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For safe food and  
healthy eating

# Building on the success of front-of-pack nutrition labelling in the UK: a public consultation

Published 30 July 2020

This consultation closes on 21 October 2020.

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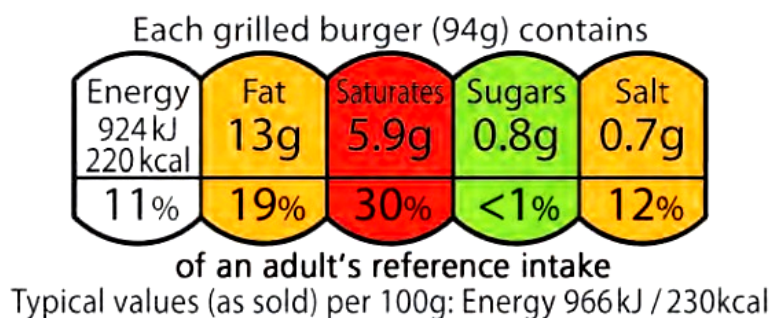
# 1. Introduction

- 1.1 Obesity is one of the top public health challenges for this generation.
- 1.2 In England 63% of adults were classified as overweight or obese in 2018<sup>1</sup>, in Scotland the figure was 65%<sup>2</sup> and in Wales it was 60%<sup>3</sup>. In the 2018/2019 Health Survey for Northern Ireland, 62% of people were recorded as overweight or obese<sup>4</sup>. This challenge is not unique to adults, for example, 28% of children aged 2 – 15 also being classified as either overweight and obese in England<sup>5</sup>. In 2018, obesity-related conditions contributed to 711,000 hospital admissions in England. It is estimated that the NHS currently spends £6.1 billion a year dealing with ill-health caused by individuals being overweight and obese<sup>6</sup>. Addressing obesity will therefore reduce the huge financial costs that obesity places on us as a nation.
- 1.3 The outbreak of COVID-19 has been one of the biggest public health challenges ever faced by the UK and is a catalyst for us to redouble our efforts to reduce obesity levels in the UK. Emerging evidence shows that patients with obesity, and in particular morbid obesity, may be more likely to be admitted to intensive care; require advanced treatment, such as ventilation; and have 37% increased risk of dying from COVID-19 compared to non-obese patients.<sup>7</sup>
- 1.4 This means that the personal costs of obesity are being felt both in short term health impacts including increased risk of adverse outcomes from COVID-19<sup>8</sup> and in the longer term through increased risk of developing serious diseases such as type 2 diabetes, heart disease and some cancers. Most people know that eating a healthy diet whilst keeping active will help to prevent weight gain and reduce their risk of developing ill health, but this can be hard. We therefore need to support people to make healthier choices and build these into their everyday lives.
- 1.5 The causes of obesity are complex and multifaceted, and there is no single solution. That is why the UK Government and Devolved Administrations have developed strategies to deliver a wide range of policies to change our food environment for the better, and to make the healthier choice the easier choice.
- 1.6 For people to make healthy choices about the food and drink they are purchasing, they need to be able to understand what is in that product and

what it means for their health. We believe that front of pack nutrition labels (FOPNL), or labels that use interpretational aids such as colours and symbols are a crucial intervention to support healthy choices and reduce obesity rates by communicating complex nutritional information to shoppers in a way that is easy to understand. This in turn can reduce dietary intakes of calories and nutrients, such as salt, saturated fat and sugar which, if overconsumed, have been linked to chronic disease and help consumers to control their calorie intake.

- 1.7 That is why in 2012, following significant research on labelling schemes, the UK Government and Devolved Administrations consulted on how greater consistency and clarity on FOPNL might be achieved. As a result, in 2013 UK Health Ministers recommended the voluntary multiple traffic light label (MTL), a colour-coded system which shows at a glance whether a product is high (red) medium (amber) or low (green) in fat, saturated fat, salt and sugars, including the total energy (kilocalories and kilojoules) it provides<sup>9</sup>, as shown in Figure 2.

**Figure 2: The UK Government and Devolved Administration’s recommended Multiple Traffic Light Label**



- 1.8 Seven years on, the MTL has proven to be a success with 9 in 10 shoppers agreeing it helps them to make informed decisions when purchasing food<sup>10</sup>.
- 1.9 We welcome and value the commitment made by many businesses, including all major retailers across the food and drink industry who have adopted the MTL on a voluntary basis.

- 1.10 The pioneering label was one of the first in the world and since 2013, many other Governments have followed the UK's lead and developed their own schemes to provide better information to their own populations.

## **Why are we consulting?**

- 1.11 The aim of this consultation is to gather views and evidence to help to inform any future improvements to the UK Government and Devolved Administration's recommended FOPNL, to ensure that the UK's label remains the most effective at informing healthier choices.
- 1.12 We want to play our part in helping people in the UK eat a balanced diet. FOPNL is an important tool to support consumers to better understand the nutrient content of their food and drinks and make healthier choices for themselves and their families.
- 1.13 We believe now is the right time to consult for several reasons. Firstly, it is seven years since the UK Government and Devolved Administrations recommended the MTL. During that time, the evidence on the effectiveness of FOPNL systems has continued to develop, and several new forms of FOPNL schemes have been implemented in other countries.
- 1.14 Additionally, in this time the way we purchase groceries and food has changed. In 2018, the UK spent £12.3 billion on online grocery shopping - one of the fastest growing sectors in the UK grocery market<sup>11</sup>. As such, the way we interact with labels is changing, and it is right that we test with the public that our FOPNL remains effective however and wherever we shop.
- 1.15 Lastly, while the UK was an EU member state, the European Food Information to Consumers Regulation 2011/1169 (EU FIC) established the criteria for the use and form of FOPNL the UK can use and how we can enforce it. Whilst we have now left the EU, we have entered a transition period until 31 December 2020 during which time we have to remain regulatorily aligned with the EU FIC.
- 1.16 However, on 31 December 2020 the transition period will end. After this, the UK Government and Devolved Administrations will seek to build on the success of FOPNL in the UK to improve the current scheme. This consultation will therefore ensure that we are in the best position to act quickly to continue to support shoppers to understand what is in the food they are buying.

- 1.17 This consultation is just one part of the UK Government and Devolved Administration's wider evidence-gathering exercise to ensure the FOPNL recommended is one that works the best for the UK market. As a first step, this consultation will collect views from the public on our current label, whether it could be improved, and invite views and evidence on different, international examples of FOPNL - all of which are based on new evidence that has emerged since we recommended the MTL in 2013.
- 1.18 Separately, the UK Government is currently in the process of commissioning an independent research body to empirically test whether specific FOPNLs help UK consumers identify the healthier choice when purchasing food and drink. Taken together, this consultation and our empirical research will provide robust evidence to support any changes to our current FOPNL to ensure that it has maximum impact to inform healthier choices.
- 1.19 In addition to this consultation, the UK Department of Health and Social Care work closely with the Department for Environment and Rural Affairs (Defra) on food labelling and nutrition. At the end of the transition period, Defra will have an opportunity to review food labelling in England and work with the Devolved Administrations to establish shared food policy goals across the UK.

