

# Green Paper 'Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases'

## Consultation response from Which?

European Commission  
Directorate-General Health and Consumer Protection  
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### INTRODUCTION

Which? welcomes this opportunity to comment on the issues raised in the European Commission's Green Paper. Which? is an independent, not for profit consumer organisation with around 600,000 members funded through the sale of our Which? range of magazines, books and Which? on Line. We campaign on behalf of all UK consumers. We are active members of BEUC, the European Consumer Organisation, the Trans Atlantic Consumer Dialogue (TACD) and Consumers International.

Our work to date has focused mainly on food and nutrition and therefore this is the focus of our response. We believe that physical activity is just as important, but this is not where our expertise lies.

### GENERAL COMMENTS

Tackling the rising incidence of overweight, obesity and chronic disease is one of our main campaigning areas. In February 2004 we published a list of demands to government and to industry in our report 'Health Warning to Government'<sup>1</sup> which we felt could have a significant impact on obesity and diet-related disease. These are set out on the following page.

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<sup>1</sup> Health Warning to Government, Which? campaign report, February 2004.



Which?'s 12 demands:

1. Government to prioritise nutrition policy by establishing a Nutrition Council.
2. Government to set clear goals to reduce obesity in children and adults.
3. Introduction of a children's 'watershed' for food advertising so that adverts for foods high in fat, sugar and salt are not shown during children's viewing times.
4. A Food Standards Agency/ industry standard on responsible marketing of food targeted at children.
5. Introduction of a school food standard.
6. Introduction of a national nutrition labelling scheme to identify foods high in fat, sugar and salt.
7. Government to support tighter controls over foods that are presented as healthy.
8. Manufacturers, retailers and caterers to reduce fat, sugar and salt levels in foods.
9. Government to examine financial incentives to manufacturers to lower levels of fat, sugar and salt in foods and disincentives for products high in them.
10. Supermarkets to make it easier for consumers to choose healthy options.
11. Scrap the Common Agriculture Policy so that there is a consumer-focused EU food policy rather than a producer-driven agriculture policy.
12. Launch of an innovative campaign by government to help change UK eating habits.

As the Green Paper makes clear, the costs of overweight, obesity and diet-related disease more generally can no longer be ignored. Within the UK around a quarter of the population are now obese. 21.5 per cent of teenagers are already obese<sup>2</sup>. The health costs are already becoming apparent with rising incidence of type II diabetes for example and it is clear that the economic costs are also going to increase significantly over the next few years including more costs to the health care system.

The issues are not new: these conditions have been on the increase for many years. The solutions on the face of it are also relatively straightforward: Europeans need to eat less fat, sugar and salt, more fruit and vegetables and starchy foods and be more active. However, putting this into practice is far more complex and is influenced by many other factors. Ultimately it is going to demand a cultural

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<sup>2</sup> Health Survey for England 2003



change and a different approach to the way that we have come to view the role that food and physical activity play in our lives. Different Member States may be at different stages in this process, but are all heading in the same direction as the disturbing obesity statistics annexed to the Green Paper demonstrate.

There is always a temptation to pay greater attention to short term economic costs of taking specific actions, rather than to keep the focus on long-term public health gains. Action is needed on many different levels, by many different actors. This should be seen as an opportunity for collaboration and partnership, but is all too often seen as an excuse for inaction. There remains a tendency to look for the magic solution, to keep asking for more research and stronger evidence, to shrug off individual actions as being insignificant in the grand scheme of what has to be achieved, to keep calling for more education as the way to solve the problem - and therefore ultimately to maintain the status quo. We believe that the European Union has a crucial role to play in driving forward the changes that are needed if we are to see a reversal of these unacceptable health trends and the barriers that make it difficult for many consumers to lead healthier lifestyles are to be tackled.

We have welcomed the opportunity to participate within the Obesity Round-table discussions established by DG Health and Consumer Protection (DG SANCO) and subsequently to be a member of the Commission's Platform for Action on Diet, Physical Activity and Health as a member of BEUC. This has served as a very useful way of building relationships between all of the key stakeholders that have an important role to play in this debate and who are in a position to take concrete actions that in combination can make a real difference. We very much welcome the publication of this Green Paper to help determine what further actions are needed at European level, to build on these discussions and to draw clear distinctions between what can be achieved on a voluntary basis and what will require Community action through legislation in order to be effective.

