Food Standard Scotland's consultation on proposals to improve the Out of Home food environment in Scotland

Consultation Response from Obesity Action Scotland
Closing date: 28 February 2019

1. **Do you agree that the businesses listed above should be included within an Out of Home strategy for Scotland?**

Yes

The OOH food sector was defined as above by the Food Standard Scotland (1) and the most up to date information we have about the OOH sector in Scotland, are based on this definition (1).

1. NPD Group (2015) An overview of out of home market in Scotland. NPD crest data to year ending December 2015. Commissioned by Food Standards Scotland.

2. **Which of the following measures should be taken to reduce excessive calorie contents of food and drinks eaten outside the home?**

Yes – reducing portion sizes
We agree that portion sizes in the OOH sector should be reduced.

Portion sizes in the UK have increased substantially over the recent years (1). This has had a role in fuelling the UK obesity epidemic because larger portion sizes result in more calories consumed (2).

There is evidence that food bought OOH may come in larger portions than elsewhere (3) and there is substantial variation in portion sizes (4). In fact, Public Health England (PHE) showed that serving portions in the OOH sector were twice as big as in retail and manufacturing (5).

Public Health England (PHE) as part of their sugar reduction programme, published guidelines for all sectors of food industry (including OOH sector) on how to achieve a 20% sugar reduction across the top nine categories of products popular with children. The guidelines include information on average and maximum calorie or portion size for products likely to be consumed by an individual at one time (6,7). This guide could be used when focusing on sugar reduction.

Most OOH businesses do not provide information on portion size of food in grams. Recent research showed that less than 10% of branded OOH businesses in Scotland provided this information online (8). Moreover, where calorie information was available online, over half of the main meals contained over 600kcal, and a quarter contained over 1000 kcal (8).

There is no consistency in communicating portion size to the public. The reference data used to estimate portion sizes in the UK is twenty years old and out of date (10,11). Although the British Nutrition Foundation (12) have recently published a guide with suggestions of practical portion sizes

for healthy adults for a range of food and drinks, it does not represent Government recommendations and is unlikely to be useful in the OOH context.

(1) Clift J. Portion distortion. How much are we really eating? 2013.
(2) Marteau TM, Hollands GJ, Shemilt I, Jebb SA. Downsizing: Policy options to reduce portion sizes to help tackle obesity. British Medical Journal. 2015;351:h5863.
(3) Saunders P, Saunders A, Middleton J. Living in a 'fat swamp': Exposure to multiple sources of accessible, cheap, energy-dense fast foods in a deprived community. British Journal of Nutrition. 2015;113(11):1828-1834.
(4) Clift J. Portion distortion. How much are we really eating? 2013.
(5) 44. Tedstone A, Coulton V, Targett V, Bennett A, Sweeney K, Morgan K. Sugar reduction and wider reformulation programme: Report on progress towards the first 5% reduction and next steps. 2018.
(6) Public Health England. Sugar reduction: Achieving the 20%. A technical report outlining progress to date, guidelines for industry, 2015 baseline levels in key foods and next steps. 2017.
(7) Ritchie J. Barriers to healthy food. Post note. 2016;522.
(8) 18. Ormston R, McAteer G, Hope S. Informed decisions? Availability of nutritional information for a sample of out-of-home food outlets in Scotland. Ipsos MORI Scotland for Food Standard Scotland. 2018.
(9) 18 Ormston R, McAteer G, Hope S. Informed decisions? Availability of nutritional information for a sample of out-of-home food outlets in Scotland. Ipsos MORI Scotland for Food Standard Scotland. 2018.
(10) Food Standards Agency. Food portion sizes. Third edition. Norwich: Food Standards Agency; 2002.
(11) Harper H, Hallsworth M. Counting calories. How under-reporting can explain the apparent fall in calorie intake. 2016.
(12) British Nutrition Foundation. Find your Balance. Get Portion Wise. An Easy Guide for Finding a Right Balance for You. 2019. Available from https://www.nutrition.org.uk/healthyliving/find-your-balance/portionwise.html

