Glasgow Food Policy Partnership/Glasgow Centre for Population Health

Response to Scottish Government's Consultation on *Reducing Health Harms of Foods High in Fat, Sugar or Salt (HFSS)*

Introduction

Glasgow Food Policy Partnership (GFPP) is a group of public, private and voluntary sector organisations who share an ambition to make the food system in Glasgow fairer, healthier, more sustainable and resilient. The partnership seeks to share information across sectors, inform policy and strategy, promote collaboration and stimulate action towards this vision.

GFPP define 'good food' as food that is:

"vital to the quality of people's lives in Glasgow. As well as being tasty, healthy, accessible and affordable, our food should be good for the planet, good for workers, good for local businesses and good for animal welfare."

The GFPP, which represents Glasgow in the Sustainable Food Cities Network, is working at a strategic level with local partners to help strengthen and bring coherence to our work to make good, nutritious food more available and accessible to everyone. This includes joining up and improving our approaches to food poverty and insecurity; health and wellbeing; the local food economy; food growing; reducing waste; and food procurement. The **Glasgow Centre for Population Health (GCPH)** is a key partner in the GFPP. The GCPH was established in 2004 to carry out research and support new approaches to improve health and address inequalities, working in partnership with local organisations and communities.

The GCPH's work is focused on Glasgow, with wider relevance across Scotland and it has a particular focus on poverty as a key determinant of a range of health and social outcomes (including poor diet and obesity). Since its inception the GCPH has recognised the importance of food, food poverty and physical activity in looking at wider population health and has undertaken a range of related research and learning projects. We recognise that our food system needs to become fairer, healthier and more sustainable if we are to tackle some of today's social, economic, environmental and public health problems, including obesity and inequalities in obesity. We also recognise the related public health challenge of food insecurity, which is growing for vulnerable individuals and families as a result of increasing levels of economic hardship. This is also reflected in the new Scottish Public Health Priority 6: A Scotland where we eat well, have a healthy weight and are physically active[1].

In the GFPP, we believe that by working together at a city level on these food-related issues we can make a positive contribution to addressing complex local, national, regional, and global problems, including those relating to chronic ill health, exclusion, climate change, and food poverty. We also support Glasgow City Council with its work, outlined in its current Council Plan, to become a sustainable food city[2].

Since the 1990s there has been considerable and growing evidence that income and resources (including transport and access to a car) affect people's choices and behaviour: health considerations are much more likely to influence food choices among higher socioeconomic groups because they can afford to make such choices unlike those in lower socioeconomic groups whose choices are limited more by their economic circumstances than their knowledge or understanding[3]. Research shows that cheaper foods are often high in saturated fat, sugar and salt and that people often buy the same foods which they know will be consumed in order to avoid waste resulting from trying new products which may not be eaten.

This is particularly the case in low-income households where money for food is tight and resources to enable food preparation (e.g. money for fuel, access to cooking facilities etc) may also be limited[4, 5]. The proportion of household income being spent on food, fuel and housing costs has increased in recent years and this increase has been disproportionately greater in the poorest 20% of households[6]. Thus the money available to spend on food has, in recent years, been falling and a reliance on cheaper food, which is often high in fat, sugar and salt, has been growing as a consequence[7]. Foods on promotion(in supermarkets for example) account for around 40% of all expenditure on food and drinks consumed at home and higher sugar products are promoted more than other foods. Furthermore, evidence strongly suggests that while price promotions increase the volume of food or drink purchased during a single shopping trip, this does not reduce purchases at subsequent trips[8]. In fact, it has been estimated that price promotions increase the overall amount of food and drink people buy by around 20%: people would not have made these purchases without the in-store promotions[9]. Beyond price, there is evidence that other forms of promotion and marketing consistently influence food preference, choice and purchasing in both children and adults.

