



Response on behalf of the European Heart Network to a request for information in view of the revision of Council Directive 90/496/EEC on Nutrition Labelling

March 2003

The European Heart Network (EHN) is a Brussels-based alliance of heart foundations and others concerned non-governmental organisations throughout Europe. EHN has 30 member organisations in 26 countries.

The mission of the EHN is to play a leading role through networking, collaboration and advocacy in the prevention and reduction of cardiovascular diseases so that they will no longer be a major cause of premature death and disability throughout Europe.

EHN welcomes the European Commission's request for information as set out in its letter of 21st January 2003 (ALG/acda/D440688(2002) in view of the revision of Council Directive 90/496/EEC on Nutrition Labelling. The European Commission asks in this letter for our views on the following matters:

1) Issues arising from implementation of the current Directive

1. How the current legislation has worked in practice.

EHN has recently commissioned a systematic review of the literature on consumer understanding of nutrition labelling. This review has not yet been published but it is largely on the basis of its findings that EHN will address the questions below.

2. The extent to which nutrition labelling is made available to consumers on foodstuffs sold in a Member State or in the EU today (e.g. proportion of the market, type of foods providing nutrition labelling etc...).

EHN has no comments to make on this issue.

3. The views of consumers regarding the usefulness, acceptability and understanding of the current nutrition labelling format (determined where available from consumer research conducted in Member States).

The literature review referred to above found 13 studies of consumer views on the current nutrition labelling format: 12 from the UK and one from the Netherlands. All the studies conclude that consumers find that the format is confusing (e.g. Research Services, 1995; Institute of Grocery Distribution, 1998; Co-operative Wholesale Society, 2002) but would find more comprehensible nutrition labelling very useful in helping them to adopt a healthier diet.

However, the studies on views of consumers regarding the usefulness, acceptability and understanding the current nutrition labelling are not as informative as studies that investigate whether consumers actually use the current nutrition labelling to make decisions about food purchases or could do so if they chose to use it. There are only a few of such studies and they show that consumers, when shopping, may look at nutrition labelling without processing the information further (Higginson, 2002); and if they do read the nutrition labelling, they find it difficult to use (Wyn Thomas 1997).

This is because consumers do not understand some of the technical terms. Nor do they understand which nutrients are most important to look at, what counts as a lot or a little of a nutrient in a product, whether small differences in nutrient levels between products are important and, how to trade off high levels of one nutrient against low levels of another nutrient etc. (Research Services 1995, Food Standards Agency 2001).

4. Considerations and implementation issues encountered by the food industry and retailers.

5. Comments and considerations relative to enforcement of the current legislation.

EHN has no comments to make on these issues.

6. The perspective of nutrition and health professionals regarding the usefulness of the current nutrition labelling format as an information tool to support information and educational campaigns regarding healthy diets and lifestyles.

EHN is not aware of any high quality research into the perspectives of nutrition and health professionals on this issue. However given that consumer understanding and use of nutrition labelling appears to be low, it would seem unlikely that nutrition labelling – in its current format - is helpful as a tool to support information and education campaigns regarding healthier eating. EHN considers that nutrition and health professionals could be more proactive in providing consumers with information which could help them to make better sense of nutrition labelling and that this would be a useful adjunct to more generalised healthy eating advice (see, for example, Paterson, 2001).

II) Considerations and comments for its future revision

1. Nature of the declaration: voluntary vs mandatory.

EHN believes that nutrition labelling should be mandatory with rare exceptions (e.g. very small packets) to ensure that nutrition labelling is comprehensive (found on as many foods as possible). EHN also believes that it is important that nutrition labelling should

be in a format which is both standard (in order to ensure that consumers can readily make comparisons between foods) and comprehensible (in order to allow consumers to judge whether there is a lot or a little of certain nutrients in foods).