Yes – changing recipes e.g. by reducing fats and sugars and increasing fruit/vegetable/bean/pulses and fibre content

We strongly support the reformulation of food out of home in Scotland, as part of the solution to improve its quality and bring it closer to the Scottish Dietary Goals. Both sugar and calorie reformulation programmes, which are run and monitored by the PHE, apply to the OOH sector as well as to retail and manufacturers. With one programme aiming to achieve 20% reduction in the content of sugar in foods that contribute the most sugar to children's intakes by 2020, and the other programme aiming to achieve 20% calorie reduction in product categories that contribute significantly to children's calorie intakes by 2024, we hope to see positive change in the OOH sector.

Yes – applying maximum calorie limits
Yes, we strongly support introduction of mandatory calorie caps on some of products that are likely to be sold in excess. Good examples of such product are chips which are often served in very large portions (1).

1. Obesity Action Scotland. Chips to go. 2018. Available at http://www.obesityactionscotland.org/media/1203/chips-factsheet2.pdf

No – applying maximum energy densities (calories per 100g)
This is unlikely to work because some relatively healthy menu options are meant to be of high calorie density, for example dishes including oily fish, nuts and seeds, avocado and/or dressing made

of olive oil. Additionally, applying maximum energy densities that ignore portion size, would mean taking some items off the menus (such as some puddings or chips) which would be practically impossible on a national scale.

Yes – ensuring single serve packs are available as an alternative to packs containing multiple servings
Yes this would be suitable in situations where packs containing multiple servings are available out of home, to provide an alternative.

No – excluding very high calorie menu items
At this stage we think it would be difficult to establish a calorie cut-off to effectively define a very high calorie menu item. We would anticipate that measures to make calorie labelling mandatory at point of choice along with calorie capped parts of menus, half portion options and other mandatory options would enable more informed choices and greater range of options. Such mandatory measures would also result in restaurants thinking about very high calorie options and being more aware of the impact of such choices.

We would ask that this be kept under review and considered again in the future when required.

Yes – Other (please specify)
Offer more of healthier options to reduce calorie content of menus overall. A practical option is to require OOH premises to provide a portion of the menu which is calorie-capped at the level recommended by PHE calorie count for the relevant meal. This count was announced in March 2018 as a part of the PHE's 'One You' campaign and suggested a cut-off of 400 kcal for breakfast and 600 kcal each for dinner and lunch (1) allowing some calories for two healthier snacks (2) and/or drinks that would add up to around 2000 kcal for a woman and around 2500 kcal for a man. This would give greater choice to those who prefer a lower calorie option and also would start to increase the acceptability and accessibility of calorie controlled offerings across premises.

(1) Public Health England. 2018. PHE press release: 400-600-600 campaign launches to help adults tackle 'calorie creep'. Available from https://phe-newsroom.prgloo.com/news/embargoed-phe-press-release-400-600-600-campaign-launches-to-help-adults-tackle-calorie-creep
(2) Public Health England. 2018. PHE launches Change4Life campaign around children's snacking https://www.gov.uk/government/news/phe-launches-change4life-campaign-around-childrens-snacking

3. Do you agree that consumers should routinely have easy access to small or half portions?
Yes, we agree that consumer should routinely have access to small or half portions. Our recent study showed that among all outlets selling chips to go, on one of the main streets of Glasgow, only two out of 30 offered small portions, and an average portion contained 1000kcal (1).

(1) Obesity Action Scotland. Chips to go. 2018. Available at http://www.obesityactionscotland.org/media/1203/chips-factsheet2.pdf

4. Should calorie labelling at the point of choice* apply in Scotland?
*point of choice includes calorie labelling on menus, labels on shelves or display cases, and on web pages where consumers select the food items they wish to purchase

Yes. The evidence shows that providing consumers with calorie content information at the point of choice when eating out can help them to purchase and consume less calories (1). Additionally, the

same research showed absence of observed harms, therefore strengthening the recommendation to introduce this measure as a part of a wider strategy to tackle obesity.