Obesity rates have been rising over the last ten years both in Scotland and in Greater Glasgow[10]. Nationally and locally, over a quarter of adults are obese and approximately two-thirds are defined as overweight (i.e. a Body Mass Index (BMI) of 25 or more). Almost two thirds of adults are overweight in Greater Glasgow and Clyde (62%), slightly lower than in Scotland overall (65%). Furthermore, data for Greater Glasgow and Clyde demonstrates the socioeconomic patterning of healthy diets highlighted above: those in the least deprived 40% are less likely to be overweight than those in the more deprived 60%. This pattern is more marked for obesity (i.e. a BMI over 30) with almost twice as many obese adults in the most deprived 20% as in the least deprived 20%. The pattern is similar for children; while levels of obesity in children aged 2-15 have remained at around 14-17% since 1998, obesity has increased more for the most deprived children aged 2-15 years than for the least deprived, whose obesity levels have remained stable[11].

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?

Our response: We **strongly agree.**
We believe that restrictions on all types of promotions of unhealthy food products should be considered, including multi-buys, temporary price reductions and 'extra-free' (buy one get one free). We would also like to see restrictions on 'meal deals' that incorporate confectionery, sugared drinks or 'upsizing' considered. However opportunities to promote healthier options through price or other (e.g. reward points) promotions should not be restricted and should, where possible, be encouraged. In addition, we think it would be useful to consider specifying what proportion of promotions (price or otherwise), for example in a retail outlet, should be on food products defined as 'healthy'. We also agree that, while price is important in influencing purchasing, wider promotional and marketing strategies of high fat, salt or sugar (HFSS) products, particularly to children and young people, should be covered in these measures. Finally, we think it would be useful to explore whether 'portion sizes' as defined on packaged food labels (and nutritional information tables on labels) can be required to reflect a realistic portion.

Question 2
Should this policy only target discretionary foods? [confectionery, sweet biscuits, crisps, savoury snacks, cakes, pastries, puddings and soft drinks with added sugar]

Our response: Yes, we agree that only targeting discretionary foods is the most sensible way forward in the first instance at least, as it is lessens the complexity of implementation and communication of the new guidelines as well as conveying the broader message of the importance of reducing the size and frequency of high fat, salt or sugar (HFSS) snacks.

However we feel that breakfast cereals that are very high in sugar (and, sometimes, fat)[1] should also be considered as these are heavily marketed to children and often use popular characters or branding to increase their attractiveness to children[12]. There is good evidence that a breakfast cereal that has a low glycaemic index (GI) is more likely to enable children to perform at their optimum during morning lessons at school[13] and so there is good reason to limit the promotion of the sugary (high GI) breakfast cereals that may inhibit their learning in the short term, as well as contributing to poor health in the longer term.

Question 3
Should this policy treat ice-cream and dairy desserts as discretionary foods?

Our response: Don't know.
We do not have specific nutritional knowledge so cannot offer an expert response here. It would seem sensible not to include ice-cream and dairy desserts as

[1] Note the definitions for high fat, salt and sugar (HFSS) are:
- high in sugar: more than 22.5g of total sugars per 100g
- high in fat: more than 17.5g of fat per 100g
- high in salt: more than 1.5g of salt per 100g

discretionary foods for the reasons outlined in the consultation; because of their potential nutritional contribution to dietary intake (and specifically calcium) and the likelihood they will be consumed as part of a meal rather than a snack. However, we do recognise that it is possible that the public may feel there are mixed messages if the ice cream version of a confectionery bar can be promoted in different ways to its non-ice cream version. Perhaps a threshold of percentage of sugar in an ice-cream or dairy dessert could be used to determine which products are included in these restrictions?

Question 4
Please comment on our approach to defining categories and exclusions of particular foods/products from those definitions (paragraphs 9-11)?

Our response: We understand the approach outlined and broadly agree, although we consider that some food products, such as breakfast cereals, should also be considered for inclusion (as previously highlighted in question 2).

Question 5
In relation to the foods being targeted, should this policy seek to
Restrict multi-buys
Restrict sales of unlimited amounts for a fixed charge
Not restrict temporary price reductions
Not restrict multi-packs?
Other – please specify
Please explain your answers.

Our response: We believe that restrictions on all types of promotions of unhealthy food products should be considered, including multi-buys, temporary price reductions and 'extra-free' (buy one get one free). As a result we **broadly agree** with all of the consultation proposals and understand the rationale outlined in the consultation document for not limiting temporary price promotions (i.e. the challenges inherent in defining 'temporary') even though these are the most common type of promotion resulting the in the greatest increase in product purchase.