If nutrition labelling were comprehensive, comparable and more comprehensible then consumers could use that information to eat more healthily. The recent World Health Organisation World Health Report ¹ shows that eating unhealthily is a significant cause of death and disability in Europe. The causes of unhealthy eating are complex but one of the causes is the lack of readily accessible, comprehensible and comparable nutrient content information for all foods.

2. Nutritional information to be provided: what key nutritional information do consumers require?

EHN considers that there are six key nutrients relevant to public health. These are: energy, saturated fat/trans fats and sodium, but also total fat, sugar and dietary fibre. EHN recommends that information about these six nutrients should be mandatory.

It is important that people should avoid foods high in saturated fat, trans fats and sodium in order to reduce their risk of cardiovascular diseases – the main cause of premature death in Europe. In addition they need to regulate their intake and expenditure of energy in order to avoid overweight and obesity – fast becoming one of the most important public health problems in Europe.

In its recent policy document *Food, nutrition and cardiovascular disease prevention in the European region*² EHN proposes five priority population goals in relation to diet and physical activity: a reduction in saturated fat and trans fats, an increase in fruit and vegetable intake, a reduction in salt intake, a reduction in average body mass index and an increase in physical activity. Better information about the energy, saturated fat, trans fats and sodium content of foods would help in attaining three of those goals.

Nutrition labelling – in its current ‘simple’ format – does not give information about saturated fat, trans fats and sodium. Information about saturated fat/trans fats and sodium on food packets would be more useful from a public health perspective than information about the content of other nutrients, e.g. protein and total carbohydrate, which are currently a minimum requirement for nutrition labelling.

EHN suggests that the nutrition label should not give too much information – otherwise consumers will not realise which nutrients information they should concentrate on when choosing foods on nutritional grounds. EHN does not think it should be mandatory to provide information about nutrients other than the six listed above. Other information can be provided on a voluntarily basis.

¹ World Health Organisation (2002) The World Health Report 2002. WHO: Geneva.

² EHN (2002) Food, nutrition and cardiovascular disease prevention in the European region: challenges for the new millennium. EHN: Brussels

By recommending that information about key nutrients should be provided mandatorily and that information about other nutrients can be provided voluntarily EHN is not suggesting that nutrition labelling should be 2-tier, as at present. EHN recommends that the mandatory information about key nutrients should be clearly separated from voluntary information about nutrient content so that consumers are directed towards the most important information in relation to public health.

3. Presentation of nutrition information: what format should be utilised?

- format to be utilised (e.g. linear, tabular, graphical presentation...)

EHN notes that all of the available research on consumer understanding of nutrition labelling points to a need to a revision of the current format currently prescribed by the Directive. EHN's review has examined the literature investigating alternative formats. This literature demonstrates clearly that various other formats are more comprehensible than the one prescribed by the Nutrition Labelling Directive (e.g. Black, 1992; Institute of Grocery Distribution, 1998; Levy 1996)

The research suggests that formats using verbal descriptors of nutrient content would be easiest for consumers to understand (e.g. British Market Research Bureau 1985, Black 1992, Levy 1996). EHN notes that nutrition claims are normally made using verbal descriptors of nutrient content ('low fat', 'reduced fat' etc.). EHN therefore recommends that a revised Directive should ensure that, wherever practical, levels of the key nutrients (energy, fat, saturated fat, trans fats, sugar, dietary fibre and sodium) should be provided using the verbal descriptors: 'high' medium high', 'medium low' and 'low'.

EHN notes that the format prescribed by the US Nutrition Labelling and Education Act (1994) – although only slightly different from the format prescribed by the EU Directive – performs better in tests of comprehensibility than the current EU format (Levy 1991, Levy 1996 - as well as presenting nutrient content levels in g/serving the US format gives the amount of each nutrient in a serving as a percentage of a 'daily value'). For this reason EHN suggests that, if a format using verbal descriptors cannot be agreed, then a revised Directive should prescribe a format where the levels of key nutrients are given numerically as a percentage of a recommended daily value in a serving.

