

Commission of the European Communities Green Paper

“Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases”

Introduction

Cancer Research UK¹ is the world’s largest independent organisation dedicated to cancer research, with an annual research spend of over £217 million.

We now believe that around half of all cancers could be prevented by changes to lifestyle. After smoking, an unhealthy diet and excess bodyweight are the most important modifiable risk factors for cancer. Researchers estimate that a third of cancers are caused by dietary factors.^{2,3,4}

Cancer Research UK therefore supports initiatives which enable people to make healthy choices more easily and seek to improve the balance of the national diet and encourage physical activity. We believe such efforts to be an important part of a holistic strategy to tackle increasing rates of obesity.

General Comments

Cancer Research UK welcomes the publication of the Commission Green Paper and the opportunity to submit comments to this consultation.

We believe that an integrated and multi-faceted approach is essential to tackle the growing burden of obesity. We therefore support Commission efforts to coordinate work in this area at the European level.

We welcome the principle implicit in the Green paper that Community level action has an important role in complementing action taken by Member States. We support that sentiment. Our overriding belief is that Community action on improving diet and opportunities for physical activity is useful to complement national level action, unless Community programmes prevent Member States from acting effectively.

One example would be the Nutrition and Health Claims Proposal COM (2003) 424. We welcome the Proposal and the commitment to ensure that across the EU, consumers are better informed about the nutritional value of packaged food products.

We support the inclusion of nutrient profiles in the Proposal and believe that their inclusion will help stop manufacturers making spurious claims, by prohibiting claims

¹ Registered charity no. 1089464.

² Doll, R. & Peto, R. The causes of cancer: quantitative estimates of avoidable risks of cancer in the United States today. J Natl Cancer inst 66, 1191-308 (1981).

³ WCRF & AICR. 37-145 (American Institute for Cancer Research, Washington, 1997)

⁴ Willett, W. Diet, nutrition, and avoidable cancer. Environ Health Perspect 103 Suppl 8, 165-70 (1995).

about foods that are high in fat, sugar or salt. This would stop consumers being misled about the false 'healthiness' of some products.

Similarly, we support the inclusion of a pre-market authorisation procedure. It places the onus on manufacturers to prove the scientific basis of new claims *before* a product is marketed. Recent research carried out by the UK consumer organisation Which? found that 98 per cent of consumers believe that claims should be checked to ensure they are true before products are sold.⁵

A pre-market authorisation procedure would also provide a level trading field for the food industry. Those companies that properly research and validate their claims should not be placed at a disadvantage by those that do not. We appreciate that the precise details of such a procedure are yet to be clarified, but feel that only claims that have been scientifically substantiated should be permitted.

However, we hope that the Proposal will continue to allow 'beneficial claims' to be made. This would permit the UK Government to take forward recommendations for a front of pack signpost labelling scheme. We believe that the principles of a signpost labelling scheme, which have been developed by the Food Standards Agency (FSA), will help consumers to identify healthier products and distinguish between healthier products and less healthy items. It would be an unintended consequence of the measure if the regulation prevented Member States from displaying signpost labelling schemes on packaged foodstuffs.

In the UK, health related charities play a significant role in educating consumers about healthy eating habits by providing scientifically endorsed nutritional advice. We believe that this activity continues to be regulated at national level, and that scientifically substantiated health claims endorsed by charities and other professional bodies will continue to be allowed on food packaging, as we believe such claims can have a positive impact on food labelling.

Questions on which the Commission invites contributions:

Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?

Cancer Research UK believes that increasing the EU population's average intake of fruit and vegetables to at least five portions a day is an important public health aim. We continue to support the UK Government's "5 a day" programme, which encourages the eating of fruit and vegetables, in the hope that the scheme will increase consumption.

We believe there is a role for the Commission to increase resources to promote messages encouraging the consumption of fruit and vegetables.

For many people, the cost of healthy food options is prohibitive; fruit and vegetables are increasingly priced out of their diet. In contrast, the cost of energy-dense food has decreased, particularly so with foodstuffs such as fast food. This imbalance needs redressing. It is important that the Community does what it can to ensure that every sector of the population has equal opportunity to access healthy eating options. Real progress will require a combined approach by all arms of the food industry, Governments and the Community, with agricultural reforms being an essential part of any policy response.

⁵ Which? surveyed 1,000 adults online between 9-11 May 2005.

