

Consensus Action on Salt, Sugar and Health Response to Environment, Food and Rural Affairs Committee Call for Evidence: COVID-19 and Food Supply

Consensus Action on Salt, Sugar and Health is a registered charity, based at Queen Mary University of London, consisting of the following expert groups:

- **Action on Salt**

Action on Salt is an organisation supported by 24 expert members and working to reduce the salt intake of the UK population to prevent deaths, and suffering, from heart disease, stroke, kidney disease, osteoporosis, stomach cancer and obesity.

- **Action on Sugar**

Action on Sugar is a group of experts concerned with sugar and obesity and its effects on health. It is working to reach a consensus with the food industry and Government over the harmful effects of a high calorie diet, and bring about a reduction in the amount of sugar and fat in processed foods to prevent obesity, type 2 diabetes and tooth decay.

We welcome the opportunity to provide evidence to this inquiry. Given our expertise on the impact of diet on health, we have serious concerns that our food system does not enable health for all, and we are particularly concerned about the evidence demonstrating that obesity worsens COVID-19 outcomes.

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Are the Government and food industry doing enough to support people to access sufficient healthy food; and are any groups not having their needs met? If not, what further steps should the Government and food industry take?

Obesity and Covid-19

Prior to the COVID-19 pandemic, the Global Burden of Disease Study demonstrated that poor diet is a leading cause of premature death and disability worldwide¹, with excessive amounts of calories consumed from fat and sugar leading to obesity and subsequently increase the risk of type 2 diabetes, heart disease, cancer and stroke, as well as mental health problems such as depression, anxiety and low self-esteem. Dietary intake of free sugars is the main cause of tooth decay in children, and a high salt intake is linked to raised blood pressure, decreased bone health, chronic kidney disease and stomach cancer. Saturated fat is linked to increased blood cholesterol and increased risk of heart disease.

The UK has one of the highest overweight and obesity rates among developed countries, with an expenditure of £6.1 billion a year on the medical costs of conditions related to obesity and overweight² and more than £14 billion in treatment of type 2 diabetes³. Neither of these figures include the social cost, which is estimated at £47 billion⁴.

Children growing up in lower socio-economic areas are more than twice as likely to be obese than those in higher income households, with those coming from black and minority ethnic families also being more likely to be overweight or obese than those coming from white families^{5,6}.

Government has long known the impact poor diet can have on health and for this reason they introduced a Childhood Obesity Plan in 2016, with a second chapter published in 2018^{7,8}. However, the majority of evidence-based measures put forward in these plans have yet to be implemented.

Increasing evidence demonstrates that obesity is an independent risk factor for more severe illness and death from COVID-19⁹⁻¹⁷. Data shows that 78% of all confirmed Covid-19 infections are in overweight or obese individuals, along with 62% of hospital deaths^{9,10}. Linking UK COVID-19 data to that of a population cohort (428,225 participants, 340 confirmed COVID-19 hospital cases) and to electronic health records (17,425,445 participants, 5683 COVID-19 deaths) demonstrates that the more severe the obesity, the more likely to be hospitalised for COVID-19 and/or die from it^{9,10}.

Multiple mechanisms could explain the relationship between obesity and COVID-19, including:

- The enzyme that is exploited by the virus for cell entry (angiotensin-converting enzyme 2 (ACE2)) is present in larger quantities in those living with obesity^{18,19}
- Immune response in those living with obesity is weakened, making them more susceptible to the virus^{20,21}
- Obesity is known to negatively affect lung function, and when patients with obesity and the virus need to be admitted to intensive care units, it is much more challenging to ventilate them²⁰.

We strongly recommend that government prioritise any action for the food supply that will address overweight and obesity in the UK, to help protect the health of the nation from both a potential second wave of infections from the virus, and to prevent ill health from diet-related disease long term.

