

MRC/CSO Social and Public Health Sciences Unit Consultation Response

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| **Title of consultation** |
| Reducing health harms of foods high in fat, sugar or salt |
| **Name of the consulting body** |
| Scottish Government |
| **Link to consultation** |
| <https://consult.gov.scot/health-and-social-care/reducing-health-harms-of-foods/> |
| **Why did the MRC/CSO Social and Public Health Sciences Unit contribute to this consultation?** |
| Excessive consumption of high in fat, sugar and salt (HFSS) foods has been linked to increases in rates of obesity as well as a range of other non-communicable diseases. Reducing these health harms is considered to be a priority by the MRC/CSO Social and Public Health Sciences Unit, particularly as these health harms are associated with socioeconomic inequalities. |
| **Our consultation response** |
| **Scottish Government Consultation – Reducing Health Harms of Foods High in Fat, Sugar or Salt****Question 1: To what degree do you agree or disagree that mandatory measures should be introduced to restrict the promotion and marketing of foods high in fat, sugar or salt to reduce health harms associated with their excessive consumption?****Strongly agree Agree****Neither agree or disagree Disagree****Strongly disagree***The evidence base demonstrating the health harms that excessive consumption of foods high in fat, sugar or salt is strong (Tedstone et al., 2015). These health harms include increased weight or body fat, but also a variety of other non-communicable diseases such as Type II diabetes and mobility issues. The health harms are not only physical, but this excessive consumption can also detrimentally impact mental health (Parkes et al., 2012). It is clear that the contemporary food environment in Scotland, and UK, is one that promotes the excessive consumption of these products (Cairns, 2015, Food Standards Scotland, 2015).**The current regulatory system in the UK regulating the promotion and marketing of food high in**fat, sugar or salt relies heavily on industry self-regulation. It is known through a variety of* |

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| *rigorous studies that these self-regulatory measures are not as effective at reducing health harms as mandatory or statutory measures (Hawkes, 2005, Chambers et al., 2015, Boyland and Harris, 2017). Industry employ a variety of tactics in which to prevent regulatory measures, and these tactics have been used by the food and drink industry (Moodie et al., 2013, Chambers et al., 2015, Petticrew et al., 2017). The MRC/CSO Social & Public Health Sciences Unit therefore strongly agree with the above statement, supporting the introduction of mandatory measures to restrict the promotion and marketing of foods high in fat, sugar and salt.***Question 2: Should this policy only target discretionary foods? [confectionery, sweet biscuits, crisps, savoury snacks, cakes, pastries, puddings and soft drinks with added sugar]***Yes. We believe that a broader definition of discretionary foods should be used to include more categories of foods HFSS.***Please explain your answer.***Discretionary foods can be defined as “foods and drinks not necessary to provide the nutrients the body needs, but may add variety” (eatforhealth.gov.au, 2018). This consultation adopts a narrower definition and notes that taking a wider approach would mean “targeting meat products, potato and dairy products, many of which contribute beneficial nutrients such as protein, iron and calcium; and tend to be consumed as part of meals rather than as snacks.”**This may be true. However there are many HFSS foods falling outside the current definition of discretionary foods, consumption of which can take the place of other more nutritious foods and contribute significantly to the energy intake of the Scottish population. For example processed red meats contribute significantly to the consumption of calories (7.5%), and saturated fat**(12%). Other “non-discretionary” foods contribute significant to the consumption of free sugars ie: ice cream and dairy desserts (5.1%); and jam, marmalade, honey and sweet spreads (4.9%) (Food Standards Scotland, 2018a).**We advocate using a wider definition of discretionary foods. For example the Australian Government Eat for Health campaign defines 5 essential food groups (eatforhealth.gov.au, 2018):** *Vegetables and legumes/beans;*
* *Fruit;*
* *Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties;*
* *Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans; and*
* *Milk, yoghurt cheese and/or alternatives, mostly reduced fat.*

