

## The Royal Society for Public Health

### Response to UK Government consultation on mandating calorie labelling in the out-of-home sector

#### Questions for Consultation

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

We think that calorie labelling should be mandatory for all out-of-home businesses, excluding schools. Research is needed to understand the consequences of putting calorie labelling into primary, secondary and special schools before it is introduced. See our response to Question 17 for further explanation on this point.

We believe it is important to have calorie labelling in out-of-home businesses because more than one quarter of adults and one fifth of children eat out at least once a week<sup>1</sup>. Among other factors, obesity is caused by overeating. In *Size Matters* we reported that upselling, the practice of persuading customers to buy something additional or more expensive, results in people consuming an average of 17,188 additional calories per year<sup>2</sup>. We believe that providing consumers with calorie information when they eat outside the home setting can help people make healthier choices.

There is public support for this legislation; 79% of the public agree that restaurants, cafes and takeaways should include the number of calories on their menus<sup>3</sup>. RSPH has called on the government to legislate on mandatory calorie labelling for the out-of-home sector in our 2015 and 2018 *Health on the High Street* reports.

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

We believe that calorie labelling should apply to all food and all drinks, as food and drink should be treated as the same. This includes alcoholic drinks, which are not covered by the current proposal.

Alcoholic drinks can be more calorific than non-alcoholic drinks – for instance, 100ml of 13% wine contains 91 calories<sup>4</sup>, while 100ml of Coke contains 46 calories<sup>5</sup>. It is estimated that alcohol drinkers obtain nearly 10% of their calories from alcohol<sup>6</sup>. An RSPH survey found that over 80% of people did not know or underestimated the number of calories in a large glass of wine; over 60% did not know or underestimated the number of calories in a pint of lager<sup>7</sup>.

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<sup>1</sup> Public Health England (2017) [Health Matters: Obesity and the Food Environment](#)

<sup>2</sup> Royal Society for Public Health (2017) [Size Matters](#)

<sup>3</sup> Royal Society for Public Health (2018) [Health on the High Street](#)

<sup>4</sup> Eurocare (2018) [What's in this drink?](#)

<sup>5</sup> Coca Cola, [How many calories are there in a 330ml can of Coca-Cola original taste?](#)

<sup>6</sup> Royal Society for Public Health (2014) [Increasing awareness of 'invisible' calories from alcohol](#)

<sup>7</sup> Royal Society for Public Health (2014) [Increasing awareness of 'invisible' calories from alcohol](#)

Labelling the Point assessed the potential of better labelling of retail alcohol to raise awareness and moderate alcohol consumption and harm. One of the key recommendations from this research was to introduce calorie content on the label of all alcoholic containers, as well as per serving of the pre-defined measures for the product in question<sup>8</sup>. The addition of calorie information to the front label of alcoholic beverages could cause a shift towards lower calorie products. As alcohol is already sold in pre-defined measures, it will not be more burdensome for businesses to calculate the calorie content of alcohol, and display this alongside unit labelling.

**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)**
- **Other (please provide details)**

We recognise that it may be more burdensome for micro-businesses to fulfill this requirement, but as they comprise a large proportion of the market the government should aim to include micro-businesses under this proposal. We suggest that they are given a longer implementation period once calorie labelling has been established in larger businesses.

**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?**

We agree that calorie labels should display the calorie content as a proportion of the recommended daily intake. This information would help make consumers aware of how much their food choice contributes to their daily calorie allowance.

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

We do not think it would be helpful to include information on kilojoules alongside calorie content. Focus groups from our report Labelling the Point expressed that labels should not be overfilled. 80% of respondents stated they preferred a select amount of health information displayed in a large and clear format over having as much information as possible<sup>9</sup>. Kilojoules are currently required to be on food labels, however the use of this could be reviewed to inform inclusion in the out-of-home setting.

**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?**

RSPH reported in January 2016 support for 'activity equivalent' calorie labelling. 63% of people surveyed would support the introduction of activity equivalent calorie labelling, and 53% would positively change

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<sup>8</sup> Royal Society for Public Health (2018) [Labelling the Point](#)

<sup>9</sup> Royal Society for Public Health (2018) [Labelling the Point](#)

their behavior after viewing front-of-pack activity equivalent calorie labelling<sup>10</sup>. We would welcome more research into the efficacy of activity equivalent calorie labelling and the way in which it would be most effectively presented to consumers.