## **Government objectives**

- 1.20 We want to continue to do all we can to help consumers make better informed food choices and to help them improve their health, supporting them to prevent obesity and related conditions such as cancer, heart disease and type 2 diabetes as well as reduce their risk of adverse outcomes if they contract COVID-19.
- 1.21 To achieve this ambition, the joint objectives of all four administrations for FOPNL are:
- To ensure the UK has a FOPNL that is evidence based and supports all consumers, irrespective of background or characteristics, to make healthier decisions about the food and drink they buy for themselves and their families;
  - Maintain and extend the use of FOPNL across the widest appropriate range of food and drink products;

- Achieve the greatest possible consistency in the way this information is presented, taking account of what we know about which forms of presentation support shoppers in making a healthier choice, however they shop.

1.22 This consultation contributes to these objectives by inviting views and evidence to ensure that the FOPNL that the UK Government and Devolved Administrations recommend for use in the UK remains the most effective system for UK shoppers.

## Consultation design

1.23 This consultation is split into three core sections and we are seeking views on each area:

- **The UK's recommended FOPNL scheme:** This section will provide an overview of the MTL, an outline of the evidence assessing the scheme, and consumer insights and attitudes towards the scheme since it has been implemented. We will then seek views on how the current Multiple Traffic Light System (MTL) is being used by consumers and industry alike.
- **New International Examples:** To progress our understanding of FOPNL, this section seeks views and evidence on international FOPNL systems, including the composite label 'Nutri-score' and Chile's 'Warning Label'. We will also provide respondents with an opportunity to submit any alternative labels for consideration.
- **Reflecting updated nutrition guidance in the UK's Recommended FOPNL.** In this section we outline new nutrition advice on sugar and fibre, which has been accepted by the UK Government and Devolved Administrations, seeking views on whether we should explore incorporating this into any future FOPNL.

1.24 The consultation will run for 12 weeks. Our preferred method of response is via SurveyOptic, the Government's consultation hub. To help with your response, you will find the questions outlined in each section, and provided as a summary in Annex D. We have specified the questions that should be answered by businesses and those that should be answered by the general public.



- If you do wish to send an email response, please send those to [childhood.obesity@dhsc.gov.uk](mailto:childhood.obesity@dhsc.gov.uk)

## EU Regulation

- 1.25 Currently, European Union (EU) Regulation 1169/2011, which came fully into effect on 13<sup>th</sup> December 2016, sets out the requirements on presenting Food Information to Consumers (EU FIC), including voluntary FOPNL. For example, the EU FIC sets out the criteria for the type and quantity of nutrients to be displayed. In May 2020, as part of the '[Farm to Fork Strategy](#)' the EU Commission announced intention to mandate a form of FOPNL that is yet to be confirmed.
- 1.26 The EU FIC will continue to apply in the UK until the end of the transition period. The nature of our future relationship with the EU will be subject to the negotiations.
- 1.27 After the end of the transition period, the UK Government and Devolved Administrations will seek to build on the success of FOPNL in the UK. This consultation, and the wider research piece we will commission, seeks to ensure that upon the end of the transition period, the UK Government and Devolved Administrations are appropriately informed by the public, food and drink industry, academia, Non-Governmental Organisations and consumer associations to adapt future regulation in a way that best works for our population and is in line with future trade ambitions.

## Scope

- 1.28 This consultation is being undertaken by the UK Government and Devolved Administrations. This is to reflect our joint ambitions to support consumers make informed decisions. We also want to support the food and drink industry that already voluntarily use the Government recommended FOPNL scheme, by considering what more can be done to encourage uptake of our recommended FOPNL, so that consumers are provided with consistency across all products across all four nations.

## 2. The UK's Recommended FOPNL scheme

- 2.1 UK Health Ministers recommended the voluntary MTL in 2013. This was designed to comply with the Food Information to Consumers Regulation (EU) 1169/2011 and to provide one UK consistent, easy to understand, FOPNL scheme. The EU FIC also stipulates what nutrient information should be provided in the mandatory back of pack nutrition declaration. The development of the current scheme involved extensive consultation with the multinational retailers and manufacturers, charities and consumer associations. UK guidance was published for the food and drink industry to help them design their MTL, should they choose to use the Government recommended scheme on their products. This [guidance](#) was later updated to provide businesses with information on how to communicate with their consumers to support them to use the MTL.

### Foundations of the scheme

- 2.2 Before 2013, the UK food market contained several different types of FOPNL voluntarily adopted by food businesses. However, evidence showed that using just one, consistent form of FOPNL across the entire marketplace is key to consumers' noticing this information, gaining familiarity with it, and gaining confidence in using it<sup>12,13</sup>.
- 2.3 In response to this, the UK Government and Devolved Administrations undertook an extensive research and evidence gathering exercise spanning 12 years to discern which single FOPNL system would work best for the UK market<sup>14</sup>. This involved significant modelling of the FOPNL criteria on food products and stakeholder engagement with the food industry, non-governmental organisations and consumers through both public consultation and structured focus groups.
- 2.4 From this research, we learned that a label that included percentage reference intakes, use of colour coding and information based on per portion was preferred by consumers and was the most effective method of facilitating understanding of nutrition information and supporting uptake of healthier choices.
- 2.5 This evidence was further supported by a robust, independent research project on consumer preferences, which combined a multi-method

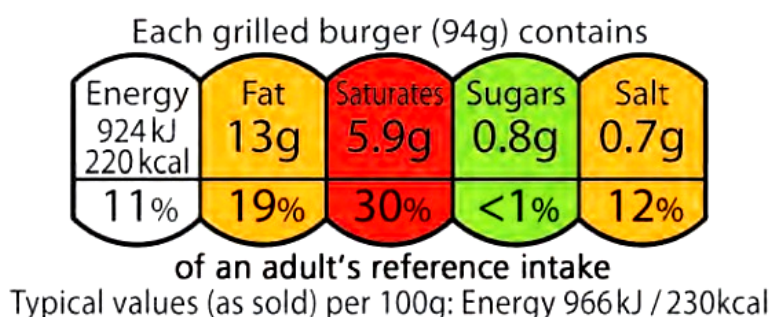
approach to conclude the strongest FOPNL combined text, traffic lights and percentage reference intakes<sup>15</sup>.

- 2.6 This research was key in supporting the recommendation of the MTL in 2013, leading to the development of one standardised, recommended scheme to replace the different labels already in use and to provide consistency in the marketplace for shoppers.

## Principles of the scheme

- 2.7 The MTL was designed to show consumers at a glance if the pre-packaged food they are considering purchasing has low, medium or high amounts of fat, saturated fat, sugars and salt, based on an adult's reference intake. The use of colours means that this scheme is commonly referred to as the 'traffic light scheme'. Figure 2 displays an example of a traffic light label.
- 2.8 In 2013, the UK Government and Devolved Administrations issued [guidance](#)<sup>16</sup> to support industry, providing a step-by-step guide through the process of creating a traffic light label which must include:
- Energy value in kilojoules (kJ) and kilocalories (kcal) per 100g/ml and in a specified portion of the product.
  - Quantity of nutrients in grams of fat, saturated fat ("saturates"), (total) sugars and salt in grams, in a specified portion of the product.
  - Portion size information expressed in a way that is easily recognised by, and meaningful to the consumer.
  - Percentage reference intake for adults, based on the amount of each nutrient and energy value in a portion of the food or drink.
  - Colour coding of the nutrient content of the food or drink.