*Anything falling outside these 5 categories is deemed a “discretionary food choice” because they are not necessary for a healthy diet and are too high in saturated fat and/or added sugars, added salt or alcohol, and low in fibre. Using this definition the regulations would apply to additional food categories. The precise definition of these categories would be determined by a revised nutrient profiling model.* |

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| *We recognise that focussing on easily definable discretionary foods with very limited nutritional value (as defined here), as a priority, is an important first step. Such regulation tends to be more acceptable to the public and policy makers, as evidenced by our study on media representation of the policy debate on the UK soft drinks industry levy (Buckton et al., 2018).**However, to limit ambition at this stage is potentially a missed opportunity as it has been suggested that discrete regulatory interventions targeting population nutrition have limited effectiveness. Though they could be building blocks for more comprehensive nutrition policy and obesity prevention regimes (Sisnowski et al., 2017).***Question 3: Should this policy treat ice-cream and dairy desserts as discretionary foods?***Yes***Please explain your answer.***We see no reason to exclude ice-cream and high fat dairy desserts. While they do contain beneficial nutrients such as calcium, vitamin D and Iodine, these can be obtained from low fat dairy options and other foods with a healthier FSS profile. Additionally, they contribute significantly to the consumption of saturated fat (3.7%) and free sugars (5.1%) in the Scottish diet (Food Standards Scotland, 2018a). Ice-cream in particular can be consumed as a treat, rather than as part of a meal, and may be consumed in place of other more nutritious foods. In 2015/16 27% of adults and 48% of children ate ice cream at least once a week (Scottish Government, 2017). The FSS Survey from June 2018 revealed that 30% of people surveyed supported restricting the in-store marketing and promotion of ice cream (Food Standards Scotland, 2018b).***Question 4: Please comment on our approach to defining categories and exclusions of particular foods/products from those definitions (paragraphs 9-11)?***We strongly feel that foods HFSS should not be excluded from these regulations on the basis that they are “non-discretionary”. Inclusion of particular foods/products should be on the basis**of the nutrient content, frequency of consumption and the contribution they make to population- level calorie, fat and sugar intake. We agree that defining categories of foods is highly technical and will require substantial input from experts in the area of nutrient profiling. This input should not come from industry (Chambers et al., 2015).**It should be noted that Public Health England and the Department of Health recently completed a consultation on the nutrient profiling model (NPM) utilised to categorise food products (Public Health England, 2018). The current UK NPM 2004/5 is over 10 years old and no longer reflects current UK dietary recommendations, in particular those for free sugars and fibre. This consultation may provide an opportunity to learn from experts in nutrient profiling, particularly in relation to the wider application of the NPM in the development of further restrictions for the regulation of food and drink advertising. We observe that these comments were noted but are considered beyond the scope of that review (Public Health England, 2018).* |

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| **Question 7: Should the restrictions apply to any place where targeted foods are sold to the public, except where they are not sold in they are not sold in the course of business (e.g. charity bake sales)****Yes No****Don’t know****Please explain your answer***In order to develop an appropriate response to reducing the health harms associated with the excessive consumption of HFSS food, the Scottish Government should consider an approach that targets any place where targeted foods are sold to the public. It is understood that interventions targeting one specified setting are not as effective as those which target multiple settings (Knai et al., 2018). Again, if not all areas are fairly restricted, then industry could exploit those unrestricted settings (Freudenberg, 2014), which would detrimentally impact not only business but could also lead to increased inequalities for the population.***Question 8: Please comment on whether, and if so to what extent, restrictions should be applied online. Please explain your answer.***In order to create a cohesive strategy to tackling the health harms associated with the pervasive promotion and marketing of HFSS food in Scotland, the online environment must receive the same restrictions as the offline environment. It is clear that children are spending increased amounts of time online (Ofcom, 2017), and as such are exposed to a wide variety of marketing strategies used by industry to promote their products (Cairns et al., 2013, Wright et al., 2015). Key areas that should be targeted online are those products promoted by influencers and through social media websites. These restrictions should be applied to all areas of the online environment that is within the Scottish Government’s control. The Scottish Government should also consider continuing to monitor the Committees of Advertising Practice’s regulation of the UK online advertising environment in order to ensure compliance and identify areas that require further strengthening.***Questions 12: Please outline any other comments you wish to make.***The MRC/CSO Social and Public Health Sciences Unit are pleased to submit an evidence- based response to this consultation. It is clear from the evidence base that a comprehensive, holistic approach to tackling the health harms associated with the excessive consumption of HFSS food is necessary for the Scottish population.**However, we do have concerns in regards to the monitoring and evaluation proposals. We do not have particular expertise in enforcement and implementation. Yet, evidence suggests that industry representatives employ tactics to avoid regulation in order to promote their own vested interests over public health (Capewell and Lloyd-Williams, 2018). Our analysis of stakeholder views on the role of commercial stakeholders in the development and implementation of e- cigarette policy supports this view (Ikegwuonu et al., 2018). We therefore believe that any involvement of the food industry in the co-design of the implementation guide should be**carefully managed to avoid undue influence and lobbying activities. However, we do fully* |