> (1) Crockett RA et al. (2018). Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. Cochrane Database of Systematic Reviews.

5. As a food business, would MenuCal help you to provide calorie labelling?

N/A

6. As a food business, what additional support would you require to provide calorie labelling?

N/A

7. Should calorie labelling at point of choice be made mandatory in Scotland?

Yes.

Calorie labelling should be mandatory for all out-of-home businesses because the evidence shows that it can help to reduce the number of calories people consume (1). The fact that we consume approximately a quarter of our calories out of home (2) together with the finding that 98% of the UK population have eaten out in the last year (3,4) suggest that this approach is likely to have positive effect. However, only a *mandatory approach* to calorie labelling would create a level playing field and guarantee that all customers of all out-of-home food businesses have equal access to the information needed to make an informed choice.

(1) Crockett RA et al. (2018). Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. Cochrane Database of Systematic Reviews.
(2) Public Health England (2017) Sugar reduction: Achieving the 20%. A technical report outlining progress to date, guidelines for industry, 2015 baseline levels in key foods and next steps.
(3) Quirk S. (2018) Out of home in the UK: Ingredients for sustained growth.
(4) Martinez MJ, Sanchez J. (2018) Out-of-home, out of mind?

8. Should any business be exempt from mandatory calorie labelling at the point of choice?

No.

All businesses should be covered by the same requirement and appropriate support provided to smaller businesses.

A consultation in England on similar measures asked whether micro-businesses should be covered by the requirement in the same way as other businesses (1). In Scotland half of our out-of-home food visits in 2015 were to independent establishments (2). If these were not to be covered by the requirements, then customers who buy in these businesses would be put at disadvantage. Additionally, these establishments would also receive a potential commercial advantage.

Moreover, school children tend to shop in microbusinesses during lunch times. A report commissioned by Food standards Scotland (FSS) showed that the most popular outlet categories where pupils reported purchasing food or drink on the day the questionnaire was administered were takeaway, chip shop or fast food outlets (25.8%), newsagent or sweet shops (25.1%); supermarkets (23.0%), grocery or corner shops (20.1%), a sandwich shop or bakery (17%) and a burger/chip/ice cream van (11.1%) (3). There will be many micro businesses within these categories.

Additionally, micro-businesses often sell fast-foods. This was shown by one of our studies where the number of outlets that sold chips-to-go on one of the main streets of Glasgow was 30 (4). All but one of these businesses were small independent establishments such as Chinese takeaways, Indian takeaways, fish and chip shops, kebab shops, pizza shops or cafes. If these were excluded from providing calorie labelling, all people living on this street would be put at disadvantage. This point is further strengthened by PHE's findings that density of fast food outlets is higher in more deprived areas (5) and Glasgow study similarly showing that number of outlets selling fast food (and also alcohol, tobacco and gambling) increased linearly from the least to the most deprived areas (6). If these microbusinesses were not required to display calorie labelling, people living in most deprived areas could be put at a further disadvantage, potentially leading to widening of the health inequality gap.

(1) https://www.gov.uk/government/consultations/calorie-labelling-for-food-and-drink-served-outside-of-the-home
(2) NPD Group (2015) An overview of out of home market in Scotland. NPD crest data to year ending December 2015. Commissioned by Food Standards Scotland.
(3) Wills WJ, Kapetanaki A, Rennie K, et al. (2015) The influence of deprivation and food environment on food and drink purchased by secondary school pupils beyond the school gate. Report produced by the University of Hertfordshire under a contract placed by Food Standards Agency. FS411002. http://www.obesityactionscotland.org/changing-the-game
(4) Public Health England (2018) Fast food outlets: density by local authority in England. A map, area deprivation chart and data tables showing the density of fast food outlets in England, by local authority and ward. Available from https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england
(5) Macdonald L, et al (2018) Do 'environmental bads' such as alcohol, fast food, tobacco, and gambling outlets cluster and co-locate in more deprived areas in Glasgow City, Scotland? Health and Place, 51:224-231.
(6) https://menucal.fss.scot

9. Where nutrition information is provided online and on printed materials should it be standardised in the way set out in the table above?

