

Submitted via email to: Childhood.Obesity@dh.gsi.gov.uk

Mandating calorie labelling in the out-of-home sector, December 2018

Tenovus Cancer Care is Wales' leading cancer charity. Our aims are simple. We want to help prevent, treat and find a cure for cancer.

We do this by offering support, advice and treatment to cancer patients and their loved ones. We also promote healthy lifestyles and fund cancer research to find new ways to prevent it, diagnose it, and treat it.

We welcome the opportunity to respond to this important consultation.

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

By 'out-of-home businesses' we mean any establishment in which food and drink is prepared and sold so that it is ready to be eaten or drunk by the final consumer. This would include, for example, restaurants, take-away businesses (including those that operate online), fast food outlets, coffee shops, canteens, schools, hospitals and catering enterprises, as well as vehicles and fixed or mobile stalls and businesses that operate online.

In Wales, as in England, the proportion of people who are overweight or obese is increasing.¹ Obesity is among the leading preventable causes of cancer^{2,3} with people keeping a healthy weight estimated to be able to prevent around 22,800 cases of cancer every year in the UK.⁴

As a result of this causal link Tenovus Cancer Care would therefore consider with enthusiasm any measures designed to combat obesity and obesogenic diets and, to this end, would broadly support the intent and execution of calorie labelling across the entirety of the out-of-home sector. We believe that improving consumer ability to make well-informed decisions is vital in this endeavour and that empowering consumers to make lower-calorie dietary choices, where available, is a positive development. However there is evidence to suggest that portion sizes, and specifically exposure to larger default portion sizes, play a larger role in fostering an obesogenic environment than labelling to indicate an appropriate portion size.^{5,6,7}

Subsequently in addition to total calories it is worth considering also considering displaying information related to the percentage of a recommended portion size in a bid to better help consumers make better informed decisions.

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

We are proposing that the calorie labelling requirement would extend to all ready-to-eat food and drink items that an establishment offers, including sides, toppings and drinks, seasonal dishes and 'specials', as well as self-service items such as buffets, salad bars, sauces and dressings.

Yes. It is important that customers should be able to compare the dietary cost as easily as they can the financial cost of a variety of options. However we can see how there might be barriers to this for smaller companies, see below. We believe the role of the UK Government is crucial in ensuring sufficient guidance is provided in order to make this process straight-forward.

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, but given a longer implementation period.*

We agree with the suggested 12 month implementation period for the out-of-home sector and feel this provides a suitable balance between the urgent need to introduce measures to tackle obesogenic diets against the logistical issues related to its implementation. Not least among these would be the issuing of guidance on how to calculate standard portions. With this in mind, we would suggest giving so-called ‘micro-businesses’ an additional 6 months implementation period, allowing any best practice garnered from the mainstream sector to be shared with the micro-business sector.

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?

We propose that the calorie labels that food and drink outlets provide for their menu items should show the number of calories per portion of the menu item, as well as the number of calories in a portion as a proportion of the recommended daily energy intake for an adult woman (2,000 kcal).

Evidence suggests that providing this contextual information can help consumers understand and use calorie information more effectively.

An adult woman’s daily reference intake would be used, rather than an adult man’s or a child’s, in order to keep calorie labelling on menus in line with existing requirements for nutritional labelling on packaged foods.

Tenovus Cancer Care welcomes the proposal to indicate the number of calories as a proportion of the recommended daily intake and the rationale for basing this off that of an adult woman. We would nevertheless be concerned that this might be viewed as a somewhat misleading guideline, particularly for men. However in addition to this measure we would welcome labels specifying the total number of calories per food, and the recommended number of portions per food item.

With the inflation in portion sizes, with many food items now routinely exceeding one portion, it becomes necessary to help educate the general population regarding what an acceptable portion looks like. This is not assisted by the practice of price anchoring – the practice of making larger portions look far better value by the increase in price being comparatively minor compared to the increase in portion size – and other psychological practices designed to encourage ‘upsizing’ of meals. Therefore labelling food items with suggested number of portions at least signals to those deciding to overconsume the degree and extent to which they are doing so.

Historically nutritional information has been displayed per portion and/or per 100g – with a food item being multiples thereof both. This requires calculations to be made as to how many calories, for example, a 375g food item contains, when the nutritional information is displayed per 100g or per serving. By ensuring the total number of calories per food item is always displayed it ensures that those with lower dietary literacy, or numeracy skills, are not required to perform unnecessary mental calculations in order to be able to make objective decisions regarding their dietary health.

Would you find it helpful or unhelpful for information on kilojoule content to be displayed alongside information about calorie content?

Under current labelling legislation, calorie labelling must be accompanied by information about the kilojoule (kJ) content of the food.

Kilojoules are the metric equivalent of calories and the unit is often shortened to ‘kJ’ on energy labels. To find out the energy content of food or drink in kilojoules you need to multiply the number of calories by 4.2.