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| *support the need for the monitoring and evaluation of any interventions implemented to demonstrate whether or not they are effective in reducing health harms and inequalities.**In these evaluations it is especially important to capture both the direct and indirect effects of interventions within the food system. If the Scottish Government wish to address the health harms associated with foods HFSS, and thus obesity, there needs to be consideration of how these health harms sit within the multilevel and multifactorial system of obesity (Lee et al., 2017). Indirect effects can be larger than the intended direct effect, therefore interventions must be contextualised within the system being addressed.***Health Inequalities Impact Assessment****Question 16: How would the proposed restrictions impact on the people of Scotland with respect to age, disability, gender reassignment, pregnancy and maternity, ethnicity, religion or belief, sex, sexual orientation or socioeconomic disadvantage?****Please consider both potentially positive and negative impacts, supported by evidence, and, if applicable, advise on any mitigating actions we should take.***At present in Scotland it is estimated that eight percent of the population are unable to afford a sufficient quantity or quality of diet (Scottish Government, 2018): the restriction of multi-buys, use of coupons and purchase rewards may negatively impact those who socio-economic positioning and lack of financial security creates a reliance on utilising reward schemes/discount vouchers. Households experiencing food insecurity or other financial security issue can rely on discounted shopping as a means to feed their family (Garthwaite, 2016) to prioritise calories per pence over other nutritional concerns (Douglas et al., 2015a). The removal of multi-buy deals etc. on unhealthy items may improve the diets of individuals however there is the risk that it will exclude some people from being able to achieve sufficient calorific intake on a tight budget. It is important that we do not create a two-tier food system where only individuals who can afford to are allowed to have full dietary choices (including making unhealthy decisions).**The exemption for food which is close to expiry may be useful for reducing socioeconomic disadvantage as this type of shopping is often utilised by individuals on low income (Douglas et al., 2015b, Purdam et al., 2015).*BOYLAND, E. J. & HARRIS, J. L. 2017. Regulation of Food Marketing to Children: Are Statutory or Industry Self-Governed Systems Effective? *Public Health Nutrition,* 20.BUCKTON, C. H., PATTERSON, C., HYSENI, L., KATIKIREDDI, S. V., LLOYD-WILLIAMS, F.,CAPEWELL, S. & HILTON, S. 2018. The palatability of sugar-sweetened beverage taxation: a content analysis of newspaper coverage of the UK sugar debate. *PLOS ONE (In press)*.CAIRNS, G. 2015. The Impact of Food and Drink Marketing on Scotland's Children and Young People. Stirling: Institute for Social Marketing.CAPEWELL, S. & LLOYD-WILLIAMS, F. 2018. The role of the Food Industry in Health:Lessons from Tobacco? . *British medical Bulletin*. |

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| **When was the response submitted?** |
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