

Cancer Research UK response to the Food Standards Agency consultation on a voluntary front of pack signpost labelling scheme for the UK

3 February 2006

1. Background

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

1.2 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}

1.3 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. We believe such efforts to be an important part of a holistic strategy to tackle increasing rates of obesity.

1.4 Cancer Research UK called for further Government action to develop a clearer food labelling system in our response to the Department of Health *Choosing Health?* consultation in June 2004. This was made in recognition of consumer calls for simpler, clearer labelling and calls for the development of a scheme that acknowledges inequalities in literacy and numeracy levels.

1.5 We have joined together with Weight Concern to develop Ten Top Tips- a set of evidence-based weight management guidelines that can be incorporated into everyday routines. One of the tips makes clear the role that food labelling can play in weight maintenance and encourages consumers to, 'Look at the labels. Be careful about food claims. Check the fat and sugar content on food labels when shopping and preparing food.'⁵

1.6 Cancer Research UK responded to the Food Standards Agency's (FSA) earlier consultation on the scheme's development in April 2005. We welcomed the early development of the scheme, gave suggestions for further research and stated support for the principle of an FSA developed signpost labelling scheme.

2. General comments

2.1 Cancer Research UK welcomes the opportunity to submit comments to this consultation.

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).

⁵ For further information see www.weightconcern.org.uk.

2.2 The balance of research suggests that food labelling can have an impact on dietary choices and that consumers do use food labels and find them useful when making food choices (especially when buying products for the first time).⁶

2.3 Similarly, we know that labels can create confusion if they are not presented in a format that consumers understand.⁷ For example, the European Heart Network's systematic review of consumer understanding of nutrition labels concluded that *'consumers generally regarded standard nutrition labelling as complex, especially the use of technical terms, and numerical information that required calculations. People also have difficulty in understanding the role that different nutrients mentioned on labels play in their diet.'*⁸

2.4 UK specific research suggests that consumers find numeric nutrition labelling difficult to understand as they do not have sufficient knowledge to interpret the information and consumers generally prefer a format whereby nutrient levels are described using the words, 'high, medium and low.'⁹

2.5 The WHO global strategy on diet, physical activity and health endorsed in May 2004 by the World Health Assembly, concludes that providing accurate, standardised and comprehensible information on the content of food items is conducive to consumers making healthy choices.¹⁰ Cancer Research UK therefore supports the development of a signpost labelling model, as we are confident that it will assist consumers when shopping.

2.6 The introduction of a signpost labelling scheme will also serve as a useful reference system by which a wide range of organisations can promote a healthy diet and offer more concrete lifestyle advice. This will allow the same, consistent message to be given with confidence, and should enhance efforts to promote a healthy diet to reduce the risks of cancer and other diseases.

2.7 We believe the proposed signpost labelling scheme will fulfil an additional role of further educating the public about the nutritional value of food products and how they contribute to a healthy diet.

2.8 The introduction of a signposting labelling scheme is likely also to have an impact across the food industry. Comparative international evidence suggests that such a scheme will encourage product reformulation, by giving an incentive to food companies to conform to healthy standards to achieve a desired symbol for their products. Evidence from Australia and New Zealand suggests that the 'pick the tick' signposting scheme has acted as an incentive to the food industry to alter the nutritional value of certain products.¹¹

⁶ World Health Organisation. Nutrition labels and health claims: the global regulatory environment. World Health Organisation, Introduction iv (2004).

⁷ World Health Organisation. Nutrition labels and health claims: the global regulatory environment. World Health Organisation, Introduction iv (2004).

⁸ A Systematic Review of the Research on Consumer Understanding of Nutrition Labelling. Brussels, European Heart Network, 2003 <http://www.ehnheart.org/pdf/nutrition-print-out.pdf>

⁹ Black, A., Rayner M., Just Read the Label: Understanding Nutrition Information in Numeric, Verbal and Graphic Format. Coronary Prevention Group (1992).

¹⁰ Integrated prevention of noncommunicable diseases. *Draft global strategy on diet, physical activity and health*. Geneva, World Health Organisation, 2003 http://www.who.int/gb/EB_WHA/PDF/EB113/eeb11344a1.pdf; accessed 12 January 2004

¹¹ Young, L. & Swinburn, B. Impact of the Pick the Tick food information programme on the salt content of food in New Zealand. *Health Promotion International*, Vol. 17, No. 1, 13-19 (March 2002).

