Food Standards Scotland

For safe food and healthy eating

Briefing paper on discretionary foods and drinks

Prepared by the Public Health Nutrition Division, Food Standards Scotland.

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At Food Standards Scotland We have a unique role, working independently of Ministers and industry to provide advice which is impartial, and based on robust science and data.

Our remit covers all aspects of the food chain which can impact on public health – aiming to protect consumers from food safety risks and promote healthy eating

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Abbreviations

DISH	Dietary Intake in Scotland's Children
FSS	Food Standards Scotland
HFSS	High fat, salt or sugar
KCAL	Kilocalories
LCFS	Living Cost and Food Survey
NPM	Nutrient Profile Model
NDNS	National Diet and Nutrition Survey
PHS	Public Health Scotland
SACN	Scientific Advisory Committee on Nutrition
SG	Scottish Government
SHeS	Scottish Health Survey
SDGs	Scottish Dietary Goals
SIMD	Scottish Index of Multiple Deprivation

Glossary

Discretionary foods	A collective term used in this paper for discretionary foods and drinks. Items of food and drink which are high in calories and/or fats, sugar or salt, low in nutritional value, and which aren't required for health.
Free sugars	This comprises all sugars (monosaccharides and disaccharides) added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices. Under this definition lactose when naturally present in milk and milk products is excluded. Also referred to as added sugars.
Out of home	Any food or drink bought and eaten away from home, including 'food on the go' and any takeaway or home delivered food.
Scottish Dietary Goals (SDGs)	The SDGs describe, in nutritional terms, the diet that will improve and support the health of the population in Scotland. They indicate the direction of travel, and the extent of the dietary change needed, to reduce the burden of obesity and diet-related disease in Scotland. The Goals underpin diet and health policy in Scotland and will be used for scientific monitoring purposes.
Scottish Index of Multiple Deprivation (SIMD)	SIMD is a tool for identifying the places in Scotland where people are experiencing disadvantage across different aspects of their lives. SIMD gives a ranking for each small area, or data zone, which shows how deprived that area is compared to other areas. SIMD 5 = least deprived quintile SIMD 1 = most deprived quintile
Sugar containing soft drinks	Also referred to as soft drinks with added sugar or sugary drinks.

1. Introduction and purpose

1.1 In 2015, Food Standards Scotland (FSS) introduced the term discretionary foods within its Situation Report, based on evidence identifying these foods and drinks as significant contributors to intakes of calories, fats and sugars in diets in Scotland. The term refers to confectionery, biscuits, crisps, savoury snacks, cakes, pastries, puddings and sugar containing soft drinks. These foods are not required for health yet make a significant contribution to diet.

1.2 Data from the estimation of food and nutrient intakes from food purchase data in Scotland between 2001 and 2018 and the Scottish Health Survey (SHeS) 2024 shows that diet in Scotland has seen little change since 2001. FSS analysis on the consumption of discretionary foods and drinks and other categories of dietary concern showed that in 2021, these foods account for, on average, 260kcal per day, 15% of total energy intakes, 17% of total fat, 18% of saturated fat and 38% of free sugars intake in Scotland.

1.3 Policy efforts to reduce discretionary food consumption have included planned regulations to restrict promotions of high fat, sugar, or salt (HFSS) products. FSS has proposed a number of measures for improving the diet in Scotland**,** many of which have been adopted within the Scottish Government's (SG) 2018 Healthier Futures Delivery Plan and Out of Home Action Plan (2021). Improving diets is challenging, and a range of measures are needed to transform the food environment and shift consumer behaviours

1.4 This paper aims to provide an update to the 2018 FSS briefing on discretionary foods. The previous report concluded that reducing intakes of these foods, (which convey little or no nutritional benefit), by half would be a key step toward achieving the Scottish Dietary Goals (SDGs), which aim to improve population health.

1.5 The current paper presents the most recent data, reinforcing and strengthening the need to reduce discretionary food consumption. This position is underpinned by robust evidence on diet related health in Scotland, including dietary modelling for the Eatwell Guide and Eatwell Everyday resources, alongside data on dietary intake, retail purchasing trends, and public attitudes gathered through FSS consumer surveys and research.