Figure 2: The UK Government and Devolved Administration's recommended Multiple Traffic Light Label



## Success of our current scheme

- 2.9 Overall, the UK's voluntary scheme has been a success. Despite there being no legal duty to display the MTL, a significant number of businesses, including all major UK retailers voluntarily took action to encourage healthier eating by displaying the MTL on either all, or a selection of their pre-packed products.
- 2.10 There is extensive evidence available about consumers' understanding and comprehension of FOPNL. The inclusion of traffic light colours is generally considered to be beneficial to help people make healthier choices quickly, and the MTL has been shown to be more effective in increasing the selection of healthier options than other popular FOPNL that have been tested in the literature, such as Guideline Daily Amount labels and endorsement schemes<sup>17</sup>.
- 2.11 Our pioneering MTL has been tested in studies across the world. For instance, in 2016, a systematic review and meta-analysis of nine randomised studies (two conducted in real-world settings and seven in artificial settings) found that traffic light systems increased the number of people selecting a healthier option by 29%<sup>18</sup>.
- 2.12 Our MTL system is also proven to be popular with consumers, with 9 in 10 shoppers agreeing it helps them to make informed decisions when purchasing food<sup>19</sup>.

## Consumer Insights Research

- 2.13 In 2016, the Department of Health and Social Care took action to build on the evidence base, and commissioned Kantar Worldpanel to carry out research exploring consumers' understanding and use of FOPNL in the UK.
- 2.14 Three years after the MTL label formally entered the market, this research tested how consumers engaged with FOPNL and whether or not it influenced their purchasing decisions.
- 2.15 1,500 nationally representative respondents from Kantar's UK household panel completed an online questionnaire designed to measure their attitudes and behaviours when making purchasing decisions. This data was then linked to what items they purchased in a simulated shopping

environment to quantify whether or not shoppers who regularly check FOPNL buy healthier foods.

2.16 The key messages from this research were that:

- Over 80% of people said they look at FOPNL but almost 20% never do.
- People that did look at FOPNL had healthier shopping baskets with fewer calories, less sugar, fat and salt content and higher fibre content.
- 69% of participants agreed that a FOPNL was useful when trying to choose a healthier diet, although some respondents reported confusion on reference intake information, and difficulty in visualising grams of nutrients.
- Sugar was seen as the most important information on the label. Colour coding and number of calories was seen as the most useful information; the weight of nutrient and the recommended portion sizes were reported as the least useful mainly due to difficulty in visualising grams and varying portion sizes on products.
- People shopping for their families were most likely to look at FOPNL, but it is clear that those from lower socio-economic groups pay less attention to FOPNL labels.

2.17 Significantly, this research suggests that a majority of consumers pay attention to front-of-pack labelling some or all of the time, and that the current labelling (which is typically MTL) does help consumers make more informed choices about the food and drink they buy.

2.18 The research also revealed which components of labelling were the most important to consumers. For instance, traffic light style colour coding is an important tool for displaying nutrition information in an easy to understand format, and calories were seen as important too.

2.19 This research has been supported by more recent data from the FSA 'Eating Well Choosing Better' Tracker in Northern Ireland<sup>20</sup>, which tracks consumer's use of the multiple traffic light label. Their November 2019 survey on 313 adults discovered that:

- 67% of participants understand the purpose of the MTL label to help guide food choice.

- 48%, 40%, 41%, 41% and 35% participants consult the multiple traffic light label for sugar, calories, salt, fat and saturated fat, respectively.

2.20 Similarly, although published in 2009, the extensive research managed by the Food Standards Agency (FSA) to determine which FOPNL should receive accreditation drew similar conclusions to our 2016 Kantar research. For instance, colour was found to be a crucial component to a label's effectiveness for supporting decisions, and greater barriers to using FOPNL were found from those from lower socio-economic groups, with ethnicity and age also playing a factor.

### **Questions for businesses**

1. Do you feature a Front of Pack Nutrition Label on your products?\* [Yes/No/Prefer not to say]

2a) *If answered [Yes]* - Is the label the Government approved Multiple Traffic Light labelling system? [Yes/No]

2b) *If answered [Yes] to using the Government approved Multiple Traffic Light labelling system* - What percentage of your product portfolio carries Multiple Traffic Light labelling? [Free text – specify number]

2c) *If Multiple Traffic Light label is on less than 100% of products* - What products do not carry Multiple Traffic Light label on and why? Please specify the product categories. [Free text box].

2d) When adopting the Multiple Traffic Light Label - did you incur costs over and above existing labelling cycles? Please quantify these costs. [Free text box]

2e) Did the introduction of Multiple Traffic Light influence any reformulation of your products? [Yes/No/Prefer not to say]\*

3a) *If answered [Yes] but using another form of Front of Pack Nutrition Labelling* - Please explain what Front of Pack Nutrition Labelling your business features on its products and why you chose this over the government recommended label. [Free text box]

3b) *If using different form of Front of Pack Nutrition Labelling* - What percentage of your product portfolio carries this form of Front of Pack Nutrition Labelling? [Free text box – specify number]

3c) *If Front of Pack Nutrition Label is on less than 100% of products* - What products do not carry Front of Pack Nutrition Labelling on and why? [Free text box].

3d) *If using different form of Front of Pack Nutrition Labelling* - Why does your business not use the Government recommended Multiple Traffic Light on your products? [Free text box]

3e) *If using different form of Front of Pack Nutrition Labelling*- What would encourage you to adopt Multiple Traffic Lights on your products? [Free text box]

4a) *If answered [No] and therefore not using any Front of Pack Nutrition Labelling* - Why does your company not use any Front of Pack Nutrition Labelling? [Free text box]

4b) *If answered [No] and therefore not using any Front of Pack Nutrition Labelling* - What would incentivise you to use Front of Pack Nutrition Labelling on your products in the future? [Free Text Box]

5) In principle, would your business support a proposal to display the same Front of Pack Nutrition label on your products? [Yes/No/I do not have a view]\*

### **Questions for the public and organisations**

6a) Do you use the Multiple Traffic Light label to make choices about the food and drinks that you buy? [Tick box - always/very frequently/sometimes/rarely/never/Prefer not to say/Not relevant]\*

6b) Please explain your choice [Free text box]

7a) Do you find the Multiple Traffic Light label:

- Clear (Yes/No/I do not have a view)
- Informative (Yes/No/I do not have a view)

7b) How easy do you find the following components of the Multiple Traffic Light label?