On which areas related to nutrition, physical activity, the development of tools for the analysis of related disorders, and consumer behaviour is more research needed?

We need firmer mechanistic explanations for the links between obesity and many cancers. We believe that further basic research in this area is urgently needed and we hope that EU level funding will be made available in the future for research of this type.

Interventions to prevent obesity in children and adults

The rise in obesity in developed countries over the last few decades is mainly environmentally driven. There are many candidate factors that could explain this rise and offer possible levers to slow or reverse the trend. For example, in food supply, probable factors include the increasing energy density of food, the increasing palatability and availability of foods, particularly energy dense foods, and increasing portion sizes. Factors influencing physical activity levels probably include the increasing mechanisation of daily life, the availability and popularity of sedentary pastimes, and increasing sedentary transport options. The solution to the problem of obesity is therefore extremely complex and multi-faceted. Any or all of these factors could prove useful sources of mechanisms for controlling the obesity epidemic.

To date, the evidence for effective community intervention is limited. Studies of several programmes such as the Minnesota Heart Health Program have shown that many interventions fail to result in changes in diet.⁶ There are examples of more successful community interventions, however, most notably with the North Karelia Project in Finland.⁷ In this intervention, a mix of work by community organisations such as schools and health services, industry involvement, food labelling and pricing policies, and communication and information programmes all contributed to behaviour change.

It is hardly surprising that most interventions to date are ineffective given the lack of systematic research programmes looking at the design and testing of behavioural interventions. More studies are urgently needed to show which interventions make a real difference. Epidemiological research needs to identify the factors which are most associated with increases in obesity prevalence, and, together with intervention studies and psychosocial research, identify those factors that might give leverage for change.

Interventions to support behaviour change in older people should not be neglected

Recent Government public health initiatives in the UK have emphasised the targeting of interventions at children and young people. This is important, but we urge that the health of adults and older populations is not neglected. The Community has an ageing population and overall cancer risk increases with age; 65% of cancers occur in the over 65s. It is imperative that we develop public health strategies to encourage adults to make healthier choices, in order that they may reduce their risk of developing a range of chronic conditions and diseases.

Research into the long-term maintenance of behaviour change

Particularly important are studies that consider long-term maintenance and that follow up the period of intervention to measure the degree to which positive changes are maintained. If dietary interventions are to have an impact on disease risk reduction, for example, the long-term maintenance of dietary change is essential. At present there are not enough studies in this area. Funding should also be directed at sustained work as

⁶ Shea S and Basch CE (1990) A review of five major community-based cardiovascular disease prevention programmes. Part II: Intervention strategies, evaluation methods, and results. *American Journal of Health Promotion* 4 (4) 279 – 287.

⁷ Puska P, Tuomilehto J, Nissinen A, Vartiainen E (1995) The North Karelia Project. 20 year results and experiences. Helsinki: National Public Health Institute.

part of dedicated five to ten year research programmes. Furthermore, funding mechanisms should be more geared towards large-scale interventions.

Good quality formative research for interventions

A good standard of research into target audiences prior to interventions is important, and currently lacking. Formative research of this kind is rarely funded and instead ad hoc “needs assessments” tend to be done, resulting in interventions being less successful than they could be. Formalising formative research with good standards would be useful. People carrying out community-based interventions need to have access to and understanding of this sort of research.

Systems for promoting effective interventions and monitoring implementation

We have little idea of the speed or extent to which new interventions are taken up by hospitals, clinicians and other health professionals once they have been proven in trials or recommended by Governments. Good interventions that have been shown to work need to be better promoted, and implementation of them properly monitored.

Ethics research

Some objectives and approaches to maximise population health gain may be considered by certain groups to be incompatible with individual rights and autonomy. A cursory review of the past year’s media coverage of issues such as smokefree workplaces, for example, would reveal frequent reference to the UK being in danger of becoming a “nanny state”. Public health ethics research could help us to better understand and resolve this conflict which impacts on almost all public health interventions.

When providing nutrition information to the consumer, what are the major nutrients, and categories of products, to be considered and why?

We support mandatory nutrition labelling on all foods to include energy, fat, saturated fat, sugar and salt information, and an improved format for nutrition labelling, including use of high/medium/low descriptors for fat, saturated fat, non-milk extrinsic sugar and salt⁸.