2. Food Standards Scotland definition of discretionary foods and drinks

2.1 In the UK, foods and drinks high in fat, sugar or salt are defined by the UK nutrient profiling model (NPM). Discretionary foods, as defined by FSS, are a subset of HFSS foods, comprising of confectionery, sweet biscuits, crisps, savoury snacks, cakes, sweet pastries, puddings, ice cream, dairy desserts categories and sugar containing soft drinks. These are low in nutritional value and not required as part of a healthy diet. Further details on the UK NPM are included in Annexe 1.

2.2 The rationale for separating the discretionary foods categories from other HFSS food categories is based on the following:

• Non-discretionary HFSS foods are often consumed as part of a meal rather than as a snack or treat for example some processed meats, potato and dairy products. Whilst these foods may contribute considerably to calories, fats, sugars or salt, they can also provide some beneficial nutrients, such as protein, iron, calcium and dietary fibre. A higher proportion of products within these categories are also likely to pass the current UK NPM compared with discretionary foods. (For more information see Annexe 1).

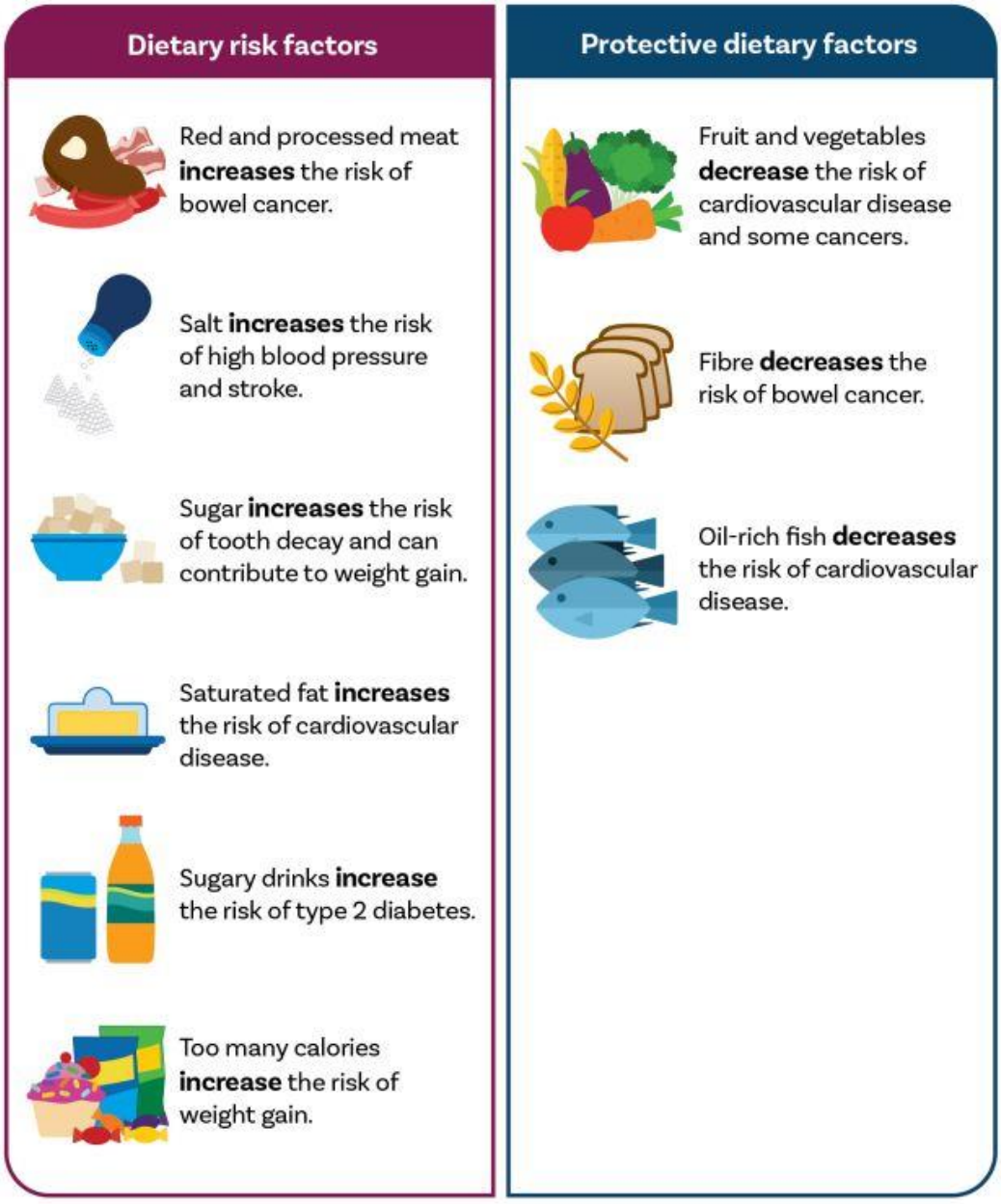
• Other non-discretionary HFSS foods may be categorised as meal ingredients or accompaniments. These include for example, spreading fats, cooking oil, table sugar, table salt, pickles, table sauces and condiments.