Yes. However, in addition to 'per portion' and 'per 100g or 100ml', nutrition information should also be provided by serving, pack or meal in case it contains more than one portion (sharing option such as Nachos or popcorn).

A standard way of displaying information online and on printed materials will be crucial. This should make it easier for consumers to quickly understand and, if they wish, compare nutritional information of items they wish to purchase.

10. Where nutrition information is provided online or on printed materials, should it be mandatory that it is standardised in the way set out in the table above?
Yes.

We strongly support this proposal because it could make it easier for consumers to quickly understand and compare nutritional information of food and drink.

However we must ensure that such a change is implemented in a way that encourages its adoption and rollout. We must avoid the risk of businesses stopping providing information altogether.

11. **Which actions would change promotion and marketing practices to support healthier eating outside the home?**

Please tick as many as you think apply.
- businesses dropping practices that encourage overconsumption
- businesses positively marketing and promoting healthier choices
- raising consumer awareness through the use of social marketing campaigns
- other (please specify)

Please explain your answer.

All the above actions could potentially change promotion and marketing practices in the out of home food sector in Scotland, provided they were implemented equally in all out of home establishments.

We know that in Scotland most frequently used marketing strategies were price promotions (82% of outlets use this technique), the prominent placement of items near the tills (68% of outlets), and meal deals (64% of outlets) (1). Importantly, most of these strategies are used to sell less healthy products (1). Using these strategies to promote healthier options is likely to support healthier eating outside the home.

While raising consumer awareness is important, education efforts may have effect of increasing inequalities, therefore any effort to raise consumer awareness through the use of social marketing campaigns should be evaluated to confirm no effect on increasing health inequalities. Raising consumer awareness should be included only if it is part of a wider package of measures.

(1) Setterfield L, Eunson J, Murray L. Marketing strategies used within premises by out of home businesses. Ipsos MORI Scotland for Food Standards Scotland. 2018

12. **What types of actions could be taken to improve the food provided Out of Home in the vicinity of schools?**

Action in this area is particularly important part of any improvements to the out of home environment because more than three quarters (77.0%) of young people said they bought food or drink beyond the school gate at least twice each week; this rose to more than 90% of pupils at some of the most deprived schools studied (1).

It is important to consider both access to healthy and unhealthy foods (2). The most popular outlet categories where pupils bought food or drink were takeaway, chip shop or fast food outlets (25.8%), newsagent or sweet shops (25.1%); supermarkets (23.0%) and grocery or corner shops (20.1%) (1).

We believe that action to address this issue requires to be taken on two fronts. Firstly, action in the planning system to ensure that planning decisions on out of home provision can be made on health grounds as has proved to be effective in England (3,4). Additionally, licensing decisions may also influence food environment, as is the case for mobile burger or ice-cream vans, therefore licensing decisions should be possible on health grounds.

Secondly, while we need interventions that can improve the food offerings in the environments around schools, the evidence tells us that such steps alone are unlikely to have the necessary impact. To ensure appropriate impact, local-led interventions to improve the food environment within and around schools should involve young people in their design, fit and outcomes. Research has recommended that any interventions acknowledge young people's social and hedonic needs by engaging them in making decisions on improving the food, service, the physical and social

environment, and achieve a long-term shift in food culture in schools (1,5). Such steps must be included in any plans to improve the out of home environment around schools.