We would also like to see restrictions on 'meal deals' that incorporate confectionery, sugared drinks or 'upsizing' considered.

Opportunities to promote healthier options through price or other (e.g. reward points) promotions should not be restricted and should, where possible, be encouraged. For example, the national Veg Power campaign[14] recently attracted £2 million in funding for vegetable advertising on TV from most major supermarket chains in the UK. The advertising campaign running from January to April 2019 will provide an ideal opportunity/platform for retailers to link vegetable-based promotions to the advertising campaign aimed at increasing vegetable intake of children. Government support for similar initiatives to promote healthy food items (e.g. fruit and vegetables) would be welcome in the future.

In addition, we think it would be useful to consider specifying what proportion of promotions (price or otherwise), for example in a retail outlet, should be on food products defined as 'healthy'. Finally, we think it would be useful to explore how 'portion sizes' are defined on packaged food so that they reflect more realistic portion sizes.

Question 6
Please comment on the approach we are proposing to take to restricting forms of promotion and marketing outlined in section 5.

Our response: We **broadly agree** with the proposals outlined in the consultation document. As highlighted in our answer to question 5 above, we believe that restrictions on all types of promotions of unhealthy food products should be considered, including multi-buys, temporary price reductions and 'extra-free' (buy one get one free). We would also like to see restrictions on 'meal deals' that incorporate confectionery, sugared drinks or 'upsizing' considered. However opportunities to promote healthier options through price or other (e.g. reward points) promotions should not be restricted and should, where possible, be encouraged. In addition, we think it would be useful to consider specifying what proportion of promotions (price or otherwise), for example in a retail outlet, should be on food products defined as 'healthy'.

We would like to see the current Committee of Advertising Practice (CAP) restrictions imposed on locations and streets commonly used by children and young people, particularly those near schools and to restrict advertising of high fat, sugar and/or salt products on public transport vehicles and in public transport stations. In London the Mayor recently announced a city-wide ban on junk food advertising on public transportation[15]. This is something that could also be introduced in Scotland.

We also suggest that the extent to which currently devolved powers allow for restrictions to sponsorship of events by brands/companies promoting food products high in fat, salt and/or sugar is explored. We would support a code of practice for public authorities in Scotland to avoid sponsorship from/advertising of brands or companies promoting foods or drinks high in fat, sugar and/or salt.

We would particularly like to see restrictions on the promotion and marketing of high fat, salt or sugar (HFSS) foods that is directed at children and young people. HFSS breakfast cereals are particularly heavily marketed to children using a range of character branding and other promotions and competitions and, for this reason, we have suggested that breakfast cereals are considered alongside discretionary foods to be covered by these restrictions.

Question 7
Should the restrictions apply to any place where targeted foods are sold to the public, except where they are not sold in the course of business (e.g. charity bake sales)?

Our response: **Yes.** We agree with the reasons outlined in the consultation document and believe this is the fairest and most consistent approach.

Question 8
Please comment on whether, and if so to what extent, restrictions should be applied online. Please explain your answer.

Our response: We **strongly agree.**

Our children and young people are already targeted by a great deal of marketing for high fat, salt or sugar (HFSS) food products, including online, and if there are restrictions in retail and out of home establishments without similar online restrictions, such marketing and promotion will increasingly target children and young people online including in games, social media and in 'educational' apps. We know that children and young people consume a relatively high proportion of HFSS in their diet so it is important to protect them from online marketing and promotions.

Furthermore, there is an increasing trend among young people of using fast food apps to order deliveries, so promotions in or near the actual location or physical space occupied by food vendors may be less important than the online marketing and virtual promotions.

Question 9
Should restrictions to displaying targeted foods at end of aisle, checkouts etc, not apply where there is no reasonable alternative to displaying them elsewhere?

Our response: Yes, we agree that this is the most reasonable approach but that it should be monitored. We also agree that, where outlets have a 'grab and go' or other specific retail space within a larger establishment, that it is considered as a retail space in its own right for the purposes of these restrictions.

