Front-of-Package Nutrition Labeling — An Abuse of Trust by the Food Industry?

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On January 24, 2011, two major food-industry trade associations, the Grocery Manufacturers of America (GMA) and the Food Marketing Institute, announced a new and voluntary nutrition-labeling system that major food and beverage companies would use on the front of packages to “help busy consumers make informed choices.” The chair of the board of GMA said, “Our industry has stepped up to the plate in a big way to help improve public health and combat obesity, and this program is a very important step in the right direction.” The industry will spend $50 million to “educate” the public about the new system.

This program, called Nutrition Keys, follows on the heels of an industry free-for-all in which different companies used different, and in many cases self-serving, symbols to communicate how healthful their products were. An example is the Smart Choices program, whereby industry established nutrition criteria that would qualify products for a special Smart Choices label. This enterprise was met with disbelief when products such as Froot Loops and Cocoa Krispies qualified as Smart Choices, and after an investigation by Connecticut’s attorney general, critical comments from the Food and Drug Administration (FDA), and negative press, the industry discontinued the program.

The question now is whether the latest industry action is good for public health or should be challenged and stopped. Much is at stake, since tens of thousands of products would carry the new Nutrition Keys symbols. With obesity rates so high, some foods specifically associated with an increased risk of weight gain (see article by Mozaffarian et al. in this issue of the Journal, pages 2392–2404), and other foods linked to diseases such as hypertension and stroke, new ways to help consumers quickly judge the nutritional quality of products could be beneficial.

At first glance, the industry action might seem positive — a single standardized system with objective nutrition information might guide better food choices. The industry plans to list the amount and percentage of the recommended daily value (%DV), when available, for calories, saturated fat, sodium, and sugars. This is justifiable because the population should limit its intake of each of these components. Companies will also have the option of listing two additional “nutrients to encourage,”
choosing at their discretion from among potassium, fiber, protein, vitamin A, vitamin C, vitamin D, calcium, and iron. The label prototype is shown in Figure 1.

There are, however, major flaws in this approach. First, the timing of this action by the food industry is suspicious at best, and the move is being made in a political context where the industry is pitted against both government and the public health community. The White House and the FDA have been in discussions with industry about an optimal labeling system, but the industry proceeded in a unilateral manner nonetheless.

Most troubling is the fact that the industry announced its own approach even though the Centers for Disease Control and Prevention and the FDA have already commissioned an objective body, the Institute of Medicine (IOM), to convene an expert committee and issue recommendations for front-of-package labeling. The IOM committee is scheduled to release its final report this fall.

Why would the industry not simply wait for the recommendations of this group of objective experts? Perhaps so that it could lock in a system that would change food choices as little as possible and preempt the imposition of an alternative system that would be based on the available relevant science.

More than a dozen systems for front-of-package labeling have been developed, and some of them have been tested. The Keyhole program in Sweden and the Choices program in the Netherlands are examples. Another is the traffic-light system used in Britain (see Fig. 2). This system is based on a nutrient-profiling approach developed at Oxford University, which is also the basis for deciding which foods can be marketed to children on television in Britain and will be used in Australia to allow health claims to be made on food packaging. Taken together, the research on front-of-package labeling systems would suggest that the industry’s Nutrition Keys system violates several key requirements for an effective approach.

The Nutrition Keys label may confuse consumers by including so many symbols, especially when the nutrients listed can be changed at the food company’s discretion. Further confusion may be generated by the fact that a high number is considered bad for the mandatory components but good for the optional nutrients. In addition, the %DV concept is not easy to communicate, particularly since the typical shopper examines a package for only a few seconds before making a decision. Much more than the $50 million that the food industry pledges to spend would be required to educate consumers about the concept of daily values. In addition, this system leaves open the possibility that food companies will fortify foods of questionable nutritional value in order to award themselves more positive labels; the traffic-light approach avoids this flaw since its nutrient-profiling system doesn’t award points for adding nutrients.

The most notable deficiency of the industry system is its lack of a science-based, easily understood way to show consumers whether foods have a high, medium, or low amount of a particular nutrient. This lack represents a key difference between the industry’s system and the traffic-light system, and it makes a major difference to food companies. The food industry spent no less than $1.5 billion lobbying against the European Union’s adoption of the traffic-light approach, opposing most aggressively the use of a red light suggesting that any food was too high in anything.

A public health objective of front-of-package labels is to offer consumers quick and easy insight into the nutritive value of, and risks associated with, the product in front of them. Effective front-of-package information would permit rapid evaluation of the relative merits of several similar products available on a supermarket shelf. The traffic-light system may permit such an assessment, allowing purchasers to consider how best to maximize the proportion of green- and yellow-stamped items in their food cart and minimize the proportion of packages with red stamps.

A mantra of the food and beverage industry is that “there is no bad food.” Even if that
were true, there still would be better and worse or more healthful and less healthful foods. The traffic-light system facilitates such a relative assessment and thus may promote more informed decision making. In addition, the greater value of the traffic-light approach may lie in its ability to motivate manufacturers to reformulate their food products to diminish red classifications and, in so doing, to improve the overall healthfulness of the food supply.

Evaluation of the various classification models for front-of-package labeling is under way. The effectiveness of any given system may vary with the population’s nationality, culture, level of health literacy, and socioeconomic status. The IOM is currently undertaking an assessment of front-of-package alternatives — hence our dismay at the unilateral, unscientific, preemptive approach taken by the food companies. The industry leaders who profess to be responsible partners in preventing and controlling the obesity epidemic have an opportunity now to reject this noncollaborative, premature approach and show good faith by awaiting the IOM report and endorsing the best evidence-based approach to front-of-package labeling. Otherwise, industry may have proven itself untrustworthy again and raised the risk of what it wishes to avoid — government’s exercising its authority to mandate some types of labeling and to restrict others.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

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Nowhere Left to Hide? The Banishment of Smoking from Public Spaces

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On May 23, smoking in any New York City park, beach, or pedestrian mall — from Van Cortlandt Park in the Bronx to Brighton Beach in Brooklyn — became illegal. The city council passed the ban last fall by a vote of 36 to 12, rejecting a compromise proposal that small areas remain available to people who wanted to smoke. “I think in the future,” the city’s health commissioner, Thomas Farley, said at a public hearing, “we will look back on this time and say ‘How could we have ever tolerated smoking in a park?’”

New York City has often been a bellwether for the passage of public health laws, and there was symbolic significance in the fact that such iconic public spaces as Central Park and the pedestrian plazas of Times Square would be closed to smoking. Yet though the city’s action may prove influential, it was not radical. According to the American Nonsmokers’ Rights Foundation, more than 500 municipalities in the United States have passed some type of law banning smoking in outdoor recreation areas (see table). Such laws have been enacted in 43 states, most of them during the past 10 years.

The elimination of cigarettes from parks, beaches, and other outdoor spaces represents the most recent phase in a trend that began four decades ago, when the demarcation of areas where smoking would be allowed or prohibited emerged as the central point of conflict for tobacco-control efforts. Initial restrictions focused on enclosed spaces where nonsmokers faced prolonged exposure to secondhand smoke. In 1973, the Civil Aeronautics Board required airlines to designate nonsmoking sections of airplanes for domestic flights; similar rules for interstate buses soon followed. Over the next several years, cities began requiring that restaurants set aside seats for nonsmokers. The stated rationale for these early measures was not a paternalistic one — that smokers must abstain for their own good — but rather the protection of nonsmoking bystanders. Strikingly, these early restrictions were implemented in the absence of scientific data that secondhand smoke posed a health threat to nonsmokers. Instead, the measures advanced on the prem-