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

We support the provision of calorie information at the point of choice – on menus, information boards, labels and on shelving. Full nutritional information should be easily accessible on site and online.

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

We support a 12 month implementation period, and micro-businesses should have additional time.

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

We agree with the proposed approach for calculating the calorie content in a standard portion.

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

We support this legislation being applied to businesses selling takeaway dishes through third parties.

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

We suggest providing businesses with a calorie-calculating tool. It would be beneficial to develop training for using this calorie-calculating tool.

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

NA

**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.**

Local Authorities should enforce observance of this legislation. They should be adequately funded to do this in light of funding cuts. It is estimated that an additional £3.2 billion a year is needed to reverse the impact of government cuts to public health services<sup>11</sup>.

**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.**

RSPH recommends that mandatory calorie labelling includes alcohol sold out-of-home and on all alcohol product labels<sup>12</sup>.

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<sup>10</sup> Royal Society for Public Health (2016) [Introducing 'activity equivalent' calorie labelling to tackle obesity](#)

<sup>11</sup> The Health Foundation (2018) [Additional £3.2bn a year](#) needed to reverse impact of government cuts to public health services

<sup>12</sup> Royal Society for Public Health (2018) [Labelling the Point](#)

Links to RSPH reports relevant to this consultation:

[Size Matters](#)

[Health on the High Street \(2015\)](#)

[Health on the High Street \(2018\)](#)

[The Child's Obesity Strategy](#)

[Labelling the Point](#)

[Introducing 'activity equivalent' calorie labelling to tackle obesity](#)

[Increasing awareness of 'invisible' calories from alcohol](#)

**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.**

NA

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

As reported in Size Matters, calorie labelling would make consumers more aware of additional calorie intake from upselling, and generally more aware of the use of this sales technique<sup>13</sup>.

**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
- Sex
- Race
- Religion
- Sexual orientation
- Pregnancy and maternity
- Disability
- Gender reassignment
- Marriage/civil partnership

There may be certain groups more vulnerable to body image issues. For instance, Labelling the Point research found there was a pronounced effect of choosing lower calorie alcoholic drinks among young and female drinkers<sup>14</sup>. Vulnerable groups should be monitored and evaluated to ensure out-of-home calorie labelling provides benefits to public health. This should be accompanied with education on calories and the recommended daily calorie intake.

We believe schools should be excluded from this proposal until there has been more work done to understand the impact of calorie labelling on children. We are not yet confident that calorie labelling would be appropriate in all schools since the risks of encouraging body image issues or eating disorders such as anorexia nervosa may well be higher in these environments. Also, children may not understand calorie information as well as adults. These issues may be even more pertinent in primary schools, or

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<sup>13</sup> Royal Society for Public Health (2017) [Size Matters](#)

<sup>14</sup> Royal Society for Public Health (2018) [Labelling the Point](#)

special educational needs schools. More research on the impact of calorie labelling within a school environment would be useful before implementing in schools.

**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**
- **Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it**
- **Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it**
- **Where applicable, please provide more detail on how you think the measure would achieve these aims.**

**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.**

NA

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

This proposal would be likely to impact people from lower socio-economic backgrounds, as obesity is more prevalent among this group. Children in deprived areas are more likely to be overweight or obese than in more affluent areas<sup>15</sup>. Fast food outlets are disproportionately concentrated in deprived areas – there are five times more fast food outlets in England’s poorest areas than in the most affluent areas<sup>16</sup>. Therefore this policy has the scope to contribute to reducing health inequalities related to obesity.

**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.**

The Royal Society for Public Health (RSPH) is an independent health education charity, dedicated to protecting and promoting the public’s health and wellbeing. We are the world’s longest-established public health body with more than 6,000 members drawn from the public health community both in the UK and internationally. Our operations include a qualification recognised awarding organisation, a training and development arm, health and wellbeing accreditation, and a certification service.

We also produce a wide variety of public health conferences; our publishing division includes the internationally renowned journal Public Health; and our External Affairs department – established in 2014 – undertakes research, develops policy and campaigns to raise awareness of health and wellbeing issues.

On the basis of our reports on obesity we are well placed to respond to questions in this consultation we feel are relevant to our research.

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<sup>15</sup> NHS Digital (2018) [Statistics on Obesity, Physical Activity, and Diet – England, 2018](#)

<sup>16</sup> Public Health England (2017) [Obesity and the environment: Density of fast food outlets at 31/12/2017](#)