



CSE'S NATIONAL CONCLAVE ON SUSTAINABLE FOOD SYSTEMS 2022

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Junk food is/are...

- Not foods but are **factory** products; neither produced nor consumed like regular foods; our **kitchens** don't have chemicals used manufacturing them highly **unbalanced** and **addictive**; Like tobacco, consumers need to be **warned** about junk foods
- Not only high in salt, sugar or fats (ingredients of concern); but also low in fibre and micronutrients; '**HFSS**' (high in fat, sugar or salt) nomenclature therefore only tells **one half** of the story
- Industry has managed to not let the regulator define 'junk food', despite description on junk food by ICMR-NIN which says **Unhealthy (junk) foods are:**

Unhealthy foods are those containing little or no proteins, vitamins or minerals but are rich in salt, sugar, fats and are high in energy (calories). Some examples are chocolates, artificially flavored aerated drinks, potato chips, ice creams, french fries etc. -

- Globally evolved understanding of '**ultra-processed**' foods useful and logical; regulator wants to stick to **limited** HFSS terminology but is keen to include '**positive**' nutrients as part of the Front-of-pack labelling
- Globally indicted for bad health; strictly regulated in several countries unlike India; Same set of companies are allowed to have **double standards**



What we have? Consumer (un)friendly back of pack nutrition labels...

- Designed to **hide** more than disclose; to **confuse**; to **not tell** how bad JUNK FOOD is
- Too many numbers; too much text; too small size; difficult to see and understand
- Requires comprehension, understanding of English, nutrition science, mathematical skills. **Too much to ask** from the Indian consumer
- Only **one language**; helps push **serving size** narrative
- Suited for compliance and scientific understanding but not for consumer - **proven ineffective**
- **Too late** on this as well; Salt (that too as sodium) made mandatory in 2021 (hypertension is a household phenomena but ability to understand **sodium to salt conversion** hardly found!)

Borrowed from the Nutrition facts label of US (home of ultra-processed foods)

Nutrition Facts			
Serving Size 1 cup (228g)			
Servings Per Container 2			
Amount Per Serving			
Calories 250	Calories from Fat 110		
		% Daily Value*	
Total Fat 12g			18%
Saturated Fat 3g			15%
Trans Fat 1.5g			
Cholesterol 30mg			10%
Sodium 470mg			20%
Total Carbohydrate 31g			10%
Dietary Fiber 0g			0%
Sugars 5g			
Protein 5g			
Vitamin A			4%
Vitamin C			2%
Calcium			20%
Iron			4%
*Percent Daily Values are based on a 2,000 calorie diet Your Daily Values may be higher or lower depending on your calorie needs.			
	Calories	2,000	2,500
Total Fat	Less than	65g	50g
Sat Fat	Less than	25g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrates		300g	375g
Dietary Fiber		25g	30g



FOPL in India – a journey of delays and dilutions

- **Phase 1** (2013-2018) – from recommendation of FOPL for the first time to the first draft regulation by FSSAI (good part was WHO-SEARO based thresholds/limits)
- **Phase 2** (2019-2021) – from second FSSAI draft regulation in 2019 (weaker than 2018), which was repealed due to industry pressure after CSE study on salt and fat levels; and then up to a series of stakeholder consultations during Jan-June 2021, which were heavily dominated by industry and extremely weak limits were proposed
- DTE cover story of Sept 2021 captures the journey until phase 2 marked by ‘one step forward and two steps backward’ due to a **weak regulator** and **powerful industry**
- **Phase 3** (Feb 2022 onwards): **lowest point**; danger of going back in policy, when FSSAI is planning to introduce a pro-industry FOPL labelling system (Health Star Rating) in an orchestrated way





Issues with HSR – misleading and pro-industry



- The depiction of '**Stars**', the words '**Health**' and 'Star' and the concept of **more stars** to depict less unhealthy product, create a positive connotation. Even **one 'Star'** has a positive connotation despite being unhealthy. 'Stars' are aspirational for the Indian consumer (association with star-rated hotels or consumer electrical appliances)
- The word 'Health' is an **antithesis** to these unhealthy foods and if associated with more 'Stars', incorrectly suggest more health.
- If compared, with the **label on cigarette packs** in India, which carry the images of cancer-affected lungs, the HSR on food packs **appear farce**. There is a reason why cigarette packs do not carry 'Stars' or similar images with positive connotation
- In fact, more **vulnerable like children**, are exposed to them, thereby **warranting** a similar level of warning.



Issues with HSR – misleading and pro-industry



- The **algorithm** to calculate number of 'Stars' includes **positive ingredients** such as fruits, vegetables, nuts or legumes, which should not be the case. It can be **misused and manipulated** by the food industry to get more 'Stars' while the food remains still unhealthy
- It is **well accepted** including by the Indian scientific community that addition of such nutrients (in most cases, if not all) will not convert such **bad foods into good foods**. Addition of such ingredients would not be to the extent to make it a near-balanced diet/food but will give enough room to have more 'Stars'
- Also, addition of positive nutrients in many cases **does not reduce the level of bad ingredient** (instead, it may increase total levels). For example, the level of salt or sugar will not decrease if a fruit, nut or vegetable is added
- Moreover, because it is voluntary, **companies choose** to put it on products that they have managed more 'Stars'. This also means that not all products of different companies in the same category may necessarily have HSR.



