Consultation on Mandatory Calorie Labelling in the Out of Home Sector in Scotland

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☒ Yes

☐ No

Questionnaire

Question 1

Should mandatory calorie labelling at point of choice, for example, menus, menu boards or digital ordering apps in the OOH sector (as listed in paragraph 1.2) in Scotland be implemented?

☐ Yes

☐ No

☒ Don't know

Please give reasons for your answer.

We strongly concur with the rationale for this policy proposal as laid out in the Ministerial foreword for this consultation: that "creating a Scotland where we all eat well, have as healthy a weight as we can, and are more physically active" is a public health priority. We recognise that obesity in children and adults, and the growing socioeconomic inequalities in obesity prevalence, are major public health issues with significant consequences for individual and population health.[1;2]

However, we are not convinced from the evidence available that introducing calorie labelling on menus in out of home eating establishments will contribute to our shared ambition of a Scotland where we all eat well and which has less diet-related ill health and reduced dietary health inequalities.[3] Most research in this area is of low quality, most effect sizes are not statistically significant and no effects are reported by target group. If Scotland is to adopt this proposal we believe it must be part of a wider portfolio of measures and that it should be evaluated rigorously (including unintended consequences). We have therefore checked the 'don't know' box as our support for this proposal depends on a range of considerations which we lay out in this consultation response.

While we have not done primary research in the area of food labelling, this response draws on our expertise in public health and health inequalities, our cumulative experience of working to improve the health, equity and sustainability of the food system in Glasgow and our understanding of the available evidence.

In our consultation response to the 'out of home foods' consultation[4] we stated that, "While it is important and necessary that consumers are informed about the content and composition of the food they are considering purchasing, it is also important that this is not the only action taken to encourage consumption of lower energy density, more nutritious food. The major drivers that influence consumption of out of home food among those who have the least money to spend on food are more wide ranging than the food composition and relative 'healthiness' of the product and include cost (is it affordable and the same price or cheaper than the less healthy options?) and accessibility (can it be purchased locally by those without access to private transport?)". We believe this response remains relevant to the current consultation.

There are a number of reasons why we don't support this proposed intervention.

Firstly, we do not agree that focusing on calorie labelling on menus in the absence of other nutritional information is helpful. The consultation paper and the rationale for the policy proposal appear to conflate 'healthy' and 'lower calorie' and we do not agree that we can use these terms interchangeably, nor that we can assume that lower calorie food is necessarily healthier. Indeed, there is increasing concern about the growing proportion of our diet made up of 'ultra processed foods' (UPF).[5] Obesity is just one aspect of our national dietary targets with which we are not making positive progress – there are also issues relating to low consumption of fruit and vegetables and oily fish and over consumption of saturated fats, salt and refined sugars.[61]

There is some evidence that 'traffic light' labelling may be more effective than calorie labelling and may reflect the relative nutritional value of foods more accurately.[7]

Secondly, we are not convinced from the evidence we have reviewed, that even if we supported the proposed intervention, that it would be effective in achieving the intended outcome of contributing to reduced obesity. For example, the conclusion of the most recent meta analysis quoted by Food Standards Scotland in their rapid review of the evidence[8] found that energy information on menus **may** reduce energy purchased in restaurants **but** the body of evidence was small and of low quality. There have been similar findings in lab settings but the evidence is also of low quality. As a result, the authors "tentatively suggest that nutritional labelling on menus in restaurants **could** be used **as part of a wider set of measures** to tackle obesity" but that "additional high-quality research in real-world settings is needed to enable more certain conclusions."[9]

Another systematic review found that the evidence for calorie labelling on menus in restaurants was heterogeneous and did not find that it resulted in a significant impact on calories ordered.[10]

Furthermore, the studies that we have read (including those cited in the consultation) do not segment the target population in their analyses – instead they report mean reductions in calories ordered. Although in general (and ignoring the lack of statistical significance in many of the findings) a small reduction in calories ordered/consumed was found in some of the studies, this was a mean reduction and it is not known whether this reduction in energy ordered/consumed was in the target group (i.e. those who are overweight or obese) or those who do not need to eat less energy. Reduction in overall daily energy intake is important for those Scottish adults who are above the healthy weight range however it is not true to say that everyone needs to reduce their caloric intake (a third of adults are a healthy weight and a small proportion are underweight) and it may be that the healthy weight and underweight group may be more likely to reduce their energy intact when presented with calorie information.