3. Relationship between calories, nutrients of public health concern and health harms

3.1 Discretionary foods are high in total fat, saturated fats, free sugars (also referred to as added sugars) and/or salt (sodium). These nutrients are of public health concern because our consumption currently exceeds requirements. Saturated fats, free sugars and salt can directly increase the risk of health harms such as cardiovascular disease, high blood pressure and tooth decay. These risks are outlined in the Scientific Advisory Committee on Nutrition (SACN) reports on Carbohydrates and Health (2015), Salt and Health (2003), Saturated Fats and Health (2019) and the Committee on Medical Aspects of Food and Nutrition Policy report on the Nutritional Aspects of Cardiovascular Disease (1994).

3.2 Total fat, saturated fats, and free sugars also contribute indirectly to health risks through excess calorie consumption which can be a driver of weight gain and obesity, increasing the risk of conditions such as type 2 diabetes, certain cancers, and cardiovascular disease as evidenced within the 2011 SACN report on dietary reference values for energy. Figure 1 illustrates the relationship between dietary choices and chronic disease risk. With a third of adults (31%) in Scotland living with obesity, reducing intake of discretionary foods could play a significant role in lowering excess calorie consumption and improving population health.

Figure 1. Importance of a healthy diet[1]



4. Displacement of healthy foods by discretionary products

4.1 Overconsumption of discretionary foods skews the balance of the diet in Scotland, contributing to higher intakes of nutrients of public health concern and lower intakes of foods and nutrients associated with positive health outcomes.

4.2 Reducing discretionary food consumption at a population level could lower calories, fats and sugars intakes, and move the population towards the SDGs, with minimal impact on intakes on beneficial nutrients.

[1] Image from: Transforming our food environment: a spotlight on promotions

4.3 Data from the 2024 SHeS and the FSS DISH report show on average, adults and children in Scotland currently have diets insufficient in fruit and vegetables, oil-rich fish and dietary fibre, the lack of which is linked to an increased risk of some cancers and cardiovascular disease. This can also vary by level of deprivation, for example, adults and children living in the most deprived areas tend to have lower intakes fruit and vegetables, compared to the least deprived. Progress towards the SDGs would be supported by increasing consumption of more nutrient rich foods such as fruit and vegetables, wholegrains, beans and pulses.

5. Discretionary food consumption in Scotland

5.1 Contribution of discretionary foods and drinks to the diet in Scotland

5.1.1 FSS routinely collects and/or analyses information on food and nutrient intakes in Scotland from the SHeS, including average population intakes of discretionary foods. Evidence on intakes of discretionary foods was detailed in the FSS report on the consumption of discretionary foods and drinks and other categories of dietary concern, and informed the 2022 policy proposals for the restriction of HFSS promotions in adults in Scotland.

5.1.2 Table 1 shows the significant impact that discretionary foods have on the diet, accounting for, on average, 15% of total energy, 17% of total fat, 18% of saturated fats and 38% of daily free sugars consumption. On average, discretionary foods alone provide around 19g per day of free sugars, which is almost two thirds of the recommended 30g daily maximum for adults.

5.1.3 Previous data from work to estimate food and nutrient intakes from food purchase data in Scotland between 2001 and 2018 showed that intakes of discretionary foods have remained consistently high since 2001, with the exception of sugar containing soft drinks, which reduced over this time period. However, this was in line with a significant increase in consumption of sugar free soft drinks, and is therefore likely linked to the introduction of the Soft Drinks Industry Levy in 2018, prompting widespread reformulation to reduce sugar content.

5.1.4 Data from the LCFS and the consumption of discretionary foods and drinks and other categories of dietary concern showed few differences in across SIMD quintiles, with most categories varying little by deprivation. One notable exception was sugar containing soft drinks, where intakes were significantly higher for those living in the most deprived areas (113g/d) compared to the least (59g/d) in 2021.

