

## Consultation on mandating calorie labelling in the out-of-home sector

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### Question 1: Do you think that calorie labelling should be mandatory for all out-of-home businesses?

There is tentative evidence of the effectiveness labelling has a positive impact on calories consumed, although it is far from definitive. (Crockett RA, et al, Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. Cochrane Database of Systematic Reviews 2018, Issue 2. Art. No.: CD009315. DOI: 10.1002/14651858.CD009315.pub2.)

However, it is our view that this is likely to be a useful tool for at least some consumers, in making informed choices about healthy options. It also serves to bring the out of home sector into line with retail environments, where calorie and nutrition labelling has been required for many years.

The level of engagement of the out-of-home sector with the voluntary sugar reformulation programme has been low, suggesting that voluntary approaches are not likely to be successful within this sector. A mandatory approach is not just likely to be beneficial to consumers, but also ensures a level playing field across the out-of-home sector, which might not be the case if a voluntary approach resulted in some but not all businesses taking action.

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

Any rule should be consistent across the sector. This should include specials and seasonal menu items. We would like alcoholic drinks included to help consumers understand the contributions that these products make towards nutritional intake, and this is a good opportunity to achieve this.

### Question 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).**

Ideally all businesses will be subject to the same implementation period but we recognise that micro-businesses will need more time and support to implement any changes than bigger organisations. We suggest an implementation period of 24 months for micro-businesses, alongside support and signposting to free resources and help available.

- Other (please provide details)

#### **Question 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?**

This contextual information may help consumers understand how food choices relate to their overall intake. Without it the value of the labelling may be more limited since there will be no framework to help consumers make sense of the information. It will also align the out-of-home sector with the food labels on packaged products. There is some evidence has shown that adding contextual information does shift consumer choices more than calorie labelling alone. (<https://www.ncbi.nlm.nih.gov/pubmed/23928179>) If this approach is pursued it will be important to ensure that the public understand recommended intake, especially as this is a general measure and individual needs will often differ significantly depending on age, exercise levels and size. Evidence shows that education programmes have a positive impact on peoples understanding of nutrition labelling and therefore increase the effectiveness of such labelling (<https://www.mdpi.com/2072-6643/10/10/1432>). Therefore, we would urge government to provide training and public information as part of any roll out of out of home labelling. The BDA's Labelling Food Fact Sheet is an example of the sort of information that may be helpful to consumers. (<https://www.bda.uk.com/foodfacts/labelling.pdf>).

It is important to be cognisant of the potential impact such information may have on those with disordered eating. We know that dietary restriction through calorie counting (as one of many means for weight loss) can be the catalyst for the development of an eating disorder. We would urge government to monitor closely any potential impact of this policy on those with eating disorders.

#### **Question 5: Would you find it helpful or unhelpful for information on kilojoule content to be displayed alongside information about calorie content?**

The extent to which kilojoule content is used and/or understood by consumers is unclear, so we question the utility of including it.

#### **Question 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?**

Both may be useful but further research to understand consumer perspectives may be necessary. Traffic light labelling has the advantage of being well understood by and familiar to the consumer. It also adds further context to calorie figures, because some high-calorie foods are healthier than others. Many consumers underestimate the calorie expenditure required to burn off calories consumed and contextual information like this may help them make food choices which relate to their energy expenditure levels (or increase their energy expenditure).

However, there may be the risk that those with disordered attitudes to food use exercise equivalent data in an unhealthy way. Such figures promote a message to a certain subset of the population that when food is eaten it needs to be 'burnt off through exercise', rather than promoting the role of food in nourishing the body in the right quantities.

In both instances, it may be difficult (due to practical size limitations) to provide this information at point of choice or in menus in a practical and clear way. Therefore, if these proposals are considered, it would be appropriate for such information to be available at request and published online.

#### **Question 7: Do you think that calorie information should be displayed in establishments at the point of choice?**

The point of choice is where decisions about food choice are made and it is pragmatic to display the information there. It should be clearly displayed and guidance is needed about appropriate size and style of font in presenting the information. Calorie information which is displayed but too small or faint to read will be of no use.

Again, it is important to consider the potential impact on those with disordered eating. It is therefore important to ensure calorie labelling is clear but not obtrusive or excessive.

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

This seems reasonable although we suggest 24 months for micro-businesses.

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

Yes. Clarifying the standard portion used is essential.

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

We agree that the business making the products should be responsible for supplying the information, while those selling it should be responsible for displaying the information.

