population salt intakes. However, the expert group considered the

approach to be consistent with that for the other nutrients and therefore agreed to keep restrictions in line with food labelling regulations and government population advice for everyone aged over 11. Children should not be exposed to unnecessary high levels of salt, which they are currently receiving courtesy of the food industry. Our concern with this decision therefore is that this profiling model as a whole will not be robust enough to take into consideration the lower salt recommendations for younger children.

Given the overwhelming evidence linking excess salt intake to poor health, namely through raised blood pressure and increased risk of suffering from strokes, heart attacks and heart failure, we feel further restrictions should be made on salt. Salt reduction is by far the most simple and cost effective public health measure to improve health and reduce incidence of cardiovascular disease. Whilst the government have issued a 6g maximum daily recommendation, NICE recommends it be reduced further to 3g,[19] so stricter measures should be explored, particularly when considering children, where dietary habits are laid down early in life.

Fibre

We support the principle of updating the NPM to take into account the revised UK dietary fibre recommendations. We are pleased to see that the modifications were considered to ensure they did not encourage high intake of free sugars while promoting intake of fibre. We note that the changes to the free sugars component of the model were considered to offset the likelihood of products high in fibre and free sugars passing the model.

As neither the salt nor the saturated fat component of the model has changed, we encourage PHE to review the recommended fibre modification to ensure that it does not encourage intake of foods high in salt or saturated fat while promoting intake of fibre. We are particularly concerned that some pre-packaged OOH products such as burgers could be high in fibre as well as salt and/or saturated fat.

While we note that children and adults are not meeting daily fibre recommendations, it is our view that they should not be encouraged, via advertising, to increase fibre intake via consumption of highly processed products high in fat and/or salt.

The protein cap component of the model was introduced to safeguard against foods high in fat, salt and/or sugars being classified as 'healthier' due to their high protein content unless the food contained more than 80% fruit, vegetables or nuts. We encourage PHE to consider a similar ‘cap’ for fibre, to ensure food products high in fat/salt and fibre cannot pass the model.

Portion size cap

Whilst not explored in the consultation, we would strongly support the consideration of a portion size cap on foods subject to the nutrition profiling model similar to that for colour coded front of pack labelling. Evidence heard by the Health Select Committee on Childhood Obesity[20], found that the large sizes of HFSS foods are providing excess calories at low cost and contributing to health inequalities where £1 can buy you in excess of 900 kcal at one time. The saturation of takeaway restaurants serving HFSS in large portions at low cost are contributing to the increasing obesogenic environment faced by children in some of the

most deprived areas. The addition of a portion size cap would go some way to reduce excessive consumption of these foods by restricting advertising. We recently found that one takeaway meal by Pizza Hut, among other meals from OOH outlets can exceed 1125 kcal.[21]

[1] NHS Digital (2017). National Child Measurement Programme - England, 2016-17.
[2] Simmonds M et al. (2016) Predicting adult obesity from childhood obesity: a systematic review and metaanalysis. Obesity Reviews.
[3] Hoek J, Gendall P (2006). Advertising and obesity: A behavioural perspective. Journal of Health Communication, 11: 409–423.
[4] Boyland EJ, Harrold JA, Kirkham TC, Corker C, Cuddy J, Evans D, Dovey TM, Lawton CL, Blundell JE, Halford JCG (2011). Food commercials increase preference for energy-dense foods, particularly in children who watch more television. Pediatrics, 128(1): e93-e100.
[5] Robinson TN, Borzekowski DLG, Matheson DM, Kraemer HC (2007). Effects of fast food branding on young children's taste preferences. Archives of Pediatrics & Adolescent Medicine, 161: 792-797.
[6] Roberto CA, Baik J, Harris JL, Brownell KD (2010). Influence of licensed characters on children's taste and snack preferences. Pediatrics, 126: 88-93.
[7] McGale LS, Halford JCG, Harrold JA, Boyland EJ (2016). The influence of brand equity characters on children's taste preferences and food choices. Journal of Pediatrics, 177: 33-38.
[8] McDermott L, O'Sullivan T, Stead M, Hastings G (2015). International food advertising, pester power and its effects. International Journal of Advertising, 25(4): 513-539.
[9] Boyland EJ, Nolan S, Kelly B, Tudur-Smith C, Jones A, Halford JCG, Robinson E (2016). Advertising as a cue to consume: a systematic review and meta-analysis of the effects of acute exposure to unhealthy food or non-alcoholic beverage advertising on intake in children and adults. American Journal of Clinical Nutrition, 103: 519-533.
[10] Thomas C, Hooper L, Petty R, Thomas F, Rosenberg G, Vohra J (2018). 10 years on: New evidence on TV marketing and junk food consumption amongst 11-19 year olds 10 years after broadcast regulations. Cancer Research UK, available from: http://www.cancerresearchuk.org/sites/default/files/10_years_on_full_report.pdf
[11] Norman J, Kelly B, McMahon A, Boyland E, Baur L, Bauman A, Chapman K, King L, Hughes C (2017). Sustained impact of energy–dense food advertising on children's dietary intake: a within–subject, randomised, crossover, counter–balanced trial. Manuscript submitted for publication.
[12] Zimmerman FJ, Bell JF (2010). Associations of television content type and obesity in children. American Journal of Public Health. 100(2): 334-340.
[13] Action on Salt and Action on Sugar (2018). An evidence-based plan to prevent obesity, type 2 diabetes, raised blood pressure, cardiovascular disease and cancer in the UK. http://www.actiononsugar.org/media/action-on-salt/Healthy-food-and-drink-strategy-FINAL.pdf
[14] Public Health England (2017). Strategies for Encouraging Healthier 'Out of Home' Food Provision A toolkit for local councils working with small food businesses
[15] Obesity Health Alliance (2017). A watershed moment: why it's prime time to protect children from junk food adverts.
[16] SACN (2015). Carbohydrates and Health. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf.
[17] PHE (2016). NDNS: results from Years 5 and 6 (combined). Available: https://www.gov.uk/government/statistics/ndns-results-from-years-5-and-6-combined.
[18] HM Government (2016). Childhood Obesity: A Plan for Action. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016__2__acc.pdf.
[19] National Institute for Health and Care Excellence (2010) Cardiovascular disease prevention [online] Available at https://www.nice.org.uk/guidance/ph25/chapter/1-Recommendations
[20] House of Commons Health Committee (2018). Childhood obesity: Time for Action. Available from https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/882/88202.htm
[21] Action on Sugar (2018). The Conversation Continues… http://www.actiononsugar.org/news-centre/press-releases/2018/the-conversation-continues-call-for-theresa-may-to-introduce-an-energy-density-levy-on-confectionery-make-nutritional-labelling-on-menus--packaging-mandatory-and-ban-marketing-of-hfss-products.html