

## Response from the Royal College of Physicians of Edinburgh to the Scottish Government's consultation on mandatory calorie labelling in the out of home sector in Scotland.

[Supporting documents - Out of home sector - mandatory calorie labelling: consultation - gov.scot \(www.gov.scot\)](http://www.gov.scot)

### **Question 1. Should mandatory calorie labelling at point of choice, for example, menus, menu boards or digital ordering apps in the Out of Home sector (as listed in paragraph 1.2) in Scotland be implemented?**

Yes.

It is vital that the public can make informed choices about food. Improved, informative labelling should be given more emphasis so that the consumer is aware of how many calories and adverse food sources are in out of home foods, just as they can with foods purchased for consumption in the home.

The Royal College of Physicians of Edinburgh (RCPE) agrees with the Scottish Government that obesity and poor diet remain absolutely critical public health challenges and considers that out of home sector calorie labelling will be a useful tool for consumers.

### **Question 2. Should any of the sectors listed in paragraph 1.2 be exempt from mandatory calorie labelling? If yes, please explain why.**

No.

We would wish to see calorie labelling being provided across as broad a range of providers within the out of home sector as possible in order that the maximum number of consumers can access this information when eating out of the home.

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

All businesses.

Micro-businesses should be supported appropriately to implement these requirements and offered an additional implementation period. There must also be serious consideration of incentives for small businesses to "buy into" these initiatives, with positive marketing identifying the benefits they might gain rather than wholly negative instruments. A gradual process of change is also likely to be most effective, underpinned by there being a clear rationale and evidence for the suggested changed and positive alternative models and financial support if necessary.

More broadly, consideration should be given to taking positive action to support and/or reward out of home outlets serving healthier foods/labelling informatively rather than have only punitive options. There could be encouragement on reducing unnecessary additions to prepared foods, such as mayonnaise on sandwiches, sauces on restaurant dishes, dressings on salads etc. On a menu, instead of low fat or reduced fat listed on

sauces or dressings, direct the consumer to lower fat as standard and label others as full fat or high fat as the exceptions.

**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. Should food in these settings be included within the scope of the policy?**

1 Hospitals 2 Prisons 3 Adult care settings 4 Military settings

Yes.

Ideally we would like to see consumers in all of these settings able to access information on the calories in their food but we understand that there may be some additional challenges to achieving this and the timescales involved in some of these settings may require to be longer than in others. Specific consideration should be given to the possible impact in these settings of people suffering with or recovering from eating disorders. In addition, in the hospital context, there will need to be consideration of the fact that some people will have special dietary requirements e.g. those recovering from treatment/surgery who should increase their calorie intake.

**Question 5 . The intention is that pre packed for direct sale (PPDS) foods would fall within the scope of the policy. Do you agree with that proposal?**

Yes. Again, we would wish to see the consumer being able to access the maximum amount of calorie information, including for pre packed for direct sale foods which can make up a significant part of an individual's diet.

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

Non-standard menu items prepared on request

Alcoholic drinks

Menu items for sale 30 days or less

Condiments added by consumer

No.

As we have suggested in response to earlier answers, where possible the consumer should be able to access calorie information on as many products as possible.

While we note that the consultation document states that alcoholic drinks do not fall within the scope of this consultation, we recognise the evidence suggesting alcoholic drinks can be a significant source of calories and that many people do not know or underestimate the calorie content in alcoholic drinks.

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

No.



Parents, guardians and children themselves should be entitled to access calorie information wherever possible. Childhood obesity is a significant issue and calorie labelling may play a positive part in helping to address this.

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

Yes.

Parents, guardians and carers should have as much information available as possible to allow them to help children make healthy food choices.

**Question 9. What are your views on the proposed requirements shown below for the display of calorie information?**

Calorie information should be provided at all points of choice

Calorie information should be displayed in the same font and size as the price

Calorie information should be provided in calorie only and not also kilojoule

Calorie information should include the reference statement of "adults need around 2,000 calories a day"

We support these requirements. Any food labelling must be straightforward and while historically in the UK, kilojoules are displayed alongside calories, the general public in the UK do not use kilojoules to measure the energy content of food. Calories are the main unit of measurement and unless there is a significant movement to change to the metric measurement of energy (kilojoules) then they remain a little understood and confusing measurement among the public in the UK.

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

It should be a requirement for businesses.

The RCPE recognises that having menus with calories labelled may be challenging for those with, or recovering from, an eating disorder and therefore believes that individuals should be able to ask for menus without calorie information. While the RCPE supports the Scottish Government in developing all appropriate measures aimed at reducing levels of obesity it also urges it to ensure that any legislation is balanced with the needs of those with eating disorders.

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

Please give us your views.

The RCPE has no specific comments on this issue



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

The RCPE would encourage the Scottish Government to work closely with relevant stakeholders, including eating disorder charities, to consider other mitigation measures and to provide as much support as possible towards implementing appropriate mitigation measures.

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

List of costs to businesses

Section 6

Please give us your views

The RCPE has no specific comments on this issue

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

Please explain your answer

The RCPE has no specific comments on this issue

**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 explain your answer

The RCPE has no specific comments on this issue

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

Section 10

Please give us your views

The RCPE has no specific comments on this issue

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

Please give us your views

The RCPE has no specific comments on this issue

**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.**

Please give us your views

The RCPE has no specific comments on this issue

**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.**

Socio-economic disadvantages explanation

Please give us your views

RCPE recognises that those living with socio-economic disadvantage often have less choice in the Out of Home sector due to financial constraints. Some suggestions in the response to question 3 may be helpful in beginning to address this issue, and assist those living with socio-economic disadvantage have access to a wider range of outlets and healthier options, however there is much work to be done.

**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.**

Please give us your views

The RCPE has no additional 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.**

Please give us your views

The RCPE has no specific comments on this issue

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

In food labelling we consider that more emphasis could be given to the protein content, as this is particularly important for satiety and for children's growth and health.

Some of our Fellows have suggested that particularly for "treat" foods, there could be posters in the aisles in shops or labelling on packaging to illustrate, for example, one chocolate bar = however many minutes of walking/running etc to burn off the calories. This is again offering consumers more information and enabling them to make educated choices about food.

The College hopes that the Scottish Government will commit to assessing and reviewing the effectiveness of the mandatory calorie labelling policy in practice, as it has done in other policy areas, to help build the evidence base on this policy and ensure that it enjoys as much stakeholder support as possible.

More widely, while mandatory calorie labelling is to be welcomed as one specific tool that may help reduce calorie intake, we will continue to reemphasise that significant cross-portfolio cooperation is required to enable the fundamental societal changes that could lead to the normalisation of healthy weight and physical activity.

The College is keen to change the perception from "going on a diet" to making a sustainable lifestyle change in the long term. Psychological issues leading to eating problems and difficult relationships with food need to be addressed and societal change is needed to make it easy and attractive to be fit and healthy: exercise and activity should be normal and encouraged.

The College has long argued that clinicians need to have time to have conversations with patients about obesity and recognise some clinicians can be uncomfortable about weight conversations, and have limited time to introduce the topic into discussion. College Fellows support medical students being trained more widely in health and wellbeing, and importantly in how to have these more difficult conversations about obesity with their patients as well as treating patients.

The College is committed to working positively with the Scottish Government and key stakeholders like the Scottish Obesity Alliance and Obesity Action Scotland as we seek to make more progress in reducing obesity levels in Scotland.