## **STRUCTURES AND TOOLS AT COMMUNITY LEVEL**

**What are the concrete contributions which Community policies, if any, should make towards the promotion of healthy diets and physical activity, and towards creating environments which make healthy choices easy choices?**

As many of the aspects that help to shape the environments within which we make our choices fall under Community responsibility, the Community has a central role to play in facilitating easy healthy choices. Priority contributions include:

- further reform of the Common Agricultural Policy (CAP) to ensure that its objectives are in line with public health and nutrition goals and that related legislation does not undermine efforts to promote healthier diets (for



example producer oriented compositional standards or food promotion campaigns)

- Community-wide controls to restrict the advertising and promotion of foods that are high in fat, sugar and salt to children
- Community wide rules to improve the way that foods are labelled so that consumers can easily identify which foods are high in fat, sugar and salt and are not misled by products that claim to be 'healthy' when they are not.

We also believe that the EU has a very important role in promoting and sharing best practice across the Community. The European Commission can therefore help to facilitate sharing of information about different initiatives and ensure that successful ones are replicated by other Member States. Many of the stakeholders who have an important role to play, including economic operators, will be active in a number of member states. The European Commission can therefore help to promote positive initiatives and encourage them to be repeated Community-wide.

We are, however, concerned that there is currently insufficient joined-up thinking between the European Commission Directorates-General and between the different EU institutions. It is important that all of the institutions appreciate the significance of the public health threat presented by these conditions and the need to ensure that meaningful actions are taken, implemented and are not undermined by other Community policies. We have, for example, been very concerned that DG Information has failed to take account of any issues relating to the way unhealthy foods are promoted to children as part of its review of the Television Without Frontiers Directive. Yet there is clear evidence that advertising and promotion does have an impact on children's food choices<sup>3</sup> and preferences and the advertised diet contradicts the recommended one in many countries.

The establishment of the Platform has indicated the importance of this issue for the European Commission and so it is unfortunate that other Community policies do not share the same priorities, particularly given the requirement within Article 152 of the Treaty that a high level of human health protection be ensured in the definition and implementation of all Community policies and activities.

We are also concerned that the publication of this Green Paper, rather than a specific action plan at this stage, suggests that insufficient priority is being given to tackling this issue. The answers to many of the questions that are raised in the Green Paper have been debated on numerous occasions and cannot be debated forever. If we are to see a reversal of the worrying health trends, a commitment to

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<sup>3</sup> Review of the research on the effects of food promotion to children. Final report - prepared for the Food Standards Agency, Gerard Hastings et al, 22<sup>nd</sup> September 2003.



co-ordinated action across the EU is essential. There is a need for a single strategic body to fulfil this function. We are concerned that there is currently a lack of clarity over the role of the Platform and of the European Network on Nutrition and Physical Activity. It is also important that similar mechanisms for cross-departmental strategic oversight are established within member states in order to co-ordinate and monitor the necessary actions.

**What kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruit and vegetables?**

This needs to be seen in the context of the measures needed to promote healthy diets overall. A range of measures need to be implemented which include:

- > investigating financial incentives and disincentives including the role of the CAP;
- > initiatives within schools, including provision of free fruit;
- > initiatives involving all sectors of the food industry to try and promote greater use of fruit and vegetables within product recipes or as part of meals;
- > effective communication of simple messages about how much to eat and how to incorporate fruit and vegetables into the diet;
- > working with retailers on how fruit and vegetables can be promoted in-store; and
- > more effective advertising and promotion of fruit and vegetables.

**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 believe that more research could be carried out in order to better understand what type of interventions have been successful in promoting and sustaining healthier lifestyles. However, we believe that it is already clear which type of actions can contribute towards tackling obesity and diet-related disease and promoting healthier lifestyles. While more research can help provide greater understanding, it should not delay action now. It is important that the effect of different strategies and interventions are monitored and evaluated.

We also believe that more research is needed into how to approach impact assessments for measures intended to improve public health that are part of a broader multi-factoral approach. This is an area that regulators often have difficulty with as it is usually more straightforward to quantify the short-term costs of taking action compared with the long-term benefits of the measure.



It is also important that priority is given to research that will have an impact on significant numbers of consumers and focuses on the main public health issues. We are concerned that a great deal of publicly funded research has focused very narrowly on the development of nutritionally enhanced products. While these may be of interest to some consumers who can afford to pay for them, they can sometimes detract from broader public health goals and priorities. Their overall impact is likely to be negligible in comparison to broader initiatives aimed at tackling the reasons why consumers find it difficult to opt for healthier food choices in line with government advice.