Thirdly, there is growing concern about the potentially damaging impact of calorie labelling on menus for those people living with or recovering from eating disorders (eating disorders are serios mental health conditions including Anorexia Nervosa, Bulimia Nervosa, Other Binge Eating Disorders and Avoidant Restrictive Food Intact Disorder).[11] While eating disorders may affect a relatively small proportion of the population (overall lifetime prevalence of eating disorders is estimated to be 8.6% for females and 4.07% for males), the impact of the illness is extremely costly in terms of individual wellbeing and NHS resources.[12] Recently there has been an apparent and concerning increase in the prevalence of eating disorders. While Scottish data is not available, the 2019 NHS England health survey reported that 16% of people in England over the age of 16 screened positive for a possible eating disorder, up by 277% over the preceding 12 years.[13] A particular concern is the recent increase in annual incidence of anorexia nervosa (the mental health disorder with the highest mortality rate) in adolescent girls.[14]

Fourthly, there is some evidence that any impact of calorie labelling on menus on reducing mean calorie consumption may be relatively short lived with any reductions in calories consumed reversing over subsequent months (particularly amongst lower income consumers). [15]

Lastly, there is some evidence that a perception of dietary restriction may result in compensatory choices of drinks and side orders especially for people who are overweight or obese.[16] Dietary restriction due to calorie labelling may also lead compensatory food consumption later in the day. "As a result, consumers may even end up being tempted to eat more than they would otherwise. Consumers may also compensate a healthy dietary choice with consumption of other unhealthy food." [7]

Question 2

Should any of the sectors listed in paragraph 1.2 be exempt from mandatory calorie labelling? If yes please explain why.

☐ Yes (please explain why)

☐ No

☒ Don't know?

Please give reasons for your answer.
We have already stated our concerns about the proposed intervention. However, should the policy be implemented we believe that careful thought will have to be given to appropriate exemptions. For example, we agree with the proposition in the consultation (para 1.9) that charities and third sector organisations (including community cafes and other community projects or initiatives that serve food) should not be required to include calories on their menus but should be encouraged to provide healthier options.

1.9 We are considering exempting OOH food provided by a charity, in the course of its charitable activities, and provided for free, or for a price which is less than or equal to the cost of providing that food. This would likely include food offered for sale by or on behalf of a charity, at a single event, to raise funds for its charitable activities. We are not considering exempting commercial businesses run on behalf or in support of a charity.

1.10 The pandemic disrupted eating OOH behaviours as a result of closures

Food plays an important part in bringing people together in communities for shared meals/breakfasts whilst at the same time developing relationships between community members and support organisations for a wide range of health supports/volunteering opportunities. Many of these meals rely on goodwill, donations and redistributed food making calorie calculations very difficult. Therefore, as noted in the consultation document, exempting charities/community food initiatives would be important in supporting the good work that they do.

Question 3
To which size of business in scope of the policy, should mandatory calorie labelling apply:

☐ All businesses

☐ All except businesses with fewer than 10 employees (micro)

☒ All except businesses with fewer than 50 employees (small and micro)

☐ All except businesses with fewer than 250 employees (medium, small and micro)

☐ None

☐ Other

Please give reasons for your answer.
We have already stated our concerns about the proposed intervention. However, should the policy proposal proceed to implementation it is our view that small and micro businesses should be excluded. This is because of the burden of additional work, particularly for a small business. The Glasgow Food Policy Partnership supports more seasonal dishes and local purchasing. This proposal may result in the potential incentive for businesses to buy in preproduced/packaged foods (with calorie labelling already undertaken by the supplier) instead of preparing fresh food from scratch (thus necessitating the need to calculate calories per portion), which is likely to be case for many smaller and more sustainable operations. We also support the proposal in the consultation that specials/dishes on the menu for 30 days or less are exempt of the rules; this will allow for changes to recipes according to available produce which again is more likely for small and more sustainable food outlets.

