FSA FRAMEWORK FOR CONSULTATION ON FRONT-OF-PACK (FOP) NUTRITIONAL LABELLING

Comments from the UK Faculty of Public Health (FPH) – April 2009

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General remarks:

The UK Faculty of Public Health welcomes the opportunity to comment on the Food Standards Agency's approach to developing the formal FOP labelling consultation package and impact assessment.

We believe it is a consumer's right to have easy-to-understand, information about what is in their food and the impact this may have on their own and their family's health. Efforts to implement effective labelling are long overdue, and are a necessary response to the current crisis in dietary ill-health, including overweight and obesity.

We recognise that there is good evidence that effective nutritional signposting on front of pack helps consumers in two important ways: by enabling quick and easy assessments of food products when shopping, and by encouraging food processors to work towards healthier formulations of their products.

The comments below have developed in partnership with the National Heart Forum.

Responses to specific questions:

37. ***Are there any other areas or aspects of costs and benefits that need to be considered in the Impact Assessment that will accompany the consultation in May?***

Paragraph 33 (Consumer benefits) outlines the role of consumer groups and NGOs to raise awareness of the recommended approach. However, the costs incurred by such groups and NGOs will need to be taken into account.

39. Should FOP labelling be restricted to the current recommended food categories or should any additional categories be added? If so which ones and why?

Experience from companies already using FOP labelling widely suggests there is no practical reason why it should not be extended to **all** food categories.

We recommend that there should be a presumption to provide labelling on **all** products.

If a staged implementation is undertaken, priority categories would include cakes, desserts, biscuits, snack foods, confectionery and soft drinks with added sugar in view of the acknowledged contribution made by these categories to excess consumption of salt, fat, saturates and sugar and the desire expressed by consumers in FSA research

for signposting on 'treat foods'. In view of the current crisis in children's diets and dietary health, we believe that products specifically aimed at children should also be a priority for signposting.

The Agency should also encourage retailers to develop shelf labelling to provide customers with information for products sold loose such as bakery, confectionery and fruit & vegetables.

Should an alternative approach in which a broader range of foods is covered be considered (eg. processed convenience foods)?

Please see previous response.

Alternatively, should we list categories of foods for exemption from FOP labelling? If so what foods would an exemption cover?

From a public health point of view, care should be exercised in agreeing any exemptions to a universal labelling scheme because consumers may be confused about the status of unlabelled foods, especially under a voluntary scheme. Unprocessed, single ingredient products on the one hand are likely to be easier for consumers to evaluate. But we do not know what the effect will be on consumer perceptions of these products being unlabelled in an environment where most other products are labelled.

Do you think that the foods listed in Annex IV of the FIR should also be used as a basis to exempt foods from FOP labelling in the UK?

We note that the underpinning arguments for the exemptions in Annex IV are largely based on practical considerations (cost, packaging etc), not public health.

40. ***Should calories be a required part of FOP recommended approach?***

Yes. Consumers find this information particularly helpful as an indication of the energy-density in foods. For clarity energy should be expressed as calories per portion.

If a traffic-light-based approach is recommended in what ways should information be provided? Does it need to be colour-coded or are numbers sufficient?

The essential simplicity of traffic-light labelling lies in its colour-coding. Numbers have been shown to be a barrier to at-a-glance interpretation by most consumers – except for calories. A social marketing type of public education programme will be needed to help consumers interpret the FOP scheme adopted.

42. ***What is the appropriate GDA figure for sugar that should be used on FOP labels?***

The declaration for sugars should be for non-milk extrinsic sugars (NME), not total sugars, to ensure that nutrition labelling is consistent with and supportive of the recommendations of national[i] and WHO[ii] scientific reports that NME sugars should not exceed 60g per day or 10% of total dietary energy. The GDA figure for FOP labelling purposes should be calculated on this basis.

Should the EFSA advice on GDAs for nutritional labelling be used when available?

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The EFSA advice should be considered when available. Should the EFSA process of review be delayed, we see no reason why the FSA cannot proceed in agreeing appropriate GDA criteria and keeping them under review. Should the EFSA advice fail to refer to NME sugars, this should not be a barrier to FSA using a GDA for NME sugars for UK labelling purposes.

43. *In reviewing the red (high) threshold for salt, should proposals be developed which take account of ongoing work on NHCR, nutrient profiling and salt targets?*

The red (high) threshold for salt must be based on public health goals. The current FSA threshold is based on a target intake of no more than 6g per day, and is a pragmatic, interim target towards achieving the SACN recommendation of average 4g per day.

Conversely, the proposals for salt thresholds in different food categories under the NHCR have been set to allow some products in all food categories to make claims, including cheese, meat products and breakfast cereals. This approach is driven by differentiation of products in market, rather than the public health interests and should not be followed for FOP labeling in the UK.

It is not clear why the FSA should review indications of high, medium or low salt levels in the light of the current salt reduction programme. Where progress in removing salt from processed food has been achieved, we would expect to see this reflected in products achieving more healthy salt scores on FOP labels.

44. How would you define foods sold in small portions in respect of FOP labelling?

We do not believe that this is necessary. (See below).

Do you think specific criteria for smaller portions would be helpful to consumers?

No. We do not believe that there are sufficiently persuasive issues relating to smaller portions that would require different criteria. The FSA should aim for a consistent approach which is clearly communicated to consumers.

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- advocacy and policy
- education and standards
- professional affairs

We are a Faculty of the Royal Colleges of Physicians of the United Kingdom and have a membership of over 3000. The Faculty is a registered charity.

[i] Committee on Medical Aspects of Food Policy. 1991. Dietary Reference Values for Food Energy and Nutrients for the United Kingdom. Report on Health and Social Subjects 41. Department of Health.
[ii] World Health Organization. 2003. Diet, Nutrition and the Prevention of Chronic Diseases. Report of a Joint WHO/FAO Expert Consultation. Technical Report Series No 916. Geneva: WHO.

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