### **Role of the European Food Safety Authority**

The European Food Safety Authority (EFSA) also has an important role in relation to nutrition. EFSA has an important role providing scientific input into policy making and could help to provide consistent nutrition advice at a European level. It also has an important role in relation to forthcoming Community legislation, such as the regulation on health and nutrition claims where we believe it should have responsibility for approving health claims and establishing nutrient profiles. It could also have a useful input into discussions around the criteria that should under-pin simplified nutrition labelling schemes, as well as providing advice on how to evaluate the effectiveness of different interventions to improve the quality of people's diets.

### **AREAS FOR ACTION**

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

It is essential that nutrition labelling is mandatory in order to ensure that it is provided in a consistent, user-friendly format on all products. We consider that there are two aspects:

- > the full nutrition information panel that should be provided on the back of pack
- > a simple 'sign-post' labelling scheme that should be provided on front of pack

As food production has become more complex and consumers have become more reliant on processed, pre-packaged foods, clear nutrition labelling is essential for consumers to be able to make informed choices and to act on nutrition advice that is provided by governments and by health professionals. Nutrition information should therefore be provided in a consistent format so that it is easily recognisable to consumers and easy to use whichever product or brand it appears on. This should be based on consumer research into the format that is most helpful to consumers.



It is also important that nutrition information is put into context. It is of little use showing how much fat, sugar or salt a product contains, unless consumers are also able to understand whether this is a lot or not.

We therefore believe that it should be mandatory for the full eight nutrients to be provided on the back of pack and that trans fats should also be included. Further consideration should be given based on the advice of the EFSA as to whether protein, for example, should still be included. The decision on which nutrients to include should be based on their public health significance. Consumer research should determine whether or not trans fats are most useful to consumers included with saturates to give an overall figure for 'bad' fats or whether they should be included separately. It is also important that the terminology used is helpful to consumers eg. calories rather than kilojoules and salt rather than sodium.

Guideline Daily Amounts (GDAs) are also a useful way of helping consumers to understand the nutrition information on the back of pack - and so they should be included for key nutrients along-side or beneath the panel. However, it is important that GDAs are agreed and used consistently in line with population dietary goals. We are concerned for example that the GDA for sugar that is being used by many manufacturers gives a misleading impression of the 'healthiness' of products. Careful consideration needs to be given to those nutrients where dietary recommendations are based on what we should be eating to maintain health and those that are targets aimed at reducing the intake of nutrients of little nutritional benefit.

In addition to the nutrition information panel, we believe that a front of pack simplified 'sign-post' labelling scheme would be very valuable for consumers - but only if it is used consistently across all products and is based on consumer research as to what is the most useful format for consumers. Such a scheme would provide a quick and easy way to identify whether or not a product was high, medium or low in fat, sugar or salt. In the UK, for example, the scheme that has come out as being most useful to consumers based on extensive consumer research by the Food Standards Agency is a multiple traffic light scheme. This would show on the front of pack very clearly whether or not a product was high, medium or low in fat, sugar, salt and saturates. Consumers who want to make more specific comparisons or look in more detail at a particular nutrient would still have this information on the back of the pack.

We consider that the EU could have an important role in helping to ensure a consistent and EU-wide approach. Only government backed schemes should be permitted to ensure consistency. At the very least, the European Commission



together with EFSA could help provide clarity for the criteria that form the basis of these schemes. Unfortunately, presentation of nutrition information is being seen as an opportunity to gain a competitive advantage in the UK. While competition has worked in a positive way in relation to product reformulation (eg. the UK Food Standards Agency's work on salt), it is likely to have a negative effect in relation to labelling where use of different schemes will add to consumer confusion, not simplify food choices. There is also a danger, as we are already seeing, that without a clear steer from government, retailers and manufacturers will opt for a scheme that shows their products in a more favourable light rather than using the optimum scheme to help consumers' choices. In the UK, while some retailers have said that they will use the FSA's proposed scheme, others have instead said that they will use a different GDA-based scheme that does not include colour coding. The FSA research showed that colour coding was most helpful to consumers.

We also believe that it is important to consider how nutrition information can be provided to consumers in a meaningful way when they are eating outside the home. Increasing numbers of consumers now eat out and on a variety of occasions. The food eaten outside the home is also usually higher in fat<sup>4</sup> than food eaten inside the home. Our research published in 2005<sup>5</sup> showed that many consumers are interested in knowing more about the nutritional content with 61 per cent wanting nutrition information to be provided when they buy sandwiches at lunchtime, 57 per cent when buying food in a fast food outlet, 47 per cent when eating in a pub and 51 per cent when eating in a restaurant<sup>6</sup>.