Research (1) showed that the three 'A's (availability, affordability and acceptability) are important in how young people make decisions about food choices:
1. Pupils rated taste [acceptability] and price [affordability] as important factors when deciding what to purchase beyond the school gate. The median reported that spend on food and drink beyond the school gate was £1.9810.
2. The most important factors when selecting where to eat outside school were going to the places where friends go [acceptability] to and proximity to school [availability]. Good rapport between students and retailers [acceptability], no queues [availability], time with friends [acceptability], and access to preferred food and drink from specific food outlets [availability] were very important as well.

Recognition of the three A's, and in other words interconnectedness of cultural factors, convenience and price, in this context is crucial (2). We also need to acknowledge technological progress that allows young people to use various mobile applications (such as Uber Eats, Just Eat or Deliveroo) to have the food of their choice delivered directly to their school or to an address close to the school.

We would recommend that local led interventions build on any national interventions to improve the overall OOH environment. Young people, local authority personnel and schools need to work together to design the best local interventions, fit for local contexts, to improve the food choices that young people have and make both within and around schools.

(1) Wills WJ, Kapetanaki A, Rennie K, et al. The influence of deprivation and food environment on food and drink purchased by secondary school pupils beyond the school gate. Report produced by the University of Hertfordshire under a contract placed by Food Standards Agency. 2015; FS411002.
(2) Anderson R. An obesogenic environment? Childhood obesity and urban planning. Briefing. Local Government Information Unit, 2019. Available from https://www.lgiuscotland.org.uk/briefing/an-obesogenic-environment-childhood-obesity-and-urban-planning/
(3) Ministry of Housing, Communities & Local Government. National Planning Policy Framework. 2019. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779764/NPPF_Feb_2019_web.pdf (accessed 27/02/2019)
(4) Scottish Government. Relationship between food environment and planning system: research summary. 2018. Available from https://www.gov.scot/publications/research-project-explore-relationship-between-food-environment-planning-system/
(5) Moorhouse J, Kapetanaki A, Wills WJ. *Within arm's reach: School neighbourhoods and young people's food choices.* Food Research Collaboration. 2016.

13. **Which of the following should be changed to improve food provided for children: Please tick as many as you think apply.**
    ✓ **Less reliance on menus specifically for children**
    ✓ **Provision of children's portions from adult menu items**
    ✓ **Increased use of vegetables and fruit in dishes, sides and desserts**
    ✓ **Reduced reliance on breaded/fried products**
    ✓ **Reduced reliance on chips**
    ✓ **Plain water and milk offered as standard options**
    ✓ **Reduction of drinks with added sugar**

- ✓ **Reduction of high sugar dessert options**
- ✓ **Reduction of confectionery and crisps**
- X **No changes are required**
- X **Other (please specify)**

Please explain your answer/s.

All of the proposals in this questions are likely to improve food provided to children out of home (apart from 'no changes required' point). We therefore support these proposals.

We know that the food and drinks offered out of home for children under 12 years are more likely to be even more unhealthy than for the overall population (1); as a result children in Scotland consume unhealthy options, such as regular cola, chips, fizzy drinks or ice-cream, more often than adults; this is the case for both out of home (1) and overall (2). They also consume them more often than children in other UK nations. Additionally, between 2012 and 2015 there was an increase in how often children consume regular cola and beef burgers in Scotland.

Soil Association's *Out to Lunch* campaign that looked at family food at the UK's most popular visitor attractions (including Scotland), highlighted that attractions frequently offered much healthier options to adults than to children (3). According to this survey, only 5% of the parents felt that children's food at these popular visitor attractions was good enough. Furthermore the investigated venues used promotional deals to promote unhealthy options (3).

(1) NPD Group. An overview of out of home market in Scotland. NPD crest data to year ending December 2015. Commissioned by Food Standards Scotland. 2015.
(2) McLean J, Christie S, Gray L, et al. The Scottish Health Survey. 2016 edition. Volume 1. Main report. A national statistics publication for Scotland. 2017.
(3) Soil Association. Out to Lunch 2018: Transforming family food at the UK's most popular visitor attractions. Available at https://www.soilassociation.org/our-campaigns/outtolunch/out-to-lunch-2018/ Accessed on 05/02/2019

14. **Do you agree that recognition schemes are an effective means of supporting healthier eating in the Out of Home sector?**

No.