Table 1. Mean intakes and contribution of discretionary foods and drinks to calories, fats and free sugars in adults (16+y) living in Scotland, in 2021 (n=3042).

Food group	% total energy	% total fat	% saturated fat	% free sugars
Sweet biscuits	4	5	6	10
Cakes, sweet pastries & puddings	4	4	5	8
Crisps & savoury snacks	3	4	1	0
Confectionery	3	4	5	9
Ice cream & ice lollies	1	1	2	3
Sugar containing soft drinks	1	0	0	9
Total discretionary foods and drinks	**15**	**17**	**18**	**38**

5.1.5 Data from the 2024 Dietary Intake in Scotland's Children (DISH) research report assessed intakes of discretionary foods in children aged 2-15 years old. Table 2 shows the average contribution of discretionary foods to energy, fats and free sugar in the diets of children living in Scotland. Generally, children and young people consume higher quantities of discretionary foods compared to adults, contributing an even greater proportion of overall calories (21%), total fat (22%), saturated fat (21%) and free sugars (41%) to their diets.

5.1.6 The DISH report showed the contribution of 'Sugary drinks' to free sugar intake increased significantly with age, from 3% (2-4yrs) to 13% (11-15yrs) among females and 4% (2-4yrs) to 15% (11-15yrs) among males. The percentage contribution of 'Sugary drinks' to free sugars among children and young people living in the most deprived areas was also more than double that of those living in the least deprived areas (12% versus 5%). Conversely, children and young people living in the least deprived areas were significantly more like to consume 'Cakes, pastries & puddings' than those living in the most deprived areas.

Table 2. Weighted mean intakes and percentage contribution to energy, fats and free sugars of discretionary foods in children and young people aged 2 to 15 years living in Scotland who completed at least one dietary recall, 2024 (unweighted sample size 1,700).

Food group	% total energy	% total fat	% saturated fat	% free sugars
Sweet biscuits	4	4	5	9
Cakes, sweet pastries & puddings	6	6	7	10
Crisps & savoury snacks	5	7	2	0
Confectionery	4	4	5	11
Ice cream & ice lollies	1	1	2	3
Sugar containing soft drinks	1	0	0	8
Total discretionary foods and drinks	**21**	**22**	**21**	**41**

5.1.7 FSS monitoring retail purchase and price promotions in Scotland 2019-2022 suggests a similar pattern of discretionary foods purchased when compared to consumption survey data. Discretionary foods make up around a third of consumers take home baskets and are substantial contributors to retail purchase of calories (25%), total fat (26%), saturated fats (29%), total sugars (42%) and salt (11%)[2].

5.2 Frequency of consumption of discretionary foods in the diet

5.2.1 Not only are discretionary foods consumed in large quantities, they are also consumed frequently. Although fruit and other healthier foods are also eaten as snacks, discretionary foods such as crisps, chocolate, sweet biscuits are eaten often, as shown in the FSS consumer tracking survey wave 16.

5.2.2 The 2020 SHeS reported that the most commonly consumed discretionary foods were cakes, which 33% of adults reported eating at least twice a week. This was followed by sweets or chocolate, and ice cream, each consumed by 29% of adults once a week or more. Biscuits were consumed by 26%, crisps by 16%, and non-diet soft drinks by 11%, all at a frequency of once a day or more. These figures reflect frequency of consumption rather than actual quantities measured using dietary intake tools, and are therefore not directly comparable with consumption-based data. Additionally, this was reported during the COVID-19 pandemic in 2020 when food purchasing and eating patterns were changing and may not be directly comparable with previous data.

5.2.3 Children consume discretionary foods even more frequently compared to adults. Based on SHeS data from 2017/18 combined, on average, 46% of children consumed sweets or chocolates, 34% consumed crisps or other savoury snacks, 30% consumed biscuits and 18% drank non-diet soft drinks at least once a day on

[2] Unpublished FSS analyses of data from Worldpanel by Numerator – data to 52 w/e 25 Dec 22

average. Cakes were consumed by 31% of children at least twice a week and 48% ate ice cream at least once a week. Similar to the 2020 SHeS data, these figures are based on frequency of consumption rather than actual quantities, and therefore are not directly comparable with consumption-based data. However, the higher reported frequency among children aligns with findings from dietary intake data, which show that children and young people typically consume greater volumes of discretionary foods compared to adults.