Question 4
We are considering including food provided for residents and/or patients within the following public sector institutions within the scope of the policy. [1] Should food in these settings be included within the scope of the policy?

Hospitals:
☐ Yes
☒ No
☐ Don't know

Prisons:
☐ Yes
☐ No
☒ Don't know

Adult care settings:
☐ Yes
☒ No
☐ Don't know

Military settings:
☐ Yes
☐ No
☒ Don't know

Please give reasons for your answer.
We have already stated our concerns about the proposed intervention. However, should the policy proposal proceed to implementation it is our view that settings where healthy adults are consuming food should be considered for inclusion. In care settings, however, where adults may have varying mental and physical health issues, calorie labelling should not be mandated to allow local decisions to be taken based on patient needs and circumstances.

Question 5
The intention is that PPDS foods would fall within the scope of the policy. Do you agree with that proposal?

☐ Yes
☐ No
☐ Don't know

Please give reasons for your answer.
We have already stated our concerns about the proposed intervention. However, should the policy be implemented we believe PPDS foods should be treated the same way as other OOH food.

Question 6
Should the foods and drinks listed above be exempt from calorie labelling? (please state your view for each of the above)

Item	Exempt? Yes/ No	Comment

[1] Staff and visitor food in hospital and adult care settings are already considered in scope

Non-standard menu items prepared on request	Yes	We agree with the reasons outlined in the consultation.
Alcoholic drinks	Yes	
Menu items for sale 30 days or less	Yes	
Condiments added by consumer	Yes	

Question 7
Should menus marketed specifically at children be exempt from calorie labelling?

☒ Yes
☐ No
☐ Don't know

Please give reasons for your answer.
It is important to think very carefully about the intention of the proposed intervention. Children and young people need energy and good nutrition to grow. Children go through different stages and body shapes as they develop and this is normal. Firstly, an implication that 'healthy food' equates to 'low calorie food' is an incorrect, simplistic and dangerous message to send to children particularly during a period when eating disorder prevalence appears to be increasing in teenagers and young adults.[17] In Glasgow, central to our approach to improving the food system is talking about food in a positive way, celebrating food that is good for us (healthy) and good for the planet (sustainable) and that tastes good. Encouraging children to use calories as a way to make their food choices perpetuates the notion of 'bad' foods rather than focusing on a healthy, balanced diet overall, and suggests the need to limit and, potentially, to feel guilty about food, rather than to value, savour and enjoy it.

As children in Scotland don't consume nearly enough vegetables,[18] it might be more useful for children's menus to display the portions of vegetables served or to have an option to include an extra portion of vegetables.

Question 8
Should businesses[2] be required to provide calorie information about options on children's menus to parents and carers on request?

☐ Yes
☐ No
☒ Don't know

Please give reasons for your answer.
For this information to be helpful, this proposal relies on parents/carers understanding of the energy requirements of their children which many will not have. There is also a risk that of conflating 'healthy' with 'low calorie' again. If this was going to be included in the intervention, we would prefer to see more comprehensive nutritional information or traffic light signage being available for parents on request which would provide parents with a range of dietary information to inform their choices for their children and not solely calorie information.

Question 9
What are your views on the proposed requirements shown below for display of calorie information required at each point of choice?

- All points of choice;
  -not necessarily – there should be a way for people to opt out of seeing calorie values when they choose their food.

[2] Includes private, public and third sector outlets providing Out Of Home food and drink.

- In same font and size as the price;
  -don't know
- State kcal info only and not also Kj;
  -agree
- Include reference statement of "adults need around 2,000 calories a day";
  -we don't think this is necessarily helpful as individual requirements vary greatly depending on age, sex, muscle mass and activity levels and we are not convinced that there is widespread understanding of daily requirements.