If no, what other approaches would enable businesses to make the changes needed?

Recognition schemes may have a place in an overall approach but we believe their effectiveness is limited. Increased investment in such schemes may divert resources and attention from more effective interventions and actions. Recognition schemes may also have the potential to steepen the inequalities gradient.

Evaluation published by NHS Health Scotland showed that spontaneous awareness of Healthyliving Award (HLA) among OOH businesses was 7%, rising to 29% 'definitely aware' of the organisation when prompted with the name, and to 37% on prompting with a descriptor (2). Awareness levels clearly varied across the different sectors and were lowest amongst the High Street sector and contract caterer segment (1). The level of awareness of this recognition scheme limits its effectiveness. It has to be noted that this scheme has been active in Scotland for over a decade with little evidence of effectiveness.

Possibly, effectiveness of a recognition scheme depends on what it recognises. A recognition of 'health' or 'healthiness' may put people off. Tastiness is people's primary preference when choosing what to eat (2, 3). A recently published set of studies compared the effects of traditional health-

focused labelling to a taste-focused labelling on adults' selection and enjoyment of healthy foods (5). It showed that taste-focused labelling was a low-cost strategy that increased healthy food selection by 38% long-term and outperformed health-focused labelling on multiple smart food policy mechanisms (4). Therefore, a scheme that recognises tastiness of food may be more successful than one focussing on health.

A successful example of a recognition scheme used by a large number of businesses and millions of consumers around the world is TripAdvisor. It is a website and related applications that map places to eat; its users can rate food, service and value, and comment on other aspects of eating out. TripAdvisor does not rate healthiness of food.

Similarly, New Nordic Food – a food movement in the Nordic countries focuses on hedonic side of eating as well as sustainability and seasonality, rather than on healthiness only. Over the past 10 years, the Nordic governments, through the New Nordic Food Programme have collectively taken this new approach that seeks to change the food culture and consumption patterns of their people. Government policies played a key role in promoting a new and more sustainable Nordic cuisine to international fame but others played their part including world renowned chefs and the private sector. New Nordic Food movement started with the New Nordic Food Manifesto that encompasses this approach (5).

(1) Menekse Suphi, M., Bishop, M., Miller, A. Limited Healthyliving Award Awareness and insight gathering – market research. February 2015. Scott Porter Research for NHS Health Scotland. Available at http://www.healthscotland.com/uploads/documents/25268-Healthyliving%20award%20Awareness%20and%20insight%20gathering%20Market%20research.pdf

(2) Aggarwal, A., Rehm, C.D., Monsivais, P., Drewnowski, A., 2016. Importance of taste, nutrition, cost and convenience in relation to diet quality: evidence of nutrition resilience among US adults using National Health and Nutrition Examination Survey (NHANES) 2007–2010. Prev. Med. 90, 184–192.

(3) Glanz, K., Basil, M., Maibach, E., Goldberg, J., Snyder, D., 1998. Why Americans eat what they do: taste, nutrition, cost, convenience, and weight control concerns as influences on food consumption. J. Am. Diet. Assoc. 98 (10), 1118–1126.

(4) Turnwald, B.P., Crum, A.J. Smart food policy for healthy food labeling: Leading with taste, not healthiness, to shift consumption and enjoyment of healthy foods. Preventive Medicine 119 (2019) 7–13.

(5) Nordic Co-operation. New Nordic Food Manifesto. Available at https://www.norden.org/en/information/new-nordic-food-manifesto

15. Do you agree that the following actions should be adopted by the public sector? This includes health and social care settings, local authorities, leisure centres and visitor attractions, including where catering services are contracted out. Note this question does not apply to school food, hospital food for patients or prison food.