5.2.4 FSS out of home purchase data for 2022 and 2023 showed that discretionary foods are also frequently purchased out of home. In 2023, carbonated drinks (167.1 million trips), confectionery and gum (91.7 million), cakes, pastries and biscuits (85.8 million), were among the most frequently purchased food and drink subcategories. Additionally, the number of trips featuring each of these subcategories increased between 2022 and 2023.

5.2.5 Data from wave 16 of the FSS consumer tracking survey in 2023 shows that consumers consistently recognise that there is a problem with discretionary foods in our diets, with 43% of adults aged 16 and over in Scotland agreeing that 'I know I eat too many 'treats' like cakes, biscuits, chocolates or sweets every day'.

6. Drivers for overconsumption of discretionary foods and drinks

6.1 The appeal and impact on satiety of discretionary foods

6.1.1 The 2007 UK government Foresight report on reducing obesity highlighted how both physiological and psychological prompts can lead to overconsumption of calories. FSS qualitative research investigating how consumers and health professionals understand healthy eating messages found that eating habits are heavily influenced by taste, price and convenience, and foods high in fat and/or sugar are viewed by consumers as being tasty, relatively cheap, readily available, and ready to be eaten. Individuals reported that discretionary foods were overwhelmingly seen as 'appetising', 'delicious', 'appealing', 'attractive', 'tempting' and 'tasty'. Participants also believed that we 'are programmed to like sugar and fat and considered these to be 'addictive' and emotionally comforting, and they reported using them to alleviate stress or boredom, even when not hungry. These foods are often viewed as rewards or treats, which consumers feel they deserve and are entitled to. Data from wave 6 of the 2018 FSS consumer tracking survey found that nearly half (46%) of those with children in their household agreed that 'It's OK to reward children with chocolates, sweets and biscuits'.

6.1.2 As part of the FSS research into how consumers and health professionals understand healthy eating messages**,** participants were provided pictures of discretionary foods and asked how many of these types of foods they thought could be consumed as part of a healthy balanced diet. Most people were surprised at how few could be consumed. Some people suggested that they may reduce their consumption "a bit", for example, if they were currently consuming 14 "treats" a week, they may try to reduce their intake to 10 or 12 per week.

6.1.3 Discretionary foods have a high energy density (i.e. high calorie content per 100g). Research from Prentice and Jebb (2003) into fast foods, energy density and obesity shows that we tend to have a poor physiological ability to recognise high energy dense foods, with consumption producing a relatively low feeling of satiety. This makes it easy to over consume calories, which can increase the risk of overweight and obesity and associated health harms. Annexe 2 provides more information on energy density.

6.2 Environmental cues

6.2.1 A strategic approach to the complexity and challenges of behaviour change in relation to dietary health from Bestwick et al (2013) shows we are heavily influenced by habits and food cues in the surrounding environment and we have a limited ability to resist temptation. Behavioural science evidence outlined within the FSS Board meeting in December 2016 shows discretionary foods are often purchased on impulse, with little conscious awareness or deliberation by the consumer.

6.3 Large portion sizes of discretionary foods

6.3.1 Proposals for setting the direction of the Scottish diet were presented to the FSS Board in January 2016, highlighting discretionary foods such as chocolate, crisps, sweet biscuits are sold in an array of portion and pack sizes, with many at the top end of the range being unacceptably large in the context of a healthy diet. The 2025 FSS consumer tracking survey wave 19 found that 42% of consumers think that standard portion sizes of items such as chocolate bars, savoury snacks, crisps, sweets, cakes and muffins should be reduced. Similarly, evidence published in 2018 by PHS on public attitudes to reducing overweight and obesity in Scotland found that 57% of people support action to reduce the portion sizes of unhealthy drinks or snacks.

6.3.2 Research from the University of Stirling, commissioned by FSS in 2017, noted that that portion and pack size information is presented inconsistently, which can cause confusion among consumers. Hollands et al (2015) research into portion, package and tableware size shows that larger portions and pack sizes encourage over-consumption, as people consistently consume more when offered larger sizes.