When testing different formats for nutrition labelling all researchers have assumed that a tabular format is more comprehensible than a free text format. Nonetheless, EHN notes the increasing use of free text formats, which EHN considers should be prohibited in a revised Directive.

- order of nutrients and/or highlighting of certain nutrients

EHN considers that the nutrients which are most relevant to public health should be listed first on the label. This means that EHN's preferred order would be energy, fat, saturated fat, trans fats, sugar, fibre and sodium. Within these declarations energy, saturated fat/trans fats and sodium should be highlighted.

- best language to express nutritional terms (e.g. salt vs sodium, vitamin B1 instead of thiamine...)

The research into consumer understanding of nutrition labelling suggests that consumers are currently confused about the relationship between for instance salt and sodium (British Market Research Bureau 1985, Glerum van 1986, Cooperative Wholesale Society 2002). But since it is technically sodium that consumers should be avoiding, not salt, then EHN considers that it should be the sodium content which should be declared on the label, albeit in a way which should be much more comprehensible to consumers (e.g. using a verbal descriptor to indicate how much the food contains). EHN also considers that there should be public information campaigns to help reduce consumer confusion about the relationship between salt and sodium.

- possible use of symbols to designate nutrients

EHN is not aware of studies on the value to consumers of symbols to designate single nutrients. It may be that such symbols could lead to further confusion. This is not to be confused with endorsement schemes which aim to help consumers make a choice based on the overall nutritional composition of the product rather than based on an assessment of each single nutrient.

- accuracy, i.e. use of rounding for declaration of nutritional values

There is some research which suggests that consumers are misled by the spurious accuracy implied by the use of decimal points for the declaration of some nutrient content levels in nutrition labelling (Cooperative Wholesale Society, 2002). Giving the content of nutrients to one decimal point (as at present) probably leads some consumers to think that some small differences in nutrient content are nutritionally significant when they are not. For example it may lead to consumers choosing between products on the basis of a 0.1 g/100g of fat difference. Therefore, EHN considers that nutrient content levels, when given numerically, should only be given to no more than two significant numbers and at most one decimal point. This would mean losing the decimal point for the declaration of most nutritional values except for sodium where it would generally mean retaining one decimal point.

- legibility, font size etc...

There is a considerable number of studies to show that both font size and legibility of current nutrition labelling is a serious problem for many consumers – particularly the elderly with failing eye sight (Consumers Association 1995). EHN recommends that any revised Directive should specify minimum font sizes and that all labelling should be presented in black on white (as is prescribed by the US Nutrition Labelling and Education Act).

- expression of nutritional content in units and/or as % of a value to be determined (e.g. RDA, Guideline Daily Amounts, Daily Reference Values, Labelling Reference Values ...)

As stated above EHN considers that nutrient content levels should preferably be given using verbal descriptors. Furthermore EHN considers that these verbal descriptors should be based on the percentage of a recommended daily value in a serving. If verbal descriptors

cannot be agreed then (as stated above) nutrient content levels should be given as a percentage of a recommended daily value in a serving.

EHN believes that expressing nutrient content levels (whether numerically, graphically or verbally) in units per standard amount (and particular in g/100g) has limited value not least because the same amount on such a basis means different things for different nutrients. E.g. 3 g/100g of fat generally means that the food has a little fat in it but 3 g/100g of sodium generally means that the food has a lot of sodium in it. The simplest way of correcting for this is to relativise all nutrient levels to a recommended amount such as an RDA or a Guideline Daily Amount (and of course this is already done with micronutrients in the currently prescribed format).

Doing so would also help consumers to see how much of a nutrient they were getting from consuming the product relative to a recommended amount and this too could be useful to them.

4. Nutrition labelling: link with recommendations regarding healthy diets and lifestyles

EHN agrees that 'In order to be effective, nutrition labelling must be integrated into an overall educational programme'.