The claims made on food are also a very important area. With growing consumer interest in health, encouraged by governments, more consumers are going to be looking to claims as a quick and easy way of choosing foods. We hope that legislation in this area currently being discussed within the European Parliament will ensure that nutrition claims are clearly defined, that health and disease-risk reduction claims have to be approved before they are marketed and that nutrient profiles are established to ensure that nutrition and health claims cannot be made to suggest a product is a healthy choice when it is high in fat, sugar or salt. Our research has shown that 99 per cent of consumers believe that claims made on foods should be checked before they go on sale<sup>7</sup>.

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<sup>4</sup> Chief Medical Officer's Annual Report 2002 (England)

<sup>5</sup> What's really on the menu?, Which?, April 2005

<sup>6</sup> Which? placed questions on a face-to-face omnibus survey of 996 adults aged 15+, representative of the GB population between 28 January and 3 February 2005.

<sup>7</sup> Which? surveyed 2,170 people aged 18+, representative of the UK general public. Fieldwork was carried out between 6-8 and 13-15 February 2006.





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

The key issue is to have a consistent labelling scheme so that all stakeholders are able to promote it and easily explain what it means. It should also form part of a co-ordinated strategy to tackle obesity and diet-related disease so that the labelling can be easily referred to in the context of other initiatives. It is also important that the scheme itself is simple so that it can be understood by most consumers without it having to be explained first.

Education should start at an early stage in schools. Specific education campaigns that focus on labelling should be independent of any vested interests.

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

Experience to date suggests that voluntary or self-regulatory codes are not an adequate tool for limiting the marketing of energy-dense and micro-nutrient poor foods. Our main concern is in relation to the way that such foods are marketed to children. However, we also believe that it is essential that a more responsible approach is taken to marketing more generally - including the way that products are often promoted on the basis of ‘health’ when their nutrient profile contradicts well-established health eating advice.

In relation to the way that foods are promoted to children, there are two aspects relating to self-regulation that are often treated as one:

- > will industry be willing to voluntarily adopt measures that will be effective in tackling the problem?
- > will a self-regulatory code be implemented by all parts of the industry?

Current experience and positions taken by the industry and its trade bodies, suggest that the answer to both is no.

In 2003 a systematic review of the evidence on the effect of the promotion of foods to children carried out by Professor Gerard Hastings and colleagues for the UK Food Standards Agency made it clear 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 is having an effect, particularly on children’s preferences, purchase behaviour and consumption



- > the effect is independent of other factors and operates at both a brand and a category level.

This study has been subject to peer review which has confirmed its robustness. The conclusions have also recently been reinforced by a US study by the National Academy of Science's Institute of Medicine<sup>8</sup>.

It is therefore beyond dispute that advertising and promotion have an influence on children's food preferences, but there is still a reluctance by industry to behave more responsibly. There is an inherent conflict of interest in that industry is reliant on advertising and promotion to help to sell its products, including those that are high in fat, sugar and salt and therefore if advertising and other marketing restrictions are introduced they are likely to change the types of products that children ask their parents to buy for them or buy themselves. A long-term approach is needed which accepts that ultimately promoting healthier diets is in society's interests as a whole. Industry should see this as an opportunity to innovate and develop new products rather than trying to maintain the status quo or offer a minimum amount of change. A recent report by JP Morgan assessing the impact of obesity on the food industry, for example, highlighted that 'healthy food' is a key growth engine for the sector as 18 of the 24 fastest growing food categories across the globe are related to consumer perception of health. Conversely, a number of categories perceived as less healthy by consumers are exhibiting slower growth or declining<sup>9</sup>.

We are also seeing an increasingly wide range of marketing methods used to target children. TV advertising is obviously a key issue, but our research reported in our reports 'Shark Tales and incredible endorsements<sup>10</sup>' and 'Child catchers - the tricks used to push unhealthy food to children<sup>11</sup>' shows that a whole plethora of integrated marketing techniques can be used to promote foods high in fat, sugar and salt to children. It is often argued that industry is already responding because television advertising spend has dropped over the last few years. However, it is important to ensure that measures tackle all forms of advertising and promotion which may, for example, include the use of cartoon characters on packaging, film tie-ins, free toys, specially developed toys to promote the brand, promotions within schools, messages within computer games, internet promotions, competitions and

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<sup>8</sup> Food Marketing to Children and youth: threat or opportunity?, Committee on Food Marketing and the diets of Children and youth, Institute of Medicine, National Academy of Sciences, 2005.