6.3.3 Large portion sizes are of particular concern when eating out of home, with many products like biscuits, ice creams, sorbets and puddings, containing nearly twice the calories of equivalent products bought from retailers into the home, as shown within Public Health England's 2018 report analysing the first year of the sugar reduction programme. A repeat analysis of the calorie content of sweet discretionary products in the out of home sector in Scotland 2023 showed an average calorie content of 449kcal per portion, which is above the 325kcal UK Government sugar reduction programme maximum calorie recommendation for sweet discretionary products. FSS research into the nutritional content of popular food items sold by independent out of home businesses in Scotland revealed a wide range in portion sizes were available for products such as cheesecake (85-455g), with calorie contents ranging from 339 to 2196kcal per portion.

6.3.4 Research to understand price and placement marketing strategies used within premises and online by out of home businesses in Scotland conducted by Scottish Government in 2023, showed shoppers could increase the portion size of their product at 75 of the 158 out of home premises visited. In some cases, the default size of the available product was medium or large, and the shoppers had to specifically ask for a small.

6.4 Price promotions

6.4.1 Promotions are designed to drive extra purchases, often encouraging consumers to purchase more than they would have otherwise. A 2020 report from Public Health England analysing the role of price promotions shows that they can increase purchases by around 18% compared to expected levels without promotions.

6.4.2 The report also showed that additional purchases in high sugar products as a result of promotions were not offset by reductions in other similar products, resulting in a net increase in overall purchasing of high sugar items. Evidence from the Public Health England 2015 sugar reduction evidence for action report supports this, showing that around 8.7% of the sugar brought into the home is a direct result of additional purchases bought on promotion.

6.4.3 The most recent FSS report on monitoring retail purchase and price promotions in Scotland 2019-2022 shows that all discretionary food and drink categories continue to be purchased on price promotion at higher levels than healthier categories. In 2022, around 28% of discretionary food and drink categories were purchased on price promotion, compared with 20% of total food and drink, 21% of fruit and 16% of vegetables.

6.4.4 This is also apparent within the out of home food sector. The FSS out of home environment in Scotland (2021) report shows confectionery and gum, savoury snacks and regular sugary carbonates to be among the top 10 food and drink categories purchased on promotion. Similarly, based on a sample of 316 mystery shopping visits, the 2023 Scottish Government research to understand price and placement marketing strategies used within premises and online by out of home businesses in Scotland found that the most common products on price promotion at out of home outlets was confectionery (14%), crisps or savoury snacks (12%) and cakes (10%).

6.5 Non- price promotions and marketing of discretionary foods

6.5.1 A systematic review by Whitehead et al (2021) looking at the impact of non-price and in-premise marketing on food and beverage consumption behaviour shows it's not just price promotions that influence purchasing of discretionary foods – consumer choice can be influenced by multiple other strategies, such as in-premise advertising and product placement.

6.5.2 Evidence presented by the 2018 UK Parliament committee on childhood obesity shows product placement is designed to increase impulsive food and drink purchase. Research from Nakamura et al (2014) into the impact of displaying

beverages in end of aisle locations found this to increase the sales volumes of carbonated drinks by 73%. An audit carried out by Thorton et al (2013) found the UK to have the highest aisle length dedicated to snack foods including crisps, chocolate and confectionery compared to 8 other countries.

6.5.3 In a UK study from Wright et at (2015) on food at checkouts in non-food stores, almost one-sixth displayed checkout food, the majority of which was 'less healthy' and displayed at child height. Research into marketing strategies used by out of home businesses in Scotland in 2023 showed that snacks that would generally be classed as less healthy were the most common type of product at the checkout, with 69% of the 158 outlets explored using this strategy.

6.5.4 The FSS consumer tracking survey from 2018 showed that 61% of consumers agreed that shops should not be allowed to place high fat, salt and sugar foods next to checkouts. Similarly, evidence published in 2018 by PHS on public attitudes to reducing overweight and obesity in Scotland found that 66% of people were in favour of action to address this.

6.5.5 A study on the impact of food and drink marketing on Scotland's children and young people by Stirling University in 2015 found that children across Scotland were exposed to large amounts of marketing of discretionary foods. More than 50% of all food and drink marketing seen by 11-18 year olds was for sugary drinks, confectionery and savoury snacks. In addition, more than 80% of the products that young people purchased in response to till displays and prompts were confectionery or sugary drinks.