- Individual nutrients (fat, saturates, sugar, salt) [Tick box - very easy/easy/moderate/somewhat difficult/difficult/I do not have a view]

- Use of red, amber and green colours [Tick box - very easy/easy/moderate/somewhat difficult/difficult/I do not have a view]
  - Reference Intakes [Tick box - very easy/easy/moderate/somewhat difficult/difficult/I do not have a view]
  - Portion Size [Tick box - very easy/easy/moderate/somewhat difficult/difficult/I do not have a view]
8. How could the Multiple Traffic Light label be made easier to use? [Free text box]
9. Would you find it helpful if more products displayed the same Front of Pack Nutrition label? [Yes/No/I do not have a view]\*



## 3. New International Examples

- 3.1 Since 2013 Governments across the globe have developed a variety of different FOPNL to improve dietary intake and reduce diet-related chronic disease in their countries, all of which have been implemented by global businesses, some of which operate here in the UK.
- 3.2 With more and more schemes entering the global marketplace, there is ongoing debate about which FOPNL system is the most effective at translating complex nutritional information to consumers, while informing healthier choices and stimulating product reformulation.
- 3.3 We want to ensure we have the best FOPNL scheme for the UK population. To do that, we believe we should reflect on these new forms of FOPNL developed by our global partners that have not been previously considered by the UK Government and Devolved Administrations.
- 3.4 Out of the many new labels implemented since 2013, we have selected two FOPNLs to be considered in this consultation. These are the Nutri-Score label which originated in France and Chile's 'Warning Label', both of which have components that the UK Government and Devolved Administrations are interested in exploring further. Crucially, these labels have been carefully chosen as they are:
- Based on new evidence that has emerged since we recommended the MTL in 2013.
  - Addressing key findings identified in our Kantar research.
  - Supported by a body of evidence demonstrating impact to public health.
  - Significantly different to our current Multiple Traffic Light FOPNL scheme.
- 3.5 **At this stage, we are not proposing any changes to legislation or policy governing FOPNL in the UK. Instead, the following section seeks views on the Nutri-Score and Warning Label to further the UK Government and Devolved Administration's understanding of FOPNL.**

## 'Nutri-Score'

### Background

- 3.6 The Nutri-score label was given official Government recognition in France in 2017. The colour-coded label is intended for use on processed foods and non-alcoholic beverage and like the UK's MTL, is required to comply with Regulation (EU) 1169/2011 and as such is not mandatory. A number of countries across the EU have adopted (Belgium, Spain, Netherlands) or are considering adopting this label (Portugal)<sup>i</sup>.
- 3.7 Figure 3 shows the Nutri-score label which is a composite label that converts the nutritional value of a product into one of five letters and corresponding colours, ranging from dark green to dark orange to rate a product's overall healthfulness<sup>21</sup>. Within the colour coded box there are also letters ranging from A for the "best nutritional quality" to E for the "least good nutritional quality".
- 3.8 Overall, a product's rating is based on the nutrients present in 100g. A high content of fruits and vegetables, fibre, and protein (as a marker of calcium, iron and omega 3 fatty acids) promote a higher score, while high content of energy, sugar, saturated fatty acids, and sodium will decrease the score.

Figure 3: Nutri-Score



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<sup>i</sup> At the time of writing.

## Evidence and Impact

- 3.9 Nutri-score is popular with French consumers. A survey among 300,000 clients of popular French supermarket *E.Leclerc* found that consumers with access to Nutri-score nutritional information bought healthier products compared to products with no logo at all. It also found that the effect on food choice is stronger for consumers from lower socio-economic backgrounds and those under 30 years of age, with data of purchasing choices and consumer insights from both of these groups demonstrating that the Nutri-score label encouraged healthier food choices<sup>22</sup>.
- 3.10 There is also evidence to suggest that when compared to other FOPNL, Nutri-score was associated with the highest improvement in the nutritional quality of the consumer's shopping basket in a simulated shopping environment. For instance, one study that tested nearly 700 French consumers found that the nutritional quality of the shopping cart was improved by 9.3% for Nutri-score compared to 4.8% for MTL. Moreover, the Nutri-score performed better than other labels for consumers with the lowest income<sup>23</sup>.

## How does it compare to the UK scheme?

- 3.11 Nutri-score does not provide a breakdown of nutrients or display reference intakes which our MTL currently does. Although the Nutri-score does utilise a colour-coding system, this is adopted differently to the UK's MTL. For instance, the UK's MTL colour-codes each nutrient with one of three ratings – red, amber or green, whereas the composite Nutri-score label displays a continuum of colours from dark green to dark red with corresponding letters from A - E which rate the overall healthiness of a product.
- 3.12 Nutri-score is also required to comply with European regulation (Regulation (EU) No 1169/2011 on the provision of food information to consumers) and as such, displaying the label is not compulsory in France. Under these voluntary arrangements, industry uptake of the label has been low with up to 20% of the products in the French Market adopting the label<sup>24</sup>.

## Chile's 'Warning Labels'

### Background

- 3.13 In June 2016, the Chilean Government put in place new mandatory regulations requiring all packaged food high in calories (energy), sugars, saturated fats and sodium to display front-of-pack 'Warning Labels', presented as stop signs, to clearly show consumers that a product exceeds recommended nutrient thresholds (see Figure 4).
- 3.14 Warning labels are required by law if a food exceeds nutrient thresholds set in the regulation for total sugar, sodium, saturated fat and calories (energy). However, foods that have high levels of these nutrients in their natural form such as nuts, avocados or bananas are excluded<sup>25</sup>. If a product exceeds thresholds in more than one area, multiple Warning Labels stating that a product is 'high in' a particular nutrient must be displayed on the product. This means that for some foods, up to four stop signs may be required.

### Evidence and Impact

- 3.15 The Chilean Ministry of Health commissioned several studies to determine the most effective FOPNL for the Chilean label, testing several concept labels including a version of the traffic light label. They found that the black and white warning label communicated 'prohibition' to consumers and was the most successful tool to alter purchasing behaviour in favour of a healthier choice.
- 3.16 The Chilean FOPNL Warning label was introduced alongside a range of interventions to improve obesity rates including decreasing children's exposure to unhealthy foods by restricting marketing, advertising and sales. As such, it is difficult to evaluate the success of their FOPNL intervention alone. However, early analysis shows the Warning Label has already had considerable impact with approximately 40% of Chileans claiming they have used the label to inform their purchasing<sup>26</sup>. In particular, sizeable effects were seen in juice and breakfast cereal purchasing, where early data indicates that consumers are substituting these products for healthier options if they contain a Warning Label.

## How does it compare to the UK scheme?

- 3.17 The Chilean FOPNL scheme differs from the UK scheme in both design and content. The Chilean FOPNL only distinguishes between 'unhealthy' and healthier products and does not use colour, in contrast to the MTL which uses colour-coding to grade products' nutritional content. Additionally, unlike the MTL the Chilean FOPNL does not contain a breakdown of nutrient specific information or display reference intakes on the FOPNL, which are present on the MTL.
- 3.18 Unlike the UK's MTL the Chilean FOPNL scheme is mandatory, meaning all food businesses in scope are required to display the warning label if their product exceeds the threshold for all or any of the nutrients.

Figure 4: Warning Labels in Chile



Notes: From left to right: High in Sugar, High in Calories, High in Saturated Fats and High in Sodium. At the bottom of each label it states Ministry of Health.

### Questions for businesses

10a) Do you think you would be more likely to adopt one of these labels on your products, compared to current Multiple Traffic Light label? [Yes/No/I do not know]\*

10b) *If answered yes* -Which label would you be more likely to adopt?\*

- Chile Warning Label [tick box]
- Nutri-score [tick box]

### Questions for the public and organisations

11a) Do you think you would be likely to use one of these labels more when shopping, or adopt on more of your products, compared to current Multiple Traffic Light label? [Yes/No/I do not know]\*

11b) *If answered yes* -Which label would you be more likely to use?\*

- Chile Warning Label [tick box]
- Nutri-score [tick box]

**Questions for all respondents**

12) What aspects of the Nutri-score label do you like/ dislike?

- Use of five colours [Tick box - like/dislike/I do not have a view]
- Use of letters [Tick box - like/dislike/I do not have a view]
- Lack of specific nutrition information and portion size [Tick box - like/dislike/I do not have a view]
- Providing a single score for a product to indicate overall healthfulness [Tick box - like/dislike/I do not have a view]

Other (please specify) [Free text box]

13) What aspects of the Chilean health warning label do you like/ dislike?