<sup>9</sup> Obesity: re-shaping the food industry, JP Morgan, Global Equity Research, 24 January 2006.

<sup>10</sup> Shark Tales and Incredible Endorsements, Which? campaign report, February 2005

<sup>11</sup> Child catchers - the tricks used to push unhealthy food to your children, Which? campaign report, January 2006



games, use of text messaging and viral marketing (eg. where marketers target more influential children in order to help spread their brand messages through unconventional means).

Our consumer research has also shown that parents feel very strongly about this issue. For example, a survey in 2003 showed that 78 per cent of parents thought that TV adverts were influential<sup>12</sup>. Focus groups that we have conducted with parents focusing on cartoon characters and endorsements have also revealed the great sense of frustration that is felt about the way that foods are marketed to children. Following the publication of our 'Child catchers' report, we have also been encouraging people to tell us their views and give us their experiences about the way that foods are marketed to children. We have already had thousands of people supporting our campaign and many of these wanting to tell us their stories. These can be seen at

<http://www.which.net/campaigns/food/kidsfood/index.html>.

**How can effectiveness in self-regulation be defined, implemented and monitored? Which measures should be taken towards ensuring that the credulity and lacking media literacy of vulnerable people are not exploited by advertising, marketing and promotion activities?**

Self-regulation would be effective if it ensured that food companies stopped marketing high fat, sugar and salt foods to children. By 'marketing', we mean all forms of food advertising and promotion as highlighted above, and by 'children' we mean people aged under 16.

To implement this, it is important to have a common approach to nutrient profiling. We have supported the approach taken by the UK FSA<sup>13</sup> which has shown that a simple scoring system is an effective and accurate way of distinguishing between foods that are high in fat, sugar and salt and healthier options for the purpose of advertising restrictions. We are sceptical about the industry's ability to introduce the necessary restrictions on a voluntary basis. Despite endorsement of the FSA's approach to nutrient profiling by independent experts including the UK's independent scientific advisory committee, the Scientific Advisory Committee on Nutrition (SACN), many food companies are unwilling to recognise it as an approach.

We do not believe that media literacy is relevant to this debate. While it may be useful more generally to help children appreciate the nature of advertising in an

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<sup>12</sup> Which? surveyed 490 parents of 3 to 12 year olds in 2003.

<sup>13</sup> Food Standards Agency nutrient profiling model, 6<sup>th</sup> December 2005.



increasingly commercial world, it should not be confused with the measures that can contribute towards tackling obesity and diet-related disease. By its nature advertising and promotion aims to make you want to buy a particular product. Understanding this does not mean that you are not influenced by it, otherwise marketers would decide that there was little value in marketing products to adults. While marketing of foods to children can not alone be blamed for the continuing rise in obesity and diet-related disease, neither can it be separated from it. Failure to introduce effective restrictions in this area will only serve to undermine other important initiatives, for example, in schools.

The EU should take the lead on introducing these restrictions through the review of the Television Without Frontiers (TWF) Directive.

#### **Consumer education:**

##### **How can consumers best be enabled to make informed choices and take effective action?**

Our research suggests that on the whole people understand broad messages about what they need to do for a healthy lifestyle. However, they face difficulty in putting this into practice. Measures therefore need to focus on enabling consumers to make healthy choices and tackling the environment and the barriers that currently make this difficult for them. This is not to say that people should be told what they have to do, but at the moment we are concerned that the balance has gone too far the other way: unhealthy choices are increasingly the norm and part of everyday lives.

Any education initiatives therefore need to be integrated as part of broader strategies and policy initiatives that promote healthy eating and physical activity. For example in the UK, the FSA is working to reduce salt intakes by working with manufacturers to reduce salt levels. This includes improving labelling and increasing consumer awareness through a range of means. It is essential, therefore, that consumer education is targeted and meaningful. Our research has highlighted that while consumers may understand the head-line healthy eating messages for example, they are not so clear on what this means in terms of specific choices eg. how much fat is a lot? This is where simplified labelling, as highlighted above, is important, backed up by clear and consistent messages provided through other means.

Education in schools is also important as part of a whole school approach to food in schools. This should include promoting consistent messages through school meals and other food provision, and through messages taught across the curriculum. It is



also essential that schools are kept a commercial free environment so that promotion of healthy eating messages is done through independent means and is not linked to particular brands that give mixed messages. This must apply to other school initiatives, including all forms of sponsorship. Efforts to promote healthy eating advice will be completely undermined if children then see a brand linked to fatty, sugary or salty foods promoting sports initiatives, for example.