We support the provision of information about positive nutrients such as fibre and fruit and vegetables. A diet rich in fibre and fruit and vegetables is recommended for cancer prevention and we believe it important to promote positive dietary messages.

We believe it especially important to provide nutritional information on convenience and processed food products, such as cereals and ready meals, which can vary enormously in nutritional content. Consumers also report finding these categories of products difficult to analyse nutritionally.

We are also keen that nutrition information is provided on products specifically designed for children. There is now evidence that obesity and overweight in children and adolescence can increase the risk of cancer in later life. Eating habits established in childhood often endure after many years and several studies have shown that obese children are more likely to become obese adults.^{9,10}

Which kind of education is required in order to enable consumers to fully understand the information given on food labels, and who should provide it?

⁸ Food Standards Agency, Action Plan on Food Promotions and Children’s Diets (March 2004).

⁹ Guo, S., Roche, A., Chumlea, W., Gardner, J. & Siervogel, R. The predictive value of childhood body mass index values for overweight at age 35 y. *Am J Clin Nutr* 59, 810-9 (1994).

¹⁰ Whitaker, R., Wright, J., Pepe, M., Seidel, K. & Dietz, W. Predicting obesity in young adulthood from childhood and parental obesity. *N Engl J med* 337, 869-73 (1997).

Clearer food labelling is needed

Cancer Research UK believes that responsible food labelling should itself educate people about healthy eating and enable people to make educated decisions about their diet.

Efforts should be made to ensure that information on food labels is presented in a clear format and that there is a level of consistency across the board.

We think it important that consumers trust the source of information given on food labels. Information should be verified or analysed by an independent source.

We support the signpost labelling scheme developed by the FSA in the UK. Currently, the scheme will only be recommended for adoption to retailers and food manufacturers on a voluntary basis, because a mandatory system would contravene EU labelling regulations. We urge the Commission to review labelling regulations and make necessary changes so as to allow Member States to adopt mandatory signpost labelling schemes.

Targeted education is needed on why and how to exercise dietary control and to increase awareness of appropriate portion size

The public need a better understanding of the need to actively choose healthy foods in order to maintain a healthy body weight. Current understanding appears to be that eating “sensibly”—by which more people understand “normally”—will prevent weight gain. This is not the case. “Normal” eating in 21st-century western countries makes all except the most genetically indisposed gain weight. For most people, the only way to prevent weight gain in the current diet and activity environment is to exercise deliberate control. This message is not currently well understood.

Furthermore, it has been shown that many overweight people tend to misunderstand portion sizes, and the amount they should eat. While the message about trying to eat lower fat food is increasingly well understood, portion size understanding is poor, certainly in families with overweight children. Perceptions of appropriate portion sizes are distorted by fast food promotional campaigns such as super-sizing.

Partnerships with charities and other bodies in educating and informing the public are likely to be an effective way to increase public awareness and acceptance of health messages, and should be supported and evaluated

Support is needed for charities and organisations that have developed high quality information systems to enable individuals to make informed decisions about their health. This includes services such as Cancer Research UK’s Reduce the Risk information website.¹¹

Are voluntary codes (“self-regulation”) an adequate tool for limiting the advertising and marketing of energy-dense foods and micronutrient-poor foods? What would be the alternatives to be considered if self-regulation fails?

There is a balance to be struck between personal choice and legislative intervention. Cancer Research UK believes that the UK Government and authorities at EU level must, in some areas, be prepared to go beyond providing information and advice. Regulation may, on occasion, be needed to make healthy choices easier for the public to make.

¹¹ <http://www.reducetherisk.org.uk>

We support regulation to limit the advertising and marketing of foods high in fat, sugar and salt to children.

Important evidence in support of this position was provided by Professor Gerard Hastings' Systematic Review of the effects of food promotion on children,¹² conducted for the Food Standards Agency (FSA). The review found that: there is a lot of food advertising to children; the advertised diet is less healthy than the recommended one; children enjoy and engage with food promotion; food promotion affects children's preferences, purchase behaviour and consumption; and that this effect is independent of other factors and operates at both a brand and category level. Cancer Research UK believes the imbalance between the recommended diet and the advertised diet is unacceptable and that restrictions on advertising will have a positive impact on children's diets.

We believe that EU level action in this area would be beneficial and would support the amendment of the Television without Frontiers Directive, to prohibit the marketing of foods high in fat, sugar and salt to children.