- Use of colour (black and white only) [Tick box - like/dislike/I do not have a view]
- Highlighting only less healthy options [Tick box - like/dislike/I do not have a view]
- Lack of specific nutrition information and portion size [Tick box - like/dislike/I do not have a view]

Other (please specify) [Free text box]

14) Both Nutri-score and health warning labels have been introduced in countries around the world. Can you provide any further evidence on the impact of these labels on the following aspects:

- Understanding or identification of healthier choices [Yes/No/I do not know]. Please upload evidence.
- Healthier purchasing behaviours [Yes/No/I do not know]. Please upload evidence.

## Additional Considerations

- 3.19 Although we have selected Nutri-score and the Chile 'Warning labels' to test in this consultation, there are several types of FOPNL that have been designed to facilitate consumer's understanding of the nutritional quality of their food.
- 3.20 For instance, endorsement logos such as that in operation in Denmark, Iceland, Norway, Sweden and previously in the Netherlands, signpost healthier choices using a range of symbols such as a keyhole or a tick, to demonstrate that the product has achieved the defined nutrition standard<sup>27</sup>. Endorsement logos have already been tested in the UK setting in the same research that led to the UK Government and Devolved Administration's to recommend the MTL. Unlike the MTL, at the time of research, endorsement labels were found to be unhelpful for determining a product's healthiness, as respondents were unable to determine the product's nutritional standard<sup>28</sup>.
- 3.21 Other schemes in operation include that in Israel, where texts and graphics represent nutrients with high sugar expressed with a teaspoon symbol, high in sodium with a salt shaker, and high in saturated fat with solid fat and a knife.
- 3.22 At this stage, the UK Government and Devolved Administrations welcome evidence and views that supports the consideration of any additional form of labels not considered by this consultation. This will help us to ensure the UK's FOPNL remains the most effective for the UK population.

### Question for all respondents:

15) Are there any other Front of Pack Nutrition Labels that you think Government should consider? Please provide evidence on the following to explain your answer:

- Understanding or identification of healthier choices [Free text box]
- Healthier purchasing behaviours [Free text box]

## 4. Link to dietary advice

- 4.1 In addition to considering evidence on different forms of FOPNL, it is important that any FOPNL system is underpinned by scientific evidence on nutrition to ensure it is promoting healthier choices.

### Sugar

- 4.2 Since 2013, when the UK's label was first recommended, new scientific advice on sugar has been accepted by the UK Government and Devolved Administrations. In 2015, the Scientific Advisory Committee on Nutrition (SACN) published its report *Carbohydrates and Health*<sup>29</sup> and concluded that the recommended average population maximum intake of free sugars should be halved. This was based on new evidence that a high intake of free sugars can be detrimental to several health outcomes and decreasing the average population intake of free sugars could help to reduce the UK's overconsumption of calories and in turn help reduce obesity rates.
- 4.3 At present, the criteria for red, amber and green colour coding for sugars on the UK's MTL is determined by total sugars, not free sugars, in accordance with EU legislation. The definition of both free and total sugars is set out below. The requirement under the EU FIC on the mandatory back of pack nutrient declaration is for sugars and it is not a requirement to define free sugars. As outlined, during a transition period the UK will continue to be bound by the EU FIC.
- 4.4 '**Free sugars**' comprises all monosaccharides\* and disaccharides\* added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices. Under this definition lactose (the sugar in milk) when naturally present in milk and milk products and the sugars contained within the cellular structure of foods (particularly fruits and vegetables) are excluded<sup>30</sup>.

*\*Monosaccharides are single sugar units (e.g. glucose and fructose) and disaccharides are two single units joined together (e.g. sucrose)*

**'Total sugars'** are sugars which include both naturally occurring (such as in fruit, vegetables, cereals and lactose in milk products) and free sugars.



- 4.5 Given SACN advice to reduce free sugar intake to improve health and reduce overall calorie consumption, we believe it is important to explore what more Government can do to reflect this advice in any future FOPNL recommended by the UK Government or Devolved Administrations.

## **Fibre**

- 4.6 Additionally, SACN also recommended that fibre intake should be increased to 30g per day for adults (aged 17 and older)<sup>31</sup>. Currently, adults across the UK are failing to meet the recommended intake of fibre with average intake reaching 19g/day<sup>32</sup>. Although there is little available evidence about the relationship between fibre intake and obesity, there is strong evidence from prospective cohort studies that show increased intakes of dietary fibre are associated with lower risk of heart disease, high blood pressure, type 2 diabetes and colorectal cancer<sup>33</sup>. Along with the new sugar recommendations, these were also accepted by the UK Government and Devolved Administrations.
- 4.7 Currently, fibre levels can be voluntarily declared on the back of pack nutrition declaration. Manufacturers can also make a 'high fibre' nutrition claim on their product if it contains at least 6g/100g fibre or make a 'source of fibre' nutrition claim if it contains at least 3g/100g.
- 4.8 Given SACN advice to increase the nations intake of fibre, including fibre as part of a FOPNL could be one effective way of encouraging shoppers to pay attention to fibre content. There is a potential risk of doing so that this could be confusing to consumers therefore would welcome views as to whether the UK Government and Devolved Administrations should explore incorporating fibre in a future FOPNL. As outlined above, during a transition period the UK will continue to be bound by the EU FIC.

### **Questions for all respondents**

16) Do you think the Government should ensure that the recommended Front of Pack Nutrition label reflects latest dietary advice on free sugar? [Yes/No/I do not know]\* Please explain your answer [Free text box].

17) Do you think the Government should ensure that the recommended Front of Pack Nutrition label reflects the latest dietary advice on fibre? [Yes/No/I do not know]\* Please explain your answer [Free text box].

## 5. Public Sector Equality Duty

As part of the consultation, we are inviting views on the impact of FOPNL on people with protected characteristics and steps that could be taken to mitigate the impact, against the Government's duties under the Equality Act 2010.

### Public Sector Equality Duty

#### Questions for all respondents

18a) Do you think that Front of Pack Nutrition Labelling is likely to have an impact on people on the basis of their age, sex, race, religion, sexual orientation, pregnancy and maternity, disability, gender reassignment and marriage/civil partnership? [Yes/No/I do not know].

18b) Please explain your answer and provide relevant evidence. [Free text box]

19a) Do you think that any of the proposals in this consultation would help achieve any of the following aims?

-Eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010 [Yes/No/I do not know]

-Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it? [Yes/No/I do not know]

-Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it? [Yes/No/I do not know]

19b) Please explain which aims it would help achieve and how. [Free text box]

19c) Could the proposals be changed so that they are more effective? Please explain what changes would be needed [Free text box]

## 6. Socioeconomic Considerations

In addition to the protected characteristics as discussed above, we also want to consider the potential for FOPNL to reduce inequality in health outcomes experienced by different socioeconomic groups.

20a) Do you think that the proposals in this consultation could impact on people from more deprived backgrounds? [Yes/No/I do not know]

20b) Please explain your answer and provide relevant evidence. [Free text box]

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## 8. Annex A: Technical Annex

### Overview

The aim of the consultation is to gather and update evidence from consumers, academics and businesses, to help the Government identify whether there is support and/or evidence for amending our Front of Pack nutrition label (FOPNL) scheme. We wish to review the evidence prior to identifying a way forward, and consequently there is no preferred option at this stage.