5. What is the most appropriate reference quantity for nutritional declaration?

If nutrient content levels have to be expressed numerically then EHN would ideally prefer nutrient levels to be expressed per 100kJ. Of all the possible ways this makes most sense on nutritional grounds: food intake is regulated depending on its energy content, recommended amounts (even for micronutrients) are most sensibly set on a per energy basis.

However, EHN recognises that if nutrient declarations were to be expressed per 100kJ then consumers would, at least, for a time be confused. Studies of consumer understanding of nutrition labelling carried out in the US, where fat levels has to be given on a percent energy basis (kJ/100kJ) suggest that consumers are confused by such information (e.g. Miller 1999).

Therefore – on pragmatic grounds – EHN recommends that nutrient content levels be given on a per serving basis. EHN acknowledges that there are problems with defining serving sizes but feels that the disadvantages of this do not outweigh the advantages. EHN considers 100g or per 100ml to be an amount which bears no relation to the way foods are eaten or digested and is only convenient for analytical purposes. EHN recommends that providing nutrient content information on a per 100g basis be abandoned (Pudel 1996).

6. Are more specific measures required for non-prepackaged foodstuffs?

EHN sees no reason why producers of non-prepackaged foodstuffs should not generally be obliged to provide nutrition information near the point of sale (c.f. the US Nutrition Labelling and Education Act). EHN acknowledges that there be exemptions to this e.g. for organisations which are working on a not-for-profit basis.

7. Energy conversion factors: are modifications required?

EHN has no views on this matter.

8. Declaration of vitamin and mineral content: how should the Annex be revised?

EHN considers that the current list of vitamins and minerals which may be declared in nutrition labelling (i.e. the list of vitamins and minerals in the Annex) should be reviewed. EHN sees no reason why a food producer should not be able to declare the content of any food component provided that this information is clearly separate from the mandatory information and that the consumer can see this information is provided voluntarily by the producers.

EHN considers that voluntary declarations of nutrient content information should be considered to be nutrition claims and therefore dealt with under any forthcoming legislation on nutrition claims. In EHN's view this would mean, for example, that declarations of the content of nutrient such as vitamins and minerals, but also polyunsaturated fatty acids, should only be made if there is a clearly defined and agreed population goal for that nutrient and if they are relevant to public health.

9. Tolerances for declaration of nutritional values

EHN has no views on this matter.

10. Definitions: are these still appropriate today?

EHN believes that definition of and method of analysis for dietary fibre need urgently to be determined, particularly in view of the fact that we consider that declaration of dietary fibre should be mandatory.

III Impact Assessment

Major nutrition-related diseases include cardiovascular diseases and cancer and they account for 30% of the total DALYs lost every year in Europe. There is no doubt that comprehensive food and nutrition strategies are economically sound. A recent UK study estimating the impact of changes in risk factors concludes that with a public that is fully engaged in maintaining a good health, including improved diets, health care spending in the UK could be cut by 45.2 billion Euros per year³.

EHN considers that clear and comprehensive nutrition labelling can contribute to the protection and promotion of public health – and thus to the prevention of cardiovascular diseases, the main cause of ill health in Europe. Campaigns to educate the consumers

³ McPherson K, Britton A, Caser L (2002) Coronary Heart Disease: Estimating the impact of changes in risk factors. National Heart Forum: London

about healthy diets and also on how to use nutrition labelling would enhance the value of nutrition labelling as a health promotion tool.

Nutrition labelling legislation, as well as legislation on nutrition and health claims, novel foods and fortification are all elements of an overarching food and nutrition policy. It, therefore, remains essential that the European Commission develop a comprehensive and coherent nutrition policy for the EU, as set out in its White Paper on Food Safety, so that any new legislation in relation to nutrition promotes and enhances the aims and objectives of that policy. Such a policy must include the establishment of population nutrient and food goals