Issues with HSR – misleading and pro-industry



- HSR is a **summary indicator**, instead of a nutrient-specific FOPL. It just indicates the overall summary (through stars in this case), instead of informing consumers about a **particular nutrient** – salt, sugar, or fat and calories – is high or low.
- Summary indicators can therefore **mislead consumers** by portraying that it gives an **overall picture** (of health) but in reality, not give the **critical information** required. For example, a diabetic or a hypertensive, will not be able to know easily from the HSR, if sugar or salt level is high. On the contrary, he/she may choose a product with more 'Stars' but a high level of sugar or salt in it.
- Another major drawback of summary indicators, is that it will fail to develop a **long-term awareness** among the Indian consumer about the nutrients of concern and therefore will be a **lost opportunity** to positively **influence** the **food habits** towards a more **balanced diet**.



Issues with HSR – misleading and pro-industry



- Only **two countries** (Australia and New Zealand) have adopted HSR. Many countries have rejected it during their process to adopt FOPL. Even in Australia and New Zealand, they are voluntary and not mandatory.
- The latest five-year review conducted in 2019 also highlights that **only about one-third of products** carry HSR labels, about half of the consumers were not aware that HSR is meant to compare products
- There are several studies which have highlighted their problems and ineffectiveness.
- There are several other issues which add to the confusion and the Indian consumer can be misled. For example, how many 'Stars' make a product healthy? What about 3 'Stars'? are more 'Stars' in a particular product healthier than less 'Stars' in another product?
- The reality is HSR was meant to create comparison among products in a particular food category. It creates an impression that a product with 2 'Stars' is healthier than a product with 1 'Star', but does not inform that both could still be unhealthy.



Issues with thresholds - being discussed

The thresholds recommended by FSSAI's scientific panel (in Feb 2022) are not stringent. There are several food products as well as food categories (more so for solid foods and for calories, total sugars and sodium), wherein the current recommended thresholds are much higher than what was proposed by FSSAI earlier (for sodium and saturated fat in 2019) and WHO-SEARO in its nutrient profile model (such as for calories and total sugars) on which the FSSAI thresholds were based.





Issues with thresholds - being discussed

- Thresholds provided for **two categories** (solids and liquids) instead of food or food category specific thresholds (as proposed earlier by FSSAI in 2018 and 2019) is not the good idea from the perspective of consumer interest.
- This one **value/cut-off** for all solid or liquid foods leaves enough margin for several foods in respective categories to bypass the FOPL stringent labelling (such as in the case of a warning label). This becomes even more **problematic if this one value/cut-off is not stringent**, as is the case with currently recommended thresholds (in Feb 2022) by FSSAI's scientific panel.
- The often-stated **ease of enforcement** with two category thresholds (two plus dairy thresholds) must **not outweigh the benefits** that a food product/food-category specific threshold can offer to the consumer health.
- Moreover, the two-category thresholds cannot be allowed to be the **reason for adoption of summary indicators like HSR**, knowing that they can well be used for warning labels as has been done by many countries.



Issues with IIM-A study – used as a basis to push HSR

- As there are no respondents **below 18 years**, the findings miss out on responses from the most important and bigger consumer group i.e., children and adolescents.
- The '**High in**' warning label included in the study had text and in **English language**. Considering, the break-up of rural / urban population from different states and education levels of the responded, it is quite likely that a sizeable proportion of the respondents may have found some difficulty in interpreting the text. For example, about 14 percent did not attended school and about 14 per cent were educated less than class 10.
- Instead, **a truly symbol-based label like that of Israel** (or any other which could have been created), which can transcend the language and literacy barriers would have given much more balance to the study design.
- HSR design opted for the study was not the one with numbers. It was just the stars. So effectively, **this was more like a symbol-based model, put up against the text-based warning label (similar to that of Chile)** instead of the symbol-based warning label (similar to that of Israel).
- **But the reality is that HSR includes positive nutrients and warning labels do not. They are not comparable on several aspects.**



Issues with IIM-A study – used as a basis to push HSR

- **The results show that warning labels ranked first on the ‘reliability of information provided’ and was a close second on ‘ease of understanding of label’ and less ‘complexity’ and a close third on ‘ease of identification of label on pack’. With no rank 5, it was a more consistent performer across all five parameters.**
- **On the other hand, HSR ranked 1 on ‘ease of identification of label on pack’, ‘ease of understanding of label’ and less ‘complexity’ but ranked 5 on an important parameter like ‘labels help detect presence on excess of an unwanted nutrient’.**
- **The results also show that warning labels got broad-based support across age groups and occupations, with more preference among students and young, who are key consumers of major junk foods like chocolates, ice-creams, chips, carbonated beverages etc.**



Issues with IIM-A study – used as a basis to push HSR

- The final recommendation on HSR does not seem to be an appropriate conclusion from the findings. a) It seems that the ‘ease of identification’ and ‘ease of understanding’ is given more importance than critical parameters like ‘reliability of information provided’ and consistent performance on all parameters; b) In light of the options given and not given to choose from at its first place (as mentioned above), the conclusion appears to have resulted from a bias; c) HSR and warning labels are too distinct to be compared together at its first place. Other than the design, both systems have very different approaches to arrive at thresholds and the objectives vary significantly.**



What we need?

- **Need a simple and effective way to inform the consumer – to help choose healthy food**
- **Symbol/graphic based nutrient-specific warning labels (with no-limited text) most suited for India; can transcend language and literacy barriers**
- **Israel's symbol based is more suitable for India**



Symbol-based WARNING Label of Israel



High-in Warning Label of Chile