7. Improving the food environment

7.1 Restricting the promotion of less healthy food and drink is intended to make it easier for people to purchase and consume fewer HFSS products. This is in line with the SG public health priority to create a Scotland where everyone eats well and has a healthy weight. Evidence within a 2022 Scottish Government economic modelling report showed that removing price promotions on discretionary foods, such as cakes and biscuits, alone could reduce calorie intakes by around 600kcal per person, per week. The 2025 FSS consumer tracking survey wave 19 showed 54% agree that promotional offers on foods high in fat, sugar and salt should be banned.

7.2 In 2024, FSS and Public Health Scotland (PHS) issued a joint position statement, outlining the evidence in support of restricting promotions of HFSS food and drink. The statement highlighted the influence of price promotions and marketing strategies on the consumption of discretionary foods and called for action to support healthier food environments.

7.3 SG consulted on the detail of proposed regulations to restrict the promotion of less healthy food and drinks in 2024. In June 2025, it was confirmed that these restrictions will apply to pre-packaged food and drink that is high in fat, sugar or salt (as defined by the 2004/05 NPM), in addition to unlimited refills of sugar-sweetened soft drinks, in out of home settings. This policy will apply to discretionary foods, in addition to many non-discretionary HFSS foods such as breakfast cereals, sweetened yogurt and ready meals. The primary aim of the policy is to reduce the

public health harms associated with the excess consumption of calories, fat, sugar and salt, including the risks of developing type 2 diabetes, various types of cancer and other conditions such as cardiovascular disease.

7.4 Evidence shows reformulation is one of the most effective ways the food industry can help improve diet and health in Scotland. The Food & Drink Federation 2016 reformulation guide on sugars highlights that reducing the calorie content and improving the nutritional profile of discretionary products can support healthier diets across the population. However, technical challenges remain in reducing calories and energy density in some products.

8. The relationship between discretionary and ultra-processed foods

8.1 There has been growing interest in the topic of food processing in recent years, with many reports linking ultra-processed foods (UPFs) to health and environmental outcomes. These foods feature prominently in diets in Scotland, and many could be classed as discretionary foods.

8.2 In 2025, SACN published a rapid evidence review to assess new evidence since its 2023 position paper exploring the relationship between processed foods and health. The update supported SACN's earlier conclusion that higher consumption of UPFs is associated with adverse health outcomes. However, SACN noted limitations in the evidence based, with uncertainties remaining around whether these effects are due to processing itself or other nutritional risk factors, such as calorie, fat, sugar or salt content.

8.3 Following SACN's 2023 review, FSS published a position paper on processed and UPFs. The paper highlighted that, in contrast to the evidence on processing and health outcomes, there is strong and robust evidence that diets high in calories, fat, saturated fat, sugars, and salt increase the risk of chronic diseases—including heart disease, stroke, type 2 diabetes, and several types of cancer. These risks can be mitigated by reducing consumption of HFSS and discretionary foods in line with existing dietary advice, which is also likely to substantially reduce consumption of UPFs.

8.4 Further supporting this, evidence from a 2024 study from Dicken et al examining the nutrient content, processing level and front of pack traffic light labelling of food and drink items available in the UK found that 86% of UPFs included in the review did not display any 'green (low) traffic lights', indicating that the majority of these foods are high in fats, sugar and/or salt.

9. Conclusion

9.1 As outlined in the Eatwell Guide, discretionary foods are not required as part of a healthy, balanced diet. If consumed, they should be eaten infrequently and in small amounts, as they typically provide little to no nutritional benefit and are often high in saturated fat, salt, and free sugars. Despite this, evidence shows that discretionary foods are highly prevalent in the diets of adults and even more so in children in Scotland. This can contribute to the overconsumption of fat, sugar, and

salt, increasing the risk of weight gain and obesity, which are associated with health conditions such as type 2 diabetes, cardiovascular disease, and certain cancers.

9.2 Discretionary products are widely available in the food environment, and multiple factors contribute to their overconsumption. These products are often viewed as tempting, frequently purchased on impulse, and commonly sold in large portion sizes, particularly in the out of home sector. Price promotions and marketing strategies such as product placement and in-premise advertising further encourage over purchase and subsequent consumption. Consumer research has indicated general support for policies tackling these environmental drivers.