Question 10
Should businesses be **required** or **have the option** to have menus without calorie information available on request of the consumer?

☒ It should be a requirement for businesses
☐ It should be an option for businesses
☐ Don't know

Please give reasons for your answer. If this proposal proceeds to implementation our view is that menus without calorie information should be available for those who wish them.

Question 11
If businesses are required to have menus without calorie information available on request of the consumer, what practical implications would this have for businesses?

Comment:
There would need to be duplicate menus in all establishments and menus would require to be in a form that can be presented to each individual rather than on a communal menu (e.g. a blackboard). We recognise this would cause additional effort and expense for the businesses. An alternative would be to use QR codes (e.g. this could link a menu without calorie labels to the relevant calorie and/or nutritional information for each dish).

Question 12
What other mitigating measures could be adopted for consumers who may find calorie information upsetting?

Comment: This is not our area of expertise, and we do not feel qualified to comment on this question.

Question 13
Please list any costs to businesses in addition to those listed above that you think need to be considered in our economic evaluation

Comment: This is not our area of expertise, and we do not feel qualified to comment on this question.

Question 14
What support, in addition to detailed written guidance, would businesses need to implement calorie labelling effectively?

Comment: This is not our area of expertise, but we have concerns about the capacity of businesses to do this accurately and for this to be 'policed'. The consultation document mentions MenuCal to help calculate calories, but without expert advice it would be hard for businesses to

do his right and errors would be inevitable. Also, who would be there to check if the calculations are correct? Some food places might choose to display lower calories than actually served, either deliberately or accidentally.

As we have stated elsewhere in this response, our view is that calorie labelling would only be helpful if accompanied with more comprehensive nutritional information, additional education about healthy diets in general (eg. increasing intake of fibre, fruit & veg) and if healthy options were more affordable. A lot of training would potentially be required for both consumers and food outlets.

Question 15
From the publication of relevant guidance, what length of time would businesses need to prepare to implement calorie labelling effectively ahead of legislation coming into force?

☐ 6 months
☐ 12 months
☐ 18 months
☐ 2 years
☐ Other
☒ Don't know

Please give reasons for your answer.
This is not our area of expertise, and we do not feel qualified to comment on this question.

Question 16
Please comment on our proposals for enforcement and implementation outlined in section 10.

Comment: This is not our area of expertise, and we do not feel qualified to comment on this question.

Question 17
How could any requirements be enforced, in a way that is fair and not overly burdensome?

Comment: This is not our area of expertise, and we do not feel qualified to comment on this question.

Question 18
What impacts, if any, do you think the proposed policy would have on people on the basis of their: age, sex, race, religion, sexual orientation, pregnancy and maternity, disability, gender reassignment and marriage/civil partnership?

Please consider both potentially positive and negative impacts and provide evidence where available. Comment on each characteristic individually.

Age – An implication that 'healthy food' equates to 'low calorie food' is an incorrect, simplistic and dangerous message to send to children particularly during a period of when children and young people appear to be particularly susceptible to eating disorders and increasing admissions for young people seriously unwell with eating disorders is being observed.[14]

Sex – Calorie labelling could be especially dangerous for women, and particularly for teenage girls, as there is a higher prevalence of eating disorders in this group. Most eating disorders develop during adolescence with only around 25% of those affected by an eating disorder are male.[19]

Race– don't know
Religion– don't know
Sexual orientation– don't know
Pregnancy – don't know
Maternity – don't know
Disability – those suffering from varying mental and physical health issues, might find the proposed calorie labelling confusing.
Gender Reassignment – don't know
Marriage/civil partnership – don't know

Question 19
What impacts, if any, do you think the proposed policy would have on people living with socio-economic disadvantage? Please consider both potentially positive and negative impacts and provide evidence where available.