In principle, the options available to Government include:

- Doing nothing / maintaining the current scheme as is currently recommended;
- Maintain the current scheme recommended by Government but alter the content included.
- Considering the introduction of a new FOPNL labelling scheme.

The consultation invites views both on some specific suggestions (updating the current labels in line with the latest evidence, using a “Nutri-score” style of labelling and/or adopting a “Warning Labels” approach), and on schemes more generally. At this stage, we are exploring possible options only, mindful of our current obligations to comply with EU Food Information to Consumers Regulation (EU FIC) during the transition period.

This annex sets out early thinking on:

- How different options for improving FOPNL labels will be appraised;
- What costs and benefits may potentially arise;
- Some provisional commentary on each of the specific suggestions included in the consultation.

Should the evidence gained from the consultation support further intervention or change, then detailed proposals will be set out in full at a later date, supported as required by an impact assessment analysis of the expected effects.

## How will potential options be evaluated?

The underlying policy objective is to improve health, particularly in terms of reducing obesity, by encouraging consumers to make healthier and more informed choices about the food that they buy and consume. Labelling plays an essential role by providing the key benefit of clear and accessible nutritional information at the point of sale.

Options will be judged based on supporting evidence and we will consider improvements against this objective and the wider objectives outlined in paragraph 1.18-1.20 of the main consultation document. We will also consider any potential impact on industry, and any effect on health inequalities or groups with protected characteristics.

Relevant considerations will include but are not limited to the following:

- Is the information presented on a FOPNL easy to absorb and understand?
- Does a FOPNL positively influence consumer choice?
- Is the information presented on a FOPNL based on the latest scientific and other relevant evidence? Are there superior alternative designs or schemes that might be used?
- How do different groups of consumers / businesses respond to different FOPNL?
- What is the impact on particular groups?
- Are the options easy to calculate, develop and apply from an industry perspective?
- What are the costs incurred by industry of implementing labels on their products?
- Are there any wider impacts on industry, including any specific impacts on small and micro businesses?
- How would the labels be monitored, and any problems rectified?
- Are there any unforeseen consequences (either advantages or disadvantages)?



## What types of cost and benefits are expected?

Should the evidence gained from the consultation support further intervention or change, then detailed proposals will be set out in full at a later date, supported as required by an impact assessment analysis of the expected effects. At this stage costs and benefits will be identified and assessed for the primary options, drawing on the information gained through the consultation.

In terms of methodology, the expectation is that the current situation will be used as the baseline or counterfactual. We will seek to measure the marginal change in costs and/or benefits arising from any change to the current recommendations. Both direct and indirect effects will be considered. For policies that aim to encourage healthier choices, the full health benefits have the potential to occur and accumulate over a longer time period than full costs. Hence a long-term view is likely to be required to fairly assess the policy impact.

In principle, the following costs and benefits of further intervention may be seen:

Potential benefits	Potential costs
Improved consumer recognition, understanding and use of labelling.	Familiarisation time with any changes (both for consumers and business).
Increase in healthier eating choices.	Cost to business if they introduce new labels.
Reduced obesity and overweight.	Costs to business of reformulation if adopted.
More reformulation, resulting in healthier foods being produced.	Enforcement costs if any elements are mandatory.
Improved health beyond obesity (e.g. dental health, blood pressure).	
Reduced NHS costs from treating obesity.	
Benefits to businesses and productivity through a healthier workforce.	

Further evidence will be assessed and developed once consultation views and data have been collated.

## Labelling schemes considered in the consultation

Three possible schemes are presented:

<p>The current UK multiple-traffic-light scheme (pictured). This scheme consists of nutrient specific reference intake information, colour coding and allows companies to add the text “high”, “medium” or “low” to assist in the interpretation of the colour coding.</p>	<p>Each grilled burger (94g) contains</p> <table border="1"> <tr> <td>Energy 924 kJ 220 kcal</td> <td>Fat 13g</td> <td>Saturates 5.9g</td> <td>Sugars 0.8g</td> <td>Salt 0.7g</td> </tr> <tr> <td>11%</td> <td>19%</td> <td>30%</td> <td>&lt;1%</td> <td>12%</td> </tr> </table> <p>of an adult's reference intake Typical values (as sold) per 100g: Energy 966 kJ / 230 kcal</p>	Energy 924 kJ 220 kcal	Fat 13g	Saturates 5.9g	Sugars 0.8g	Salt 0.7g	11%	19%	30%	<1%	12%
Energy 924 kJ 220 kcal	Fat 13g	Saturates 5.9g	Sugars 0.8g	Salt 0.7g							
11%	19%	30%	<1%	12%							
<p>The “Nutri-score” scheme, as used in France, Belgium and Spain, (pictured) presents a colour-coded A to E healthiness rating, but does not include any nutrient-specific information. The rating is based on the balance of healthy (fibre, fruit/veg, protein) and unhealthy (saturated fat, added sugar, salt) nutritional content.</p>											
<p>The “health warning label” system as used in Chile (pictured), which highlights any products that are high in sugar, fat, salt or calories. The assessment is based on the amount of each nutrient in 100g / 100ml of product.</p>											

This is not an exhaustive list of all possible label designs, but they have been chosen at this stage because:

- They have been developed and introduced in countries since the UK recommended the use of MTL and therefore there is a body of new evidence to be considered;
- There is evidence for these schemes providing a positive impact on food choices;
- All of the labels use formats that evidence suggests can help consumers make informed choices, for example the use of colours, shape and nutrition information;
- They present evidence-based alternatives that the UK could either learn from or improve our current label by adopting (such as simplicity of labels, or the importance of sugar).

We provide below a brief summary of characteristics and evidence for each scheme, as identified in research to date. **This does not constitute a full economic appraisal and should not be taken to be comprehensive. It is designed simply to facilitate discussion within the consultation.** It is possible and legitimate for stakeholders to take differing views, and the provisional material shown is subject to

revision in the light of additional consultation evidence. The points are not listed in any particular order.

## UK voluntary multi-traffic light (MTL) labelling scheme

- This is a long-running scheme, first recommended by Government in 2013.
- Research demonstrates a consumer preference to both nutritional data and colour-coded advice<sup>ii</sup>. This evidence suggests colour-coding helps consumers make choices quickly.
- It is voluntary, so not all products are front-labelled, but uptake by industry is high, particularly among supermarkets. Minor variations in label design are prevalent and this variety may make it harder to compare products and/or maintain consistency (although it appears that many labels do adhere to the broad design and content of the recommended scheme).
- Recent research<sup>iii</sup> suggests 80% of consumers look at the FOPNL (60% sometimes refer to labels and 20% always consider them). The other 20% do not look at them. There is evidence of inequality in that the MTL labels are less likely to be used by those from more deprived background. There is also evidence of correlation, with those reading the labels being more likely to have healthier shopping baskets.
- MTL label provides value for consumers with particular dietary needs (for example, the level of sugar may be very important) and it is helpful to present information on the front-of-pack in a simplified format in addition to the back of pack.
- A significant number (41%) agree that they use labels particularly for first-time purchases where they are unfamiliar with the product.<sup>iv</sup>

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<sup>ii</sup> Malam, S. Clegg, S. Kirwan, S. McGinigal, S., Raats, M., Shepherd, R., Barnett, J., Senior, V., Hodgkins, C. and Dean, M., 2009. *Comprehension And Use Of UK Nutrition Signpost Labelling Schemes*. London: Food Standards Agency, pp. 1 – 158. Available at: <https://webarchive.nationalarchives.gov.uk/20120403230459/http://www.food.gov.uk/multimedia/pdfs/quantrationale.pdf> [Accessed 29 June 2020].