The regulation of advertising would be one important lever for affecting food preferences, yet it is only one aspect of food marketing and promotion. Action, of a voluntary or regulatory nature, will also be needed across all other areas of food marketing: food content; food price and food availability.

On food content for example, we support the setting of targets to reduce the levels of fat, sugar and salt in foods. Some work on salt reduction has already been undertaken in the UK. We urge the Government to continue this work in other areas such as fat and sugar that would have the potential to impact on obesity. However, should these plans prove insufficient, the UK Government and the EU should consider further action to ensure that manufacturers lower the levels of fat, sugar and salt in foods.

Retailers and suppliers can also be involved, by giving the public access to and promoting healthier food choices. More retailers should follow the FSA's advice to remove confectionery products from checkouts and, wherever practicable, replace them with healthier options such as fruit.¹³

In the field of nutrition and physical activity, which should be the key messages to give consumers, how and by whom should they be delivered?
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Action is needed to address the poor professional and public knowledge of the link between obesity and cancer

Despite increasing awareness of what constitutes a healthy diet, the link between obesity and cancer is still a relatively new area for both healthcare professionals and the public. BMRB research commissioned by Cancer Research UK in September 2005 found that only 27% of those surveyed thought that being overweight or obese increased a person's chance of developing some types of cancer, only 30% knew that low fruit and vegetable intake was linked to increased cancer risk and only 15% considered being physically inactive as increasing a person's chance of developing some types of cancer.¹⁴

¹² Food Standards Agency, Does food promotion influence children? A systematic review of the evidence (2003).

¹³ Food Standards Agency, Action Plan on Food Promotions and Children's Diets (March 2004).

¹⁴ BMRB research prepared for Cancer Research UK (September 2005).

A key public health message for non-smokers therefore, who make up the majority of the population, is that maintaining a healthy body weight is the most important way of cutting cancer risk.

We believe that national Governments and EU level authorities have a responsibility to promote key public health messages.

We also believe that health-related organisations in the not for profit sector have a crucial role to play in educating consumers about nutrition and physical activity, not least because such organisations tend to command a high level of trust amongst the public. Cancer Research UK launched the Reduce the Risk campaign in January 2005. The campaign aims to raise awareness of the avoidable risks of cancer and highlight ways to reduce this risk. One of the key messages illustrates the importance of obesity prevention.

In addition, Cancer Research UK and Weight Concern have developed Ten Top Tips- a set of weight management guidelines that can be incorporated into everyday routines.¹⁵ Health related charities need long-term, sustainable funding to run such programmes and we believe that national and EU level authorities should prioritise funding in this area.

What are good examples for improving the nutritional value of school meals, and how can parents be informed on how to improve the nutritional value of home meals?
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We support mandatory nutritional standards for school meals in the UK to ensure that such meals help to contribute to a healthy, balanced diet.

Cancer Research UK believes that schools should take a consistent approach to the encouragement of healthy eating. This view was reinforced by a 2004 report from the Royal College of Physicians, the Royal College of Paediatrics and Child Health and the Faculty of Public Health Medicine which argues in favour of “incorporating a whole-school approach to healthy eating and physical activity within the statutory schools inspection framework.”¹⁶ We support this proposal. For the “whole-school” approach to health to be implemented successfully and universally, there needs to be appropriate enforcement.

Healthy eating education should emphasise the advantages of eating fruit and vegetables (both from their cardio-protective and cancer protective properties and from reducing the energy density of the diet) and the health implications associated with obesity. The teaching of cooking skills in school settings could back up healthy eating messages. This view is shared by the House of Commons Health Select Committee, which stated in its 2004 obesity report “Learning...to...prepare healthy meals should be an integral part of every young person’s education, not an optional extra delivered only periodically.”¹⁷

For further information or clarification on any point raised in this response, please contact the Cancer Research UK Public Affairs Department on publicaffairs@cancer.org.uk or on 0207 061 8360.

¹⁵ Further details of the programme can be found on the website: www.weightconcern.org.uk

¹⁶ Royal College of Physicians, Royal College of Paediatrics and Child Health and the Faculty of Public Health Medicine, Storing up problems: The medical case for a slimmer nation, Recommendations (February 2004).

¹⁷ House of Commons Health Select Committee, Obesity, Third Report of Session 2003 – 2004, Volume 1, p 110.