Comment:
It is unclear from the evidence what the effect on pricing of foods is when calorie labelling on menus is implemented, but it is possible that prices of lower calorie foods will be higher. Restaurants promoting healthier choices/making healthy choices cheaper (possibly with the help of the government eg. using taxes from HFSS foods towards subsidies) might be one way for those in low incomes to be able to afford healthy options.

As noted in the consultation document (see below), people living in the most deprived areas purchase food and drink OOH as frequently as those in the least deprived areas however, we know that the incidence of fast food takeaway outlets in areas of deprivation are more concentrated than our least deprived areas.[20] We also know that there are poorer health outcomes in these areas in relation to dietary related illness.[6] For this reason, we believe there is a need to introduce licencing and/or targetted work with such retailers to ensure that healthier options are available.

1.12 People living in the most deprived areas (SIMD 1 & 2) purchase food and drink OOH as frequently as those living in the least deprived areas (SIMD 4 & 5).

1.18 Eating OOH has been associated with obesity and there is evidence that food obtained from fast-food outlets or takeaways is associated with higher calorie intakes. Available data shows that the food we eat OOH contains more calories per 100g than the food we eat within the home (205 kcals per 100g vs 169 kcal per 100g).

We would like to see more investment and support to businesses to reformulate recipes and encouragement to introduce small plates as well as standard plates. Not only will this help improve the nutritional value and/or reduce the total energy consumed but evidence suggests this would be at equally effective across population group (as highlighted in the consultation document para 3.11).

3.11 We expect that businesses will use the calorie information that they generate for their offerings to reformulate some of these offerings. Research on businesses outwith the UK found that, on average, businesses reduced the calorie content of items they serve after the implementation of calorie labelling. This could be as simple as a reduction of portion size, on-site changes to recipes or preparation or a change to a lower calorie option through the item's supplier. This reformulation will have a positive effect on reducing calories across the population without the need for consumers to make a conscious choice. This is particularly important as there is increasing evidence that population wide measures such as reformulation are more likely to be equally or more effective among those experiencing health inequalities, thereby contributing to addressing this. Furthermore, evidence suggests that reduction in portion size can lead to a reduction in daily energy intake, and that over time this results in lower body weight.

Question 20
Please use this space to identify other communities or population groups who you consider may be differentially impacted by this policy proposal. Please consider both potentially positive and negative impacts and provide evidence where available.

No further comments.

Question 21
Please tell us about any other potential unintended consequences (positive or negative) to businesses, consumers or others you consider may arise from the proposals set out in this consultation.

Comment:
Some of the potential unintended consequences include:

- food outlets may use more manufactured products and be discouraged from making food from scratch as bought-in products will have calorie information already calculated and readily available without additional expense. It is likely this would favour large multi-nationals that have scale and the ability to adapt very quickly rather than, say, small independent businesses to whom calorie labelling would represent an additional and larger proportionate overhead cost;
- perpetuating an incorrect assumption that the fewer calories one consumes, the better for your health. Calorie/energy information alone, in the absence of other nutritional information, is limited. There is a dilution of the importance of key messaging such as eating oily fish twice weekly, meeting 5 a day fruit and veg, *eatwell plate* messaging of a mix from a variety of food groups for good health in agreed quantities, etc. Perhaps more needs to be done to strengthen these types of messages along with the traffic light system to highlight fat contents, sugar, salt etc as noted earlier instead of or alongside calorie information.

Question 22
Please outline any other comments you wish to make on this consultation.

Comment
The consultation document (para 1.16) highlights the proportion of foods purchased OOH that have little, if any, nutrient value. As we have previously stated, the provision of energy/calorie information without other nutritional information does not provide consumers with an adequate picture of the relative 'healthiness' of the meal/food they are purchasing. We believe that policy and action should be considered that supports a targeted approach to try and reduce this proportion.

1.16 Discretionary products such as sugary drinks, confectionery, savoury snacks, cakes, biscuits and pastries, which provide few, if any, essential nutrients, were purchased in 37% of all OOH visits in 2019 (equates to 353 million visits).

References:

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