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

Businesses may need signposting to resources and tools especially free reliable calorie calculator tools. Government might consider offering a tool (potentially online) itself to aid businesses and ensure consistency in calculations. Alternatively, businesses could be signposted to organisations and/or individuals who can help them with the calculations as needed (e.g. British Dietetic Association, Association for Nutrition). They will need clear guidance on the format in which the information should be presented.

**Question 12: Do you think calorie labelling would cause any practical issues for particular businesses?**

It seems likely that the costs of implementation will impact most on small businesses and consideration of this is needed. If this becomes mandatory there is an argument that the costs of carrying out the calculations should not be borne by the businesses themselves, since their resources are limited and margins of profit are likely to be tight. However, the costs of displaying them should be, as these are likely to be part of a regular update of menus.

**Question 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.**

Enforcement of any policy should be carried out by local authorities, and could be integrated within existing regular inspections, such as for food hygiene. It is important that government ensures local authorities are appropriately funded to undertake this work.

As mentioned above, businesses should be provided with links to individuals or organisations who can support businesses to meet these requirements.

**Question 14: If you have any further evidence or data you wish to submit for us to consider for our final impact assessment, please provide it here.**

Not applicable.

**Question 15: If you have any further evidence or data that you would like to submit specifically on the likely cost that may occur to your business as a result of the proposal, please provide it here.**

Not applicable.

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

The BDA believes it is very important to highlight the potential impact of calorie labelling on people with eating disorders, and it will be important for government to work with experts in this field to monitor the impact of this policy on that particular vulnerable group. Although calorie labelling may be used by someone with an eating disorder as a means to aid their recovery, they may also place pressure on sufferers to reduce their calorie intake.

Calorie labelling should only ever be one small part of efforts to improve the nation's approach to food and diet. Government may wish to consider that a more joint up approach to obesity and eating disorders is needed. Obesity and disordered eating appear to go hand in hand, as when obesity rates rise, eating disorder rates rise as well. It is estimated that up to 40% of complex obese patients will be experiencing binge eating disorder. It is therefore important to promote healthy and mindful eating approaches, portion control and modelling normal attitudes and behaviours towards food, rather than relying simply on calorie labelling.

**Question 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. Potentially. Benefits of this proposal in terms of promoting a healthy body weight will impact most on younger people, since if overweight or obese they are exposed to the risks of excess fatness for a longer part of their lives. However, in older people, the use of a standard energy requirements for context may be less helpful as their energy requirements may be lower.

Sex. The contextual information suggested is based on daily energy requirements in women, so this may be less helpful to men. However, this approach is already used for nutrition labelling and disadvantage as a result has not been ascertained.

Race. Only to the extent that overweight and obesity are more prevalent in some racial groups than others, and the potential benefits of this approach would be expected to be greater in those groups with higher prevalence.

Religion. No.

Sexual orientation. No.

Pregnancy and maternity. Pregnancy and maternity have been identified as times in the life course when women have a greater risk of gaining excess weight. Tools which help promote a healthy body weight presented in ways that are readily understood by consumers have the potential to help limit excess weight gain during pregnancy. Maternal obesity is also a risk factor for childhood obesity, so the potential benefits of intervention at this point are multiplied.

Disability. Those with physical disability which limits physical activity are likely to face greater risks of gaining excess weight and to find weight loss more difficult. For those with limited vision, how the information is presented and the font and font size will be important. Nutritional information needs to be accessible and the font size large enough to read easily. Those with mental disability may use medications which adversely impact upon weight status and/or have limited understanding of the importance of physical activity or information about calories. There may be concern about potential negative impact on those with eating disorders or disordered eating; however, this proposal would align

the out of home sector with supermarkets where nutritional information is already available. How information is presented needs to take into account the needs of different population subgroups.

Gender reassignment. No

Marriage/civil partnership. No.

**Question 18: Do you think this proposal would help achieve any of the following aims?**

Eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010. No.

Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. Potentially having ready access to information which enhances informed decision-making will benefit those who may have reduced access to this information currently. Reasons for reduced access may include disability, age, race (language), education level.

Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it. No.

**Where applicable, please provide more detail on how you think the measure would achieve these aims.** See question 17.

If you do not think this proposal would help achieve any of these aims, please explain why and whether the proposal could be changed to help achieve these aims. Not applicable.

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

Yes, there is certainly potential for this. Those from lower socioeconomic groups have greater prevalence of overweight and obesity and are also more likely to eat out more often. Therefore, the potential impacts of having readily accessible information on calories, related to information about calorie requirements (and possibly other contextual information) will be greater amongst this group.

**Question 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.**

Not applicable.