

Key Facts: Product

Nutrition status of the UK population (complete table attached in appendix)

Dietary component		Why?	Are we meeting it?
Fruit & veg	At least 5x80g/d	⊗ risk some cancers, CVD and other chronic diseases	2.8x80g/d
Fat	Average 35% E	⊗ risk CVD and ⊗ energy density of diets	Average 35% E
Saturates	Average 11% E	⊗ risk CVD and ⊗ energy density of diets	Average 13% E
Trans fatty acids	Less than 2%E as a population target (set by COMA in 1994)	⊗ risk CVD	Average 1%E (SACN 2007); 2%E level exceeded by 3% population. Low income group – 9% males and 6% females exceeded the 2%E level (LIDNS)
Alcohol	3-4 units/d (☐); 2-3 units/d (☐)	Minimise risk of liver disease, CVD, cancers, injury (accidents & violence)	60% (☐) exceed 44% (☐) exceed
Salt	Average 6g/d	⊗ risk hypertension and CVD	Average 8.6g/d (2008); (9.5 g in 2000/01)

Food and Alcohol Labelling

Regulating food and the majority of alcohol labelling is a European competence

Food Labelling

Multiple traffic light signpost labelling is supported by 8 retailers, 26 manufacturers, and 1 fast food restaurant

GDA based schemes are used by 80 major manufacturers, retailers and food service organisations

There are some important differences between these schemes:

Multiple Traffic Lights	GDA Based Schemes
Interprets nutritional information to score the assessed product and communicate that score to the consumer	Provides nutritional information without judgment
Designed for use in 7 categories of composite, processed foods e.g. ready meals, breakfast cereals, pies and pizzas	Applicable to all product categories and channels
Based on assessment of 100g of product	Based on per portion information
Calories and per portion information are not a routine part of the FSA Scheme focusing instead on sugar, salt, fat and saturated fat. However, technical guidance states “information on Guideline Daily Amounts and calories can be provided”	Provides information on calories per portion (complementing the FSAs decision to encourage the use of calorie per portion information in catering establishments – see ‘Eating out of the home’ below) as well as covering sugar, fat, saturated fat, and salt

27% of UK consumers report that they look for nutrition information when shopping

Eating out of home

Restaurants, cafes, work canteens and other food outlets provide one in six meals in the UK and on average capture 27% of consumer food expenditure

Men get 25% of their total energy intake and women 21% of energy from eating out of home

More than a billion meals are provided each year by the public sector in England and Wales alone

The catering sector has seen sales triple between 1981 and 2005

According to the FSA, 85% of consumers agree that restaurants, pubs and cafes have a responsibility to make clear what is in the food that they serve; 80% of consumers say that nutrition information would be most useful at the point at which they choose to order food.

Alcohol

The average strength of beer has increased from c.3.65% abv in 1953 to c.4.2% abv in 2008

The average strength of wine has increased from c.11.7% abv in 1997 to c.12.9% abv in 2008

Between 1990 and 2003, alcohol consumption by drink has changed significantly:

Drink type	% Share of throat, 1990	% Share of throat, 2008	% Change 1990-2008
Beer	57%	40%	-29.8%
Wine	18%	32%	+77.8%
Cider	4%	8%	+100%
Spirits	21%	19%	-9.5%
Flavoured Alcoholic Beverages	-	1%	-

Food advertising

Phase 1 and 2 of Ofcom's HFSS restrictions delivered the following changes:

- HFSS advertising seen by children in all dayparts, down 29%
- 69% of children are seeing less food and drink advertising using licensed characters
- 36% are seeing fewer adverts with brand equity characters
- 18% are seeing fewer with health claims

Between 2003 and 2006, food and drink advertising to children between 4 and 9 years of age decreased by 29%, while obesity levels in children under the age of 10 rose by c.10%

Alcohol advertising

Research in three different provinces of Canada – British Columbia, Manitoba, and Saskatchewan – that banned alcohol adverts in three separate instances did not find that it led to reduced consumption of alcohol