2.9 Signposting labelling can be used to inform more than just front of package sales. Other opportunities include providing guidance for vending and retail choices, the food products available in different catering environments (a percentage of products should have a green symbol for example) and of course, food advertising and promotion.

3. Specific comments on consultation questions

- Do you agree that on the basis of the information provided the Agency should recommend the MTL format as being the most suitable for a UK voluntary front of pack signposting scheme? If not, why not and which format would you prefer and why?

3.1 Cancer Research UK's response to the FSA's April 2005 consultation on the development of a voluntary signpost labelling scheme stated support for a system that offered consumers a simple clear visual message, in order that it would be understood and utilised by as many people as possible. We argued that the single traffic light option provided consumers with a clear message.

3.2 Cancer Research UK is supportive of a scheme that will be comprehended and used by as many people as possible. We believe it is important that those in the most disadvantaged groups and those with low levels of literacy and numeracy are able to make use of the model.

3.3 We have reviewed the FSA's further consumer research with interest and are now confident that use of a Multiple Traffic Light (MTL) scheme would be utilised by a wide range of consumers. FSA research findings conclude that the MTL was well liked and performed best, particularly in identifying quickly the key nutritional characteristics of a variety of food products. The overriding consideration in deciding which model is most appropriate should be its capacity to change population dietary behaviour. **We therefore support the FSA's core proposal to recommend a MTL scheme.**

- Do you agree that the Agency should also recommend provision of back of pack information on GDAs as developed by the IGD? If not, why not?

3.4 The FSA has not consumer tested the provision of colour coded GDA information on pack alongside a MTL scheme. **We recommend that the FSA conducts further consumer testing before making a decision about the provision of GDA measurements.** If GDA information is included on-pack, it is important that it complements the MTL scheme and does not detract from the front of pack information, nor confuse the consumer by providing too much information. In addition, there is no evidence that the back of pack is the most effective place for GDA recommendations. Consumer testing would be useful to establish the best place to display such information.

- Do you agree that signposting should be introduced in the first instance on ready meals, breakfast cereals, pizzas, sandwiches and meal components such as burgers, sausages, pies, breaded, coated or formed meat, meat alternative, poultry and fish products? If not, why not? Please make alternative proposals.

3.5 Cancer Research UK supports this proposal for two reasons. Firstly, we believe that a signpost labelling scheme is particularly useful for consumers in evaluating the nutritional value of 'main meal' products, which will greater affect the balance of an

individual's diet. It therefore seems sensible to introduce the scheme on such products in the first instance.

3.6 Secondly, we believe that the suggested list of products corresponds to foods that consumers find most difficult to evaluate nutritionally. Convenience and processed foods, such as cereals and ready meals can vary enormously in nutritional content. We believe it sensible to concentrate on these food groups in the first place.

3.7 However, we hope that the range of foods that the signpost labelling scheme will appear on, will be extended in the future to help promote healthier options and provide consumers with useful information when choosing products.

3.8 In particular, we are keen to see the scheme extended to 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.^{12,13} We understand that the nutrient criteria informing the signpost model will need some adjustment for suitability to children, but believe this to be a worthwhile exercise.

4. Additional comments

4.1 Cancer Research UK understands that a mandatory signpost labelling system may contravene EU legislation on labelling, and thus comprehend the decision to introduce the FSA's scheme in a voluntary capacity. However, we urge that efforts are made to encourage food manufacturers to adopt the proposed model.

4.2 The plethora of different signposting schemes already used by retailers and manufacturers inevitably results in consumer confusion. We recommend that sufficient resource is dedicated to promoting the scheme and encouraging manufacturers and retailers to adopt the FSA endorsed system above other similar models.

4.3 We note that the consultation document asks industry respondents whether they will voluntarily adopt the FSA's preferred format on the front of pack. We trust that the Agency will remain committed to the format which has the greatest potential health effect and will not support less effective formats, preferred by those within the industry who may respond less favourably to this consultation.

4.4 The FSA's proposals have the advantage of being developed independently of industry. The FSA's research highlights that consumers would prefer a scheme controlled by an independent body. **We strongly support the proposal to place a logo or phrase alongside the MTL symbols, which makes clear that this scheme has Government backing and has been independently developed.**

For further information or clarification on any point raised in this response, please contact Sarah Woolnough in the Cancer Research UK Public Affairs Department on sarah.woolnough@cancer.org.uk or on 0207 061 8437.

¹² 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).

¹³ 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).