Although kilojoules are often perceived as a more scientifically accurate method for portray the energy content of food and drink this measure does not appear to have transitioned into public vernacular. For example, Change4Life⁸ and other similar government schemes uniquely reference calories. Therefore, for ease of use and to maximise accessibility and practicality we do not suggest making any requirement to display kilojoule content alongside calorie content.

Is there any other interpretative information that you think should be displayed on calorie labels?

Calorie labels could display extra information to help people understand the calorie information provided. For example, calorie labels could also give a 'traffic light' rating for the number of calories the food or drink contains, or the exercise equivalent of the number of calories, and so on.

Tenovus Cancer Care would be supportive of a traffic light system as a means of ensuring the number of calories is communicated to everyone, regardless of their nutritional literacy.

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

By 'point of choice' we mean the place in an establishment where prices are displayed and customers make their meal choices.

Yes. Tenovus Cancer Care supports the principle that customers should be empowered to compare the dietary cost of different options as easily as they currently might compare the financial cost.

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

Yes. Tenovus Cancer Care agrees with the suggested 12 month implementation period for the out-of-home sector and we feel this provides a suitable balance between the urgent need to introduce measures to tackle obesogenic diets against the logistical issues related to its implementation. Not least among these would be the issuing of guidance on how to calculate standard portions.

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

In order to calculate the calorie content of menu items, we propose that businesses would calculate the calorie content for what they consider to be a standard portion size for that menu item, as they serve it. The business should make it clear to the consumer what a standard portion of that item is. For example, a delicatessen serving take-away salads might give the calorie count for one scoop of a salad using a standard serving spoon, or for the amount of salad that fits in a certain size of container.

Yes.

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

We propose that, where a business sells takeaway dishes through a third party business, such as an online takeaway platform, the responsibility for calculating the calorie content of the food or drink rests with the business making and selling it, and responsibility for displaying the calorie information at the point of choice rests with the business through which the consumer buys the food or drink.

Yes. Tenovus Cancer Care would consider that, unless this approach is adopted, a loophole might be created that would risk undermining the intent of the proposals.

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

In a variety of formats and languages including multimedia packages. Although these regulations do not apply to Wales, Welsh could be considered among those languages as one of the official languages of the UK.

A Healthy Options accreditation scheme, such as the one operating in Wales, operating via local Authority Public Health Departments, would be a helpful measure to recognise and reward the out-of-home sector who make it easier for their customers to make healthy choices when eating out.⁹

Do you think calorie labelling would cause any practical issues for particular businesses?

Tenovus Cancer Cares envisages that calorie labelling would be more burdensome for smaller businesses with more dynamic menus and might have a suppressive impact upon establishments wanting to try out new menus etc. However in our view this is not significant enough a factor to outweigh the negative impact suffered by the loopholes created by exemptions for such businesses.

References

¹ Wales Obesity Pathway. The most recent data from the Welsh Health Survey (2008) shows that over half of men (62%) and women (53%) are classified as overweight or obese, the proportions rising to 72% and 62%, respectively among 45-64 year olds. The trends for children are even more cause for concern. The Millennium Cohort Survey found that 22% of Welsh children aged three were overweight and just over 5% were obese. The Health Behaviour in School-aged Children Study (2005-6) showed that Wales had among the highest levels of overweight and obesity among the participating European and North American countries at 21% and 18% for 15-year-old boys and girls, respectively.”

² Cancer Research UK, 2016. How being overweight causes cancer. [Online]

Available at: <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/obesity-weight-and-cancer/how-being-overweight-causes-cancer> [Accessed 24 August 2018].

³ Brown, K., Runggay, H. & Dunlop, C., 2018. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. British Journal of Cancer, Volume 118, pp. 1130-1141.

⁴ Cancer Research UK, 2016. Does obesity cause cancer. [Online] Available at:

<https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/obesity-weight-and-cancer/does-obesity-cause-cancer>

⁵ Marteau, T. M., Hollands, G. J., Shemilt, I. & Jebb, S. A., 2015. Downsizing: policy options to reduce portion sizes to help tackle obesity. BMJ.

⁶ Zlatevska, N., Dubelaar, C. & Holden, S. S., 2014. Sizing Up the Effect of Portion Size on Consumption: A Meta-Analytic Review. Journal of Marketing, Volume 78, pp. 140-154.

⁷ Spanos, S., Kenda, A. & Vartanian, L., 2015. Can serving-size labels reduce the portion-size effect? A pilot study.. Eat Behav, Volume 16, pp. 40-42.

⁸ Such as ‘100 calorie snacks’: <https://change4life.service.nhs.uk/change4life/food-facts/healthier-snacks-for-kids/100-calorie-snacks>

⁹ A promotional leaflet reads: “The award aims to encourage food businesses to provide healthier options to customers, through the use of healthier catering practices, increasing fruit, vegetables and starchy carbohydrates, as well as decreasing fat, especially saturated fat, sugar and salt. It also recognises provision of healthy options for children, rewards staff training, promotion and marketing of healthier options.” <http://www.srs.wales/Documents/Food/Healthy-Options-Award-Leaflet-English.pdf>