We also believe that governments and health professionals have important roles ensuring that efforts to promote healthier choices are not undermined by inconsistent and misleading information. New diets or dietary advice are often promoted, for example, in response to consumers' growing interest in this area. However, it may not always be obvious to consumers which ones are valid or not.

### **What contributions can public-private partnerships make toward consumer education?**

We are concerned, as outlined above, that public-private partnerships could undermine consumer education initiatives if they are associated with the promotion of a particular product or brand. This will clearly depend on the nature of the product and brand - for example initiatives linked to fruit and vegetable promotion would be welcome. However as a general principle it is essential that consumer education is independent.

### **In the field of nutrition and physical activity, which should be the key messages to give to consumers, how and by whom should they be delivered?**

Our main focus has been in relation to nutrition. The key messages are eat less fat, sugar and salt, eat more fruit and vegetables and eat more starchy foods. However, as we have stated above, there is a need to provide more specific advice about what this means in practice. The FSA has, for example, produced useful guidance on what is 'a lot' and what is 'a little' which we believe needs to be more effectively promoted. While government needs to take a lead on setting out these key messages, and these should be consistent across the EU, other stakeholders have an important role in promoting these messages. We have, for example, produced a small credit card sized guide which sets out what levels are 'a lot' and how much salt people should aim to eat in a day. Retailers are also an important source of information as they can provide key information at the point when people are making their food choices.



## Focus on children and young people:

### 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?

Our experience comes from the UK. Scotland has committed to improving school meals through its Hungry for Success initiative<sup>14</sup>, based on nutritional standards established by the UK's Caroline Walker Trust<sup>15</sup>. These are now being adopted in England following the advice of the School Meals Review Panel (SMRP)<sup>16</sup> established by the government and on which we were represented. The standards recognise the importance of school meals as a nutritional safety net for many children. They also recognise the importance of promoting an appreciation of tasty, nutritious meals from an early age. They therefore include a combination of nutritional standards, backed up by food-based standards which, for example, restrict the availability of deep fried products and also make it clear that fizzy drinks, confectionery and savoury snacks should not be offered. A group has also been set up in Wales to look at school food.

The food based standards will come into effect in England from September 2006 and the Minister has made it clear that she intends to act on the advice of the SMRP and extend them to food provided throughout the school day, including vending. A School Food Trust has been set up to over-see these changes which have the potential to make an enormous impact given the extent to which the school meal service has declined in many UK schools. It has recently reinforced the need to ban confectionery, crisps and fizzy drinks from schools<sup>17</sup>. Rather than promoting healthy diets, food provided in schools is currently likely to undermine them. Our own research in 2003<sup>18</sup> for example, where we asked children to keep food diaries for us showed that children:

- > ate hardly any fruit and vegetables
- > most ate at least one bag of crisps a day and many had sweets or chocolate every day
- > cheap meat products such as chicken nuggets and meat pasties appeared frequently

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<sup>14</sup> Hungry for success: a whole school approach to school meals in Scotland. Final report of the Expert Panel on School Meals, November 2002.

<sup>15</sup> [www.cwt.org.uk](http://www.cwt.org.uk)

<sup>16</sup> Turning the Tables: Transforming School Food, School Meals Review Panel, 3 October 2005

<sup>17</sup> Transforming School Food: Standards for school food other than lunch, School Food Trust, 2 March 2006

<sup>18</sup> School Dinners, Which?, March 2003



- > the school meals were repetitive and read like a fast food menu with pizza, chicken nuggets and fishcakes among the most popular main courses
- > chips and potato-based 'smiley faces' were the most popular starchy foods
- > baked beans were the most common vegetable recorded
- > cakes, biscuits and ice cream were the desserts of choice and soft drinks were more popular than milk or water.

We therefore believe that it is appropriate to limit the choice of foods on offer to children in schools in order to promote healthier options. A culture change will be demanded within the service, particularly in the UK where neglect has resulted in a de-skilled work force relying heavily on processed, ready prepared foods and deep fat frying. The influence of the celebrity chef Jamie Oliver in galvanising public opinion around this issue and ensuring that politicians have committed to making it a priority should not be under-estimated. It is important that the momentum is maintained so that school meals (and other food on offer) teach children that healthy food can also be enjoyable and tasty.