9.3 FSS advise that a key step to improving the diet in Scotland would be to reduce our intakes of discretionary foods. To achieve this reduction, a wide range of measures are required to transform the food environment and shift consumer behaviour. Restricting the promotion of HFSS products can help reduce excess calorie, fat, sugar and salt intake, while reformulation offers an opportunity to improve the nutritional profile of food and drinks including discretionary items. However, further action is needed to support individuals to choose smaller portion sizes and consume discretionary foods less frequently, to substantially reduce overall intake.

9.4 Reducing average intakes of discretionary foods and drinks across the population would result in significant progress towards the SDGs with minimal impact on intakes of nutrients which have positive health benefits. Furthermore, if they were replaced with less energy dense and more nutrient rich foods such as fruit and vegetables, wholegrains, beans and pulses, this could contribute towards further progress towards the SDGs.

9.5 FSS will continue to monitor dietary intakes and consumer purchasing in Scotland to track changes resulting from policy actions to reduce discretionary foods. As outlined in our 2023 FSS Public Health Nutrition Strategy**,** we remain committed to providing consumers with consistent messaging around a healthy balanced diet and will continue to build in our efforts to influence policy changes to support improvements to the food environment.

10. Annexe 1: The UK Nutrient Profiling Model

10.1 HFSS are food and non-alcoholic drink products that are high in fat, salt or sugar, which have been defined using the UK Department of Health nutrient profiling model (NPM). The UK NPM utilises a scoring system for 7 nutrient/food components based on per 100g as sold. Points are allocated based on 4 'negative' nutrients/food components (i.e. energy; total sugars; saturated fats and sodium) and 3 'beneficial' nutrients/food components (i.e. fruit, vegetables and nuts; fibre and protein). Protein is used as a marker of iron, calcium and n-3 fatty acids.

10.2 The NPM was first developed by the Food Standards Agency (FSA) in 2004-2005 as a tool to help Ofcom differentiate foods and improve the balance of television advertising to children. Ofcom introduced controls which restricted the advertising of HFSS foods in order to encourage the promotion of healthier alternatives.

10.3 The UK NPM was adopted by the Committee of Advertising Practice to identify HFSS foods and drinks so that advertising for such products could be subject to restrictions in children's non broadcast media (including print, cinema, online and in social media). These restrictions came into force in 2017. The effective usability of the model continues to be dependent on the use of accurate and reliable compositional data and nutrition labelling data.

10.4 When tested, few discretionary foods pass the current NPM (0% chocolate confectionery, 4% of sugar confectionery, 4% of crisps/savoury snacks/popcorn, 1% of sweet biscuits, 37% of desserts). In contrast, more products pass the NPM in categories such as meat (49%), potato products (96%), ready meals (82%), yogurt and fromage frais (82%).

10.5 There are hundreds of discretionary foods available on the market, with new and reformulated products continually being developed. Although the vast majority of foods within the discretionary categories would not pass the current NPM, there may be a few outliers which will.

10.6 Since its introduction in 2007, Public Health England was asked by the Department of Health and Social Care to review the UK NPM to bring it in line with updated UK dietary recommendations. A consultation in 2018 lead to the development of a revised model, which has not been formally adopted. The updated criteria would result in fewer discretionary products passing.

11. Annexe 2: Energy density and obesity

11.1 The energy density of a food is defined as the number of calories contained per gram and is dependent upon the composition of the foodstuff. The water content of a product will reduce energy density (because it contains no calories per gram), whereas the presence of fat (with nine calories per gram) and/or sugar (with four calories per gram) will increase energy density.

11.2 Energy dense foods have been defined by the World Cancer Research Fund (WCRF) as those with an energy content of more than about 225–275kcal per 100g. Sweet biscuits (average 477kcal per 100g), confectionery (average 435kcal per 100g), crisps and savoury snacks (average 501kcal per 100g) and cakes, pastries and puddings (average 362kcal per 100g), are all very energy dense. The 2007 WCRF food, nutrition, physical activity and the prevention of cancer report recommends that the average energy density of diets should to be lowered towards 125kcal per 100g.

11.3 There is also an inverse relation between energy density and energy cost (£/kilocalorie), such that energy-dense foods and diets may often represent the lowest-cost option to the consumer. This is evidenced within research from Drewnowski and Specter (2004), Waterland et al. (2010) and the 2011 Food Standards Agency report on the Scottish diet: estimations of energy density and expenditure.