However, there is evidence to suggest alcohol advertising does play a role in influencing young people's perceptions of drinking norms and behaviour towards alcohol consumption:

- 88% of 10-13 year olds and 96% of 14-17 year olds are aware of alcohol advertising and 76% of these (across the whole age range) could identify 3 or more adverts when the name brand was masked
- young people, even 10-12 year olds were adept at interpreting the messages, images and targeting of alcohol advertisements, in the same way as adults
- 86% enjoyed alcohol advertisements. Proportionately more drinkers than non-drinkers had seen alcohol advertisements and appreciated them

Appendix

Table 1: The Nutritional Wellbeing of the UK population (extracted from paper by SACN 2008, derived from National Diet and Nutrition Survey data)

Dietary component		Why?	Are we meeting it?	
Fruit & veg	At least 5x80g/d	⊗ risk some cancers, CVD and other chronic diseases	2.8x80g/d	•
Oily fish	At least 1x140g/wk	⊗ risk CVD	0.3x140g/wk	•
NMES	< 11% E (~60g/d)	⊗ risk dental caries	Up to 19% E	•
Fat	Average 35% E	⊗ risk CVD and ⊗ energy density of diets	Average 35% E	•
Saturates	Average 11% E	⊗ risk CVD and ⊗ energy density of diets	Average 13% E	•
Trans fatty acids	Less than 2%E as a population target (set by COMA in 1994)	⊗ risk CVD	Average 1%E (SACN 2007); 2%E level exceeded by 3% population. Low income group – 9% males and 6% females exceeded the 2%E level (LIDNS)	•
NSP	Average 18g/d (adults)	To improve GI health (plus other functions)	Average ~13g/d; 15.2g (), 12.6g ()	•
Alcohol	3-4 units/d (); 2-3 units/d ()	Minimise risk of liver disease, CVD, cancers, injury (accidents & violence)	60% () exceed 44% () exceed	•
Salt	Average 6g/d	⊗ risk hypertension and CVD	Average 8.6g/d (2008); (9.5 g in 2000/01)	•
Vitamins/ Minerals & Energy	DRVs	To promote optimum health and prevent deficiency	Evidence of low intakes for some vitamins and minerals e.g. iron - 47% girls aged 11-18, 42% women aged 19-24, 41% aged 25-34 have intakes below the LRNI (lower reference nutrient intake - likely to be inadequate for all but 2.5% of the population). See Table 2 for further examples	• •
Vitamin D	DRV exists for young children, pregnant & lactating women, those over 65	To prevent vitamin D deficiency	Evidence of low status in most age groups, especially older children, young adults (28% women, 24% men) and elderly people (38% of those in institutions)	
Body weight	BMI 18.5-25kg/m2	⊗ risk some cancers, CVD and other chronic diseases	66% () & 53% () over BMI 25	•
Physical activity	At least 30 mins 5 d/week	⊗ risk of obesity, CVD, some cancers. Improved bone health & wellbeing	Only 35% _ & 24% _ meet the targets. 70% boys & 61% girls.	•

Table 2: proportion of British females, by age, with intakes of selected nutrients below the Lower Reference Nutrient Intake (LRNI) level (by definition only adequate for those with the bottom 2.5% of requirements for that nutrient)

Age (years)	% British Females below LRNI							
	< 4	4 - 6	7 - 10	11 - 14	15 - 18	19 - 34	35 - 64	65+
Riboflavin	0	0	1	22	21	12	5	9
Vitamin B6	1	5	0	1	5	7	1	2
Vitamin B12	0	0	1	1	2	1	1	1
Folate	0	1	2	3	4	3	2	5
Vitamin A	8	7	9	20	12	13	5	3
Iron	16	4	3	44	48	40	23	5
Calcium	1	2	5	24	19	7	5	9
Magnesium	0	2	5	51	53	21	9	23