It is important that parents are on board with the changes that are introduced so that they promote consistent messages at home. Similarly other government initiatives must reinforce the same messages, such as controls over the way that foods are promoted to children. Efforts to promote healthy diets in schools will be completely undermined if children go home and switch on the television only to be told that they should really want crisps, chocolate or chips and burgers, for example.

It is also important that children are taught basic food and nutrition skills at school. They should be taught the consequences of unhealthy eating. The curriculum should include an understanding of how to practically cook so that children know how to prepare healthier options and know which products are likely to be less healthy and how to interpret food labels.

We would have concern about the use of public-private partnerships to promote health education efforts within schools as this is likely to result in a conflict of interest. Teaching materials must be independent. It is also important that promotional activities are not permitted in schools where they are associated with brands linked to high fat, sugar, salt foods. There have been notable promotions of this type in the UK, including a Cadbury's 'Get Active' promotion which encouraged purchase of chocolate in exchange for school sports equipment. While it is important that children gain an understanding of the nature of the food industry and its role, this should not be confused with permitting industry initiatives within schools.

**Socio-economic inequalities:**

**Which measures, and at what level, would promote healthy diets and physical activity towards population groups and households belonging to certain socio-economic categories, and enable these groups to adopt healthier lifestyles?**

**How can the ‘clustering of unhealthy habits’ that has frequently been demonstrated for certain socio-economic groups be addressed?**

There are many reasons why it is difficult for consumers on low incomes to eat healthily and be more active. As well as lack of money, this could for example relate to the accessibility of shops and other facilities and lack of transport. This group of consumers is clearly most at risk and have the highest incidence of obesity and diet-related disease. This reinforces how measures to tackle these conditions and the risk factors for them, therefore, have to be on many different levels and incorporate many different government policy areas that go beyond nutrition and health policy. One positive example is the work under way in Scotland where government support for the provision of fruit and vegetables in convenience stores is aimed at increasing their consumption.

**Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity:**

**Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?**

Please see the points that we have emphasised in our general comments.

**Recommendations for nutrient intakes and for the development of food-based dietary guidelines:**

**In which way could social and cultural variations and different regional and national dietary habits be taken into account in food-based dietary guidelines at a European level?**

We are concerned that the significance of social and cultural variations and different dietary habits around the Community is often over-stated in relation to the establishment of dietary guidelines. We consider that it is possible to establish Community-wide food-based guidelines as wherever you live in the EU, your





nutritional requirements will be generally the same. Certainly the general advice in relation to prevention of overweight, obesity and chronic diseases is very consistent. Different approaches may be needed at national level in order to describe what this means in terms of national dietary habits eg. the advice in relation to the importance of eating oily fish can be consistent Community-wide, although consumers in some Member States may already eat sufficient amounts of oily fish and so encouraging consumption will be less of a priority at a national level. Similarly, Community guidelines can recommend how much fruit and vegetables consumers should aim to eat in a day, but at national level this can be promoted in different ways according to the extent to which fruit and vegetables are already consumed or not, specific groups that need to be targeted and the role that fruits and vegetables play in the diet and types of meals that are consumed. Some regions may be more deficient in certain nutrients than others because of the types of foods that are eaten and therefore the priorities for helping consumers to meet the guidelines may vary at national level.

**How can the gaps between proposed nutrient targets and actual consumption patterns be overcome?**

**How can dietary guidelines be communicated to consumers?**

**In which way could nutrient profile scoring systems such as developed recently in UK contribute to such developments?**

A range of measures will be needed, as we have highlighted above, in order to help ensure that healthy choices are easier choices. Measures such as clearer labelling, tighter controls over advertising and promotion, stricter school food standards, as well as efforts to reduce fat, sugar and salt levels in foods can all help to contribute towards getting the balance back into many people's diets.

It is important that dietary guidelines are communicated in a simple way that relates the guidelines to the way that people choose foods. As highlighted above, we believe that government guidance on guideline daily amounts (GDAs) is useful. These GDAs can then be developed into advice to explain what is a lot or a little amount of fat, sugar and salt (or high, medium, low levels). We have explained above how we believe that colour coding on this basis is a useful approach for labelling. However, it can also be used in more general communications by government, health professionals and other stakeholders, including consumer groups and the food industry.

We also believe that nutrient profiling systems can serve a useful purpose on many different levels eg. helping to explain what are healthier options and which are



foods high in fat, sugar or salt; as the basis of restrictions for food advertising and promotion to children; and for establishing which foods are appropriate to make claims about health benefits. Different approaches may be needed depending on the purpose, however, the UK FSA has shown that it is possible to develop a robust system for nutrient profiling.