<sup>iii</sup> DHSC-commissioned research from Kantar Worldpanel. 2016.

<sup>iv</sup> DHSC-commissioned research from Kantar Worldpanel. 2016.

- 18% of consumers found the labels confusing or complicated, with portion sizes a particular concern.<sup>v</sup>

## Nutri-score scheme

- This is a relatively new scheme (introduced in France in 2017). As per the EU FIC, it is voluntary and the label is currently used in up to 20% of products (by market share) although the rate varies with product type.<sup>vi</sup>
- Products must be registered with Santé Publique (French Department of Health) before the labels can be used.
- Consumer research suggests the scores are very visible and easy to understand. They also make it easier to compare products.<sup>vii</sup>
- Registration provides safeguards around accuracy and consistency of label use but introduces a small administrative cost to industry alongside the labelling itself.
- The voluntary nature of the scheme minimises industry costs. However, manufacturers of less healthy products may choose to opt out, rather than display a low Nutri-score).
- The scheme is flexible and some products, such as cheese, are assessed differently to better reflect their specific nature.
- The (voluntary) scheme has been adopted in Belgium, Spain and is expected to be introduced in Germany in 2020. Further countries across the EU are considering how to use the scheme in their countries, such as Netherlands and Luxembourg.

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<sup>v</sup> DHSC-commissioned research from Kantar Worldpanel. 2016.

<sup>vi</sup> OQALI, 2018. *Montee En Puissance Du Nutri-Score*. [online], pp. 1 – 17. Available at: [https://www.oqali.fr/content/download/3563/34110/version/1/file/OQALI+2019\\_Montee+en+puissance+du+Nutri-Score\\_premier+etat+des+lieux.pdf](https://www.oqali.fr/content/download/3563/34110/version/1/file/OQALI+2019_Montee+en+puissance+du+Nutri-Score_premier+etat+des+lieux.pdf) [Accessed 29 June 2020].

<sup>vii</sup> Ducrot, P., Méjean, C., Julia, C., Kesse-Guyot, E., Touvier, M., Fezeu, L. K., Péneau, S. (2015). Objective Understanding of Front-of-Package Nutrition Labels Among Nutritionally At-Risk Individuals. *Nutrients*, 7(8), 7106–7125. [online] Available at: <https://pubmed.ncbi.nlm.nih.gov/26305255/> [Accessed 29 June 2020].

## Health warning label scheme

- This scheme was introduced in Chile in 2016. It is mandatory (with provisions for non-compliance).
- 40% of consumers say they use the label to inform choice, and the labels are seen as simple, clear, attention-grabbing and helpful for parents making choices for / educating their children.<sup>viii</sup>
- Some substitution has been observed in buying patterns indicating that purchasing is indeed influenced by the labels.<sup>ix</sup>
- While simple, the labels are binary (warning or no warning). Nutritionally similar products may look very different if one exceeds a threshold and requires a warning and one does not.
- The mandatory nature of the scheme ensures full coverage of products listed, consistent labelling and accuracy, although this may also increase labelling costs for industry.
- Assessment being based on 100g/100ml ensures that there is no problem with consumers having different views on portion sizing.
- The scheme is being considered in several other countries.<sup>x</sup>

The Government is seeking views on the above options specifically, but other options exist and the consultation invites views both on the current labelling regime generally and on alternatives.

## Questions for all respondents

21) Do you have any comments on the material provided in the technical annex?

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<sup>viii</sup>Reyes, M., Garmendia, M.L., Olivares, S. Aqueveque, C. Zacarias, I., Corvalan, C., 2019. Development Of The Chilean Front-Of-Package Food Warning Label. *BMC Public Health* 19:906 [online]. Available at: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-019-7118-1> [Accessed 29 June 2020].

<sup>ix</sup>Identifying Food Labeling Effects on Consumer Behavior. Araya et al. 2019. [http://www.dii.uchile.cl/~cnoton/AENS\\_2019.pdf](http://www.dii.uchile.cl/~cnoton/AENS_2019.pdf) (page 16). Substitution effects do vary – there is evidence that the effect is greater where consumers were not expecting to see a warning label (for example in a product that was marketed as being healthy).

<sup>x</sup> Same paper. Peru, Canada, Uruguay and Israel are mentioned specifically (page 15).

In particular:

- on the provisional list of evaluation criteria? [Yes/No/I do not have a view] Please provide your comments. [Free text box]

- on the provisional list of costs and benefits? [Yes/No/I do not have a view] Please provide your comments. [Free text box]

- on the evidence and commentary provided for the labelling schemes? [Yes/no] Please provide your comments. [Free text box]

## 9. Annex B: How to respond to the consultation

The consultation will run for 12 weeks. Our preferred method of response is via SurveyOptic, the Government's consultation hub. To help with your response, you will find the questions outlined in each section. A summary of the consultation questions has also been provided in section 11, Annex D.

We have specified the questions that should be answered by businesses, those that should be answered by the public and those that should be answered by all respondents.

If you do wish to send an email response, please send those to:

[childhood.obesity@dhsc.gov.uk](mailto:childhood.obesity@dhsc.gov.uk)

If you wish to send a hard copy, responses can be sent to:

The Childhood Obesity Team, 6<sup>th</sup> Floor  
Department of Health and Social Care  
39 Victoria Street  
London  
SW1H 0EU

## 10. Annex C: Disclosure of responses

### Data Protection

The information you provide in responses to this consultation is managed in accordance with the [Department of Health and Social Care's Information Charter](#). The information you supply will be processed by the Obesity Food and Nutrition policy team in DHSC in accordance with the Data Protection Act 2018 and the General Data Protection Regulation.

The Government's response to the consultation will summarise feedback received through the consultation using aggregated data and will not contain any personal information that could identify you. We will not publish the names or contact details of respondents and will not include the names of organisations responding, unless we have express permission to do so.

Outside of specific exemptions under the legislation, your personal data shall be retained for no longer than the purposes for which it is being processed, in line with the [DHSC Privacy Notice](#).

### Disclosure of Responses

Please note that, as a public body, DHSC may be required by law to publish or disclose information provided in response to this consultation in accordance with access to information regimes:

- The Freedom of Information Act 2000
- The Data Protection Act 2018
- The General Data Protection Regulation

By providing personal, confidential, commercial or intellectual property information for the purpose of the public consultation exercise, it is understood that you consent to its disclosure and publication where necessary. Confidential information is disclosed at the respondent's risk; we would encourage any confidential or sensitive information to be marked as such in your response so that this information can be taken into account when responding to a request.

Under the Data Protection Act 2018 (and the General Data Protection Regulation), you have certain rights to access your personal data and have it corrected, restricted or erased (in certain circumstances), and you can withdraw your consent to us processing your personal data at any time. If you decide to withdraw your response, you will need to contact DHSC using our [web contact form](#).



## Complaints

You have the right to lodge a complaint to the Information Commissioner's Office about our practices, to do so please visit the Information Commissioner's Office website: <https://ico.org.uk/concerns/>.

Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

Email: [casework@ico.org.uk](mailto:casework@ico.org.uk)  
Telephone: 0303 123 1113  
Textphone: 01625 545860  
Monday to Friday, 9am to 4:30pm

# 11. Annex D: Consultation questions

## The UK's recommended FOPNL scheme

### Questions for businesses

1. Do you feature a Front of Pack Nutrition Label on your products?\*

[Yes/No/Prefer not to say]

2a) *If answered [Yes]* - Is the label the Government approved Multiple Traffic Light labelling system?

[Yes/No]

2b) *If using the Government Multiple Traffic Light scheme* - What percentage of your product portfolio carries *Multiple Traffic Light* labelling?

[Free text – specify number]

2c) *If Multiple Traffic Light label is on less than 100% of products* - What products do not carry Multiple Traffic Light label on and why? Please specify the product categories.

[Free text box]

2f) When adopting the Multiple Traffic Light Label - did you incur costs over and above existing labelling cycles? Please quantify these costs.

[Free text box]

2g) Did the introduction of Multiple Traffic Light influence any reformulation of your products?\*

[Yes/No/Prefer not to say]

3a) *If answered [Yes] but using another form of Front of Pack Nutrition Labelling* - Please explain what Front of Pack Nutrition Labelling your business features on its products and why you chose this label over the Government recommended label.

[Free text box]

3b) *If using different form of Front of Pack Nutrition Labelling* - What percentage of your product portfolio carries this form of Front of Pack Nutrition Labelling?

[Free text box – specify number]

3c) *If Front of Pack Nutrition Labelling is on less than 100% of products* - What products do not carry Front of Pack Nutrition Labelling on and why?

[Free text box]

3d) *If using different form of Front of Pack Nutrition Labelling*- Why does your business not use the Government recommended MTL on your products?

[Free text box]

3e) *If using different form of Front of Pack Nutrition Labelling*- What would encourage you to adopt MTL on your products?

[Free text box]

4a) *If answered [No] and therefore not using any Front of Pack Nutrition Labelling* - Why does your company not use any Front of Pack Nutrition Labelling?

[Free text box]

4b) *If answered [No] and therefore not using any Front of Pack Nutrition Labelling* - What would incentivise you to use Front of Pack Nutrition Labelling on your products in the future?

[Free text box]

5) In principle, would your business support a proposal to display the same Front of Pack Nutrition label on your products?\*

[Yes/No/I do not have a view]

## Questions for the public and organisations

6a) Do you use the Multiple Traffic Light label to make choices about the food and drinks that you buy?

[Tick box - always/very frequently/sometimes/rarely/never/Prefer not to say/Not relevant]

6b) Please explain your choice:

[Free text box]

7a) Do you find the Multiple Traffic Light label:

- Clear (Yes/No/IDK)
- Informative (Yes/No/IDK)

7b) How easy do you find the following components of the Multiple Traffic Light label?

- Individual nutrients (fat, saturates, sugar, salt) [Tick box - very easy/easy/moderate/somewhat difficult/difficult/I do not have a view]
- Use of red, amber and green colours [Tick box - very easy/easy/moderate/somewhat difficult/ I do not have a view]

- Reference intakes [Tick box - very easy/easy/moderate/somewhat difficult/difficult/ I do not have a view]
- Portion size [Tick box - very easy/easy/moderate/somewhat difficult/difficult/ I do not have a view]

8. How could the Multiple Traffic Light label be made easier to use?

[Free text box]

9. Would you find it helpful if more products displayed the same Front of Pack Nutrition label?\*

[Yes/No/I do not have a view]

## **New International Examples**

### **Questions for businesses**

10a) Do you think you would be more likely to adopt one of these labels on your products, compared to current Multiple Traffic Light label?

[Yes/No/I do not know]

10b) If answered yes – Which label would you be more likely to adopt?\*

- Chile [tick box]
- Nutri-score [tick box]

## Questions for public and organisations

11a) Do you think you would be likely to use one of these labels more when shopping, compared to current Multiple Traffic Light label?\*

[Yes/No/I do not know]

11b) If answered yes – Which label would you be more likely to use?\*

- Chile [tick box]
- Nutri-score [tick box]

## Questions for all respondents

12. What aspects of the Nutri-score label do you like/ dislike?

- Use of five colours [Tick box - like/dislike/I do not have a view]
- Use of letters [Tick box - like/dislike/I do not have a view]
- Lack of specific nutrition information and portion size [Tick box - like/dislike/I do not have a view]
- Providing a single score for a product to indicate overall healthfulness [Tick box - like/dislike/I do not have a view]

Other (please specify) [Free text box]

13. What aspects of the Chilean health warning label do you like/dislike?

- Use of colour (black and white only) [Tick box - like/dislike/I do not have a view]
- Highlighting only less healthy options [Tick box - like/dislike/I do not have a view]
- Lack of specific nutrition information and portion size [Tick box - like/dislike/I do not have a view]

Other (please specify) [Free text box]

14. Both Nutri-Score and health warning labels have been introduced in countries around the world. Can you provide any further evidence on the impact of these labels, on the following aspects?

- Understanding or identification of healthier choices [Yes/No/I do not know]. Please upload evidence.
- Healthier purchasing behaviours [Yes/No/I do not know]. Please upload evidence.

15. Are there any other Front of Pack Nutrition Labels that you think Government should consider? Please provide evidence on the following to explain your answer:

- Understanding or identification of healthier choices [Free text box]
- Healthier purchasing behaviours [Free text box]

## Link to Dietary Advice

### Questions for all respondents

16. Do you think the Government should ensure that the recommended Front of Pack Nutrition label reflects latest dietary advice on free sugar?\*

[Yes/No/I do not know]

Please explain your answer:

[Free text box]

17. Do you think the Government should ensure that the Front of Pack Nutrition label reflects the latest dietary advice on fibre?\*

[Yes/No/I do not know]

Please explain your answer:

[Free text box]

## Public Sector Equality Duty

### Questions for all respondents

18a) Do you think that Front of Pack Nutrition Labelling is likely to have an impact on people on the basis of their age, sex, race, religion, sexual orientation, pregnancy and maternity, disability, gender reassignment and marriage/civil partnership?

[Yes/No/I do not know]

19b) Please explain your answer and provide relevant evidence.

[Free text box]

20a) Do you think that any of the proposals in this consultation would help achieve any of the following aims?

-Eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010 [Yes/No/I do not know]

-Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it? [Yes/No/I do not know]

-Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it? [Yes/No/I do not know]

20b) Please explain which aims it would help achieve and how.

[Free text box]

20c) Could the proposals be changed so that they are more effective? Please explain what changes would be needed.



[Free text box]

## Socioeconomic Considerations

### Questions for all respondents

21a) Do you think that the proposals in this consultation could impact on people from more deprived backgrounds?

Yes/No/I do not know

21b) Please explain your answer and provide relevant evidence.

[Free text box]

## Technical annex

### Questions for all respondents

22) Do you have any comments on the material provided in the technical annex?

In particular:

- on the provisional list of evaluation criteria? [Yes/No/I do not have a view]. Please provide your comments [Free text box].

- on the provisional list of costs and benefits? [Yes/No/I do not have a view] Please provide your comments [Free text box].

- on the evidence and commentary provided for the labelling schemes? [Yes/No/I do not have a view] Please provide your comments [Free text box].

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Population Health  
Obesity, Food and Nutrition

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