Question 10
Should food marked as discounted because it is close to expiry be exempt?

Our response: **Yes,** this makes the most sense in terms of minimising food waste. However, again, this needs to be monitored as part of the monitoring and evaluation plan to ensure it is not used as a loophole for promoting HFSS discretionary food products. Consideration should be given, however, to whether the prevention of discounting close to expiry would help reduce oversupply of such goods.

Question 11
Please list any other exemptions we should consider. Please explain your answer.

Our response: None. In our opinion the restrictions should be as consistent as possible to ensure fairness and simplicity of implementation and adherence.

Question 12
Please comment on our proposals for enforcement and implementation outlined in section 8.

Our response: We **agree** with your proposals for local authorities to have responsibility for enforcing these regulations but wish to stress the importance of enforcement for the purposes of ensuring consistent and widespread compliance. Local authorities will need to be suitably resourced to ensure adequate enforcement. We believe that some form of guidance for the industry will be required and that this should be produced nationally to avoid duplication of effort at local authority level to help maximise compliance. There is an opportunity for the new national Public Health body in Scotland to work with local authorities here by providing support and consistency as part of its work on delivering public health priority number 6 (a Scotland where we eat well, have a healthy weight and are physically active).

Question 13
Please comment on the proposed flexible approach outlined in section 9.

Our response: We **strongly agree** that a flexible approach is required both to be able to act on learning from implementation, to respond to new information and to react to new and different approaches to marketing and promotion. We therefore concur with the proposals outlined in section 9.

Question 14
If you sell, distribute or manufacture discretionary foods, please comment on how the restrictions in this consultation paper would impact you. Please explain your answer.

Not applicable to us.

Question 15
What support do sellers, distributors and manufacturers need to implement the restrictions effectively?
Please explain your answer.

Our response: The guide to industry proposed in the consultation document will be necessary to assist food industry colleagues to implement the new restrictions correctly. In particular, timely information about the detail of the ‘definition’ of HFSS will be necessary for food manufacturers and retailers to implement the restrictions as well as to help them develop new products that are considered (for the purposes of SG guidance) ‘healthy’.

Further, a wide and consistent understanding, for example from procurement colleagues, of the sort of healthy products or ingredients to which the restrictions will not apply and for which there is demand from public and private sector food businesses will help ensure that new products that are developed have a market.

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.

Our response: Secondary school-age pupils in Scotland exhibit high rates of health problems that are associated with high sugar intake; around a third are overweight or obese and three quarters experience dental decay. Across the Scottish population, all age groups have 'added sugar' intakes in excess of national recommendations[16], however the 11-18 year old group have the highest intakes of any group[17]. Furthermore secondary school-age pupils consume fewer portions of fruit and vegetables than any other age group and do not meet the recommended five-a-day intake. Most secondary school pupils in Scotland leave school at lunchtimes and purchase food that is often of poor nutritional quality and is high in fat, salt and/or sugar. Overall, the diets of Scottish children tend to fall short of a number of nutritional recommendations with older children from more income-deprived backgrounds less likely to meet nutritional recommendations than those of younger children and children from less deprived backgrounds. As a result, restrictions on the promotion of high fat, salt or sugar (HFSS) products are likely to benefit children and young people in terms of their health, by reducing the attractiveness of high fat, salt or sugar (HFSS) foods. However, it is possible that their purchasing patterns may not change (particularly in the short term) which might mean that they continue with current purchasing patterns but at increased costs due to a reduction in price promotions. Thus there is a risk that removing price promotions of HFSS products may have a disproportionately negative impact on individuals and families on low incomes as more of their income will be spend on food, unless alternative, affordable (and more healthy) foods are available. It is therefore important that, in tandem with actions to restrict price and other promotions of HFSS discretionary foods, there is an increase in local opportunities to access affordable healthy foods if the dietary status of young people, and those living on low incomes, is to improve.

Question 17
Please outline any other comments you wish to make.

Our response: The Healthcare Retail Standard[18] seems to be an appropriate model to be extended to all retail settings in publicly funded locations. e.g. leisure centres[19].

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