Critics of nutrient profiling often argue that it is invalid because you should not categorise individual foods, but only think about what we eat in terms of overall diets. While it is certainly the case that we need to eat a balanced diet, consumers do not choose diets when they are in the supermarket; they choose foods. We therefore believe that it is important that advice takes this into account if it is to be practical, meaningful and ultimately help to shift the balance of our diets towards healthier choices.

#### **Co-operation beyond the European Union:**

**Under which conditions should the Community engage in exchanging experience and identifying best practice between the EU and non-EU countries? If so, through which means?**

Obesity and diet-related diseases are global issues affecting developed and developing countries as the World Health Organisation (WHO) has recognised. It is therefore important to learn from the experiences of other countries and to share best practice in order to help tackle the global epidemic. We welcome the decision, for example, to host an EU-US meeting of the Platform in order to share experiences and information. Through our role as part of the Trans Atlantic Consumer Dialogue (TACD) we have also hosted two transatlantic conferences (Generation Excess I and II (with BEUC)) to gain a better understanding and learn from trans-atlantic approaches to tackling obesity and diet-related disease.

It is also important to work with the WHO as it takes forward its Global Strategy on Diet, Physical Activity and Health and through the European Regional Office and its plans for a Ministerial Conference on Obesity in November. This will also provide an opportunity to better understand the situation in European countries outside of the EU 25. Similar approaches should also be adopted beyond Europe and the US. As well as co-operation and co-ordination with countries on a bi-lateral basis, we also believe that there is scope for addressing relevant issues through the adoption of international standards within the Codex Alimentarius Commission and its relevant committees.



#### Other issues:

**Are there issues not addressed in the present Green Paper which need consideration when looking at the European dimension of the promotion of diet, physical activity and health?**

Other important areas for action that fall outside of the areas set out in the Green Paper, include:

- Reformulation of food products in order to reduce fat, sugar and salt levels (and increase fruit and vegetable content) where possible. However, we do not believe that consumers should have to pay higher prices for healthier options. Governments and the European Commission should therefore work with the food industry to see where there is scope for reductions in standard products and establish appropriate targets.
- Greater consideration of the role of the food-service/ catering sector and their role in providing and promoting healthier choices.
- Establishment of nutritional standards for food offered in other institutions that play an important part in people lives beyond schools and where there is also a captive audience eg. hospitals, nurseries, care homes.
- The importance of breast-feeding. The protection, promotion and support of exclusive and continued breastfeeding is a vital nutritional strategy for ensuring the best possible standard of health and development of infants and young children. All EU policies and practices should be in line with the Global Strategy on Infant and Young Child Feeding, (which includes the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly Resolutions, the Blueprint for Action on the Promotion, Protection and support of breastfeeding, the Global Strategy on Diet, Physical Activity and Health and the Convention of the Rights of the Child.)

**Which of the issues addressed in the present Green Paper should receive first priority, and which may be considered less pressing?**

Priority issues include:

- > Nutrition should be explicitly considered in other EU policies and there should be effective strategic co-ordination across all Community policies to ensure that they are considered in relation to the role they can play in tackling obesity and diet related disease.
- > The Common Agricultural Policy should be reformed and take account of nutritional needs.



- > All forms of marketing to children of foods high in fat, sugar and salt must be restricted through legislation and addressed in the current revision of the TWF Directive.
- > Health and nutrition claims should be approved before they are made on products and should not be allowed on foods high in fat, sugar and salt.
- > Nutrition labelling should be made mandatory, standardised based on consumer research and a harmonised simplified labelling scheme should be adopted throughout Europe.
- > The EU institutions should work with Member States to ensure that manufacturers, retailers and caterers reduce fat, sugar and salt levels in foods.
- > Consumers should have clear, consistent, independent information about what is a healthy diet.

## **CONCLUSION**

We hope that these comments are helpful. We believe it is essential that this issue is given greater priority within the EU given the implications for the health of European consumers, but also because of the longer-term socio-economic consequences of the growing incidence of obesity and diet-related disease. It is clear that these conditions are preventable - but prevention is only possible through co-ordinated, sustained, long-term and multi-faceted initiatives to tackle the barriers that currently make it difficult for people to make healthy choices and which cut across a range of Community policies.

We would be happy to discuss our comments in more detail if that would be helpful.

**Which?**  
**March 2006**