• Calorie labelling at the point of choice
• Reducing portion sizes
• Provision of small or half portions
• Changing recipes to lower calories by reducing fats and sugars and increasing fruit/vegetable/bean/pulses and fibre content
• Caterers redesigning menus to exclude very high calorie menu items
• Improvements to food for children where served
• No promotion or marketing of HFSS foods, including no upselling or upsizing

Yes.

Yes, we agree that the actions outlined in this question should be adopted by the public sector. The public sector in Scotland should be an exemplar of good healthy food and nutrition, as encapsulated in the Outcome 4 of the recently published Scotland's Diet and Healthy Weight Delivery Plan: "Leaders across all sectors promote healthy diet and weight".

Currently it is normal to see vending machines selling unhealthy products in publicly owned leisure facilities or visitor attractions in Scotland. We are also aware of anecdotal evidence of frequent unhealthy food options in publicly owned libraries, museums and leisure centres. Change in these premises could lead the way and have a significant impact on changing food choices.

Our concern would be ensuring that such improvements can include the many premises that are now operated as charitable trusts or Arms Length External Organisations (ALEOs) as a significant number of leisure centres and cultural venues are now operated this way.

16. **Would the proposals outlined in this consultation impact on the people of Scotland with respect to:**
• Age
• Disability
• Gender reassignment
• Pregnancy and maternity
• Ethnicity
• Religion or belief
• Sex
• Sexual orientation
• Socioeconomic disadvantage
Please explain your answer, considering both potentially positive and negative impacts, supported by evidence, and, if applicable, advise on any mitigating actions we should take.

The effect of current proposals would depend on what exactly they will be. For example if some businesses are exempt from mandatory calorie labelling at the point of choice (Question 8 of this consultation), then this could potentially impact people from low social-economic backgrounds. Recent research showed that in Glasgow outlets selling fast food, alcohol, tobacco and gambling were clustered together and that the numbers of these clusters increased linearly from the least to the most deprived areas (1). If these outlets were not required to display calorie labelling, those living in most deprived areas could be put at a further disadvantage, potentially leading to widening of the health inequality gap.

An independent comprehensive evaluation should be commissioned to keep track of the policy's impact on people from lower socio-economic backgrounds as well as on the policy's effectiveness on food choices and reformulation. This is essential.

1. Macdonald L, et al (2018) Do 'environmental bads' such as alcohol, fast food, tobacco, and gambling outlets cluster and co-locate in more deprived areas in Glasgow City, Scotland? *Health and Place*, 51:224-231.

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

We would urge Food Standards Scotland to move forward to implement mandatory measures in for the out of home sector as soon as possible.

Additionally, the calorie labelling requirement should also include alcohol. Although alcohol was not mentioned in the proposal, we do not see any logical reason to exclude it from menu calorie

labelling requirement in the out of home setting. Alcohol not only contributes to the overall calorie intake (in Scotland between 2001 and 2015, it contributed to between 3.6 -3.8% of energy (1)) but alcoholic drinks also often contain considerable amounts of sugar and are mixed with sugary soft drinks or syrups (2). It was estimated that men in Scotland who drink alcohol consume around 1100 kcal a week from alcohol; and women in Scotland who drink alcohol consume around 810 kcal a week from alcohol (2).

Many people do not realise the calorie content of alcoholic drinks (3). Showing the calorie content of drinks sold out of home would help people realise how calorific alcoholic drinks are.

1. Barton K, Masson L, Wrieden W (2018). Estimation of Food and Nutrient Intakes from Food Purchase Data in Scotland 2001-2015. Aberdeen, Food Standards Scotland
2. Food Standards Scotland (2018) Situation Report. Scottish Diet: It Needs to Change. 2018 Update.
3. National Obesity Observatory (2012). Obesity and alcohol: an overview.

Obesity Action Scotland provide clinical leadership and independent advocacy on preventing and reducing overweight and obesity in Scotland.

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