- **Reformulation Programmes**

We urgently need robust and transparent reformulation programmes, which benefit the health of the whole population but especially those from lower socioeconomic backgrounds. Salt, sugar, fat and calorie consumption levels tend to be highest in the most deprived areas and levels of obesity are highest in children from lower income groups^{5,22}. Current reformulation programmes have seen poor progress, with the sugar reduction programme achieving just a 2.9% reduction in average sugar (sales weighted) content of the main contributors to children's sugar intake between 2015 and 2018²³. Similarly, an analysis of industry progress towards achieving the 2017 salt reduction targets found that almost half (48%) of average targets had not been met²⁴. Furthermore, while a much needed programme to reduce excessive levels of calories in food has been announced, it has yet to be implemented.

Given reformulation happens at the industry level and requires no behaviour change from consumers, government must make reformulation programmes mandatory to ensure all companies comply, and must release calorie reduction targets without further delay.

- **Fiscal Measures**

The Soft Drinks Industry Levy should be escalated to reflect inflation increases each year, similar to tobacco taxation, to further incentivise sugar reduction across sugar-sweetened beverages and extended to milk-based drinks as originally intended, as these drinks currently enjoy a 'health halo' despite posing a risk to oral health due to high sugar content. This world-leading levy has had unprecedented success, leading to a 28.8% decrease in sugar content since April 2018²³. Income

must be ringfenced to support evidence-based weight loss programmes and community dietetic services.

We also recommend the introduction of an energy density levy on all calorie dense processed foods that meet an agreed criteria set by government. This would encourage product reformulation to reduce both fat, in particular saturated fat, as well as sugar in unhealthy products. Fat is a bigger contributor to calories in unhealthy products than sugar and therefore essential that manufacturers are encouraged to reduce both in order to tackle the UK's obesity crisis.

- Price Promotion Restrictions

We strongly support the mandatory restriction of all price and location promotions on all products high in salt, sugar and/or fat in all outlets where food and beverages are sold. Frustrated by the lack of action from DHSC, the Scottish government have since announced they will be restricting price and location promotions²⁵. If price promotions were shifted to healthy products, DHSC estimates that £3.1bn would be saved over 25 years due to lower calorie consumption in those living with overweight and obesity²⁶.

- Marketing and Advertising Restrictions

Advertising manipulates choice and the storytelling employed by brands to market HFSS products to the public, including children, creates an environment where HFSS products are desirable and more nutritious food is relegated to lower status. Government should be prepared to put the health of the nation above industry profit, and implement a ban on HFSS advertising and marketing.

- Nutrition Information in the Out of Home sector

Calorie labelling in the out of home sector has been proposed and, prior to the impact of Covid-19, was due to be implemented this year²⁷. While the out of home sector has undoubtedly been severely impacted by the virus, large, multinational food companies have been able to reopen, largely in more deprived areas and with limited menus which predominately feature HFSS products. Those companies with the resources to open should be providing consumers with nutrition information at the point of sale, and should be prioritising the sale of healthier products, particularly while the virus impact is ongoing.

Food Insecurity

In addition to addressing obesity, government must address poverty and food insecurity in the UK. On average, 2.2 million people in the UK were living in food insecurity between 2015 and 2017²⁸. Of those, 47% were unemployed, 34% were in the lowest income quartile and women were more likely than men to live in a food insecure household (10% compared to 6%)²⁹. Low incomes and rising living costs, universal credit and the benefit system, and cuts to funding for local social care services are the main contributors to the cause of hunger, malnutrition and food insecurity, leading to many having to use Food Banks. The use of food banks has increased by 73.4% in the last five years, increasing by 18.8% in the past year³⁰.

The pandemic has hit the poorest in society hardest. The Food Foundation found that five million people in the UK living in households with children under 18 have experienced food insecurity since the lockdown started, with 1.8 million experiencing food insecurity solely due to the lack of supply of food in shops, leaving 3.2 million people (11% of households) suffering from food insecurity due to other issues such as loss of income or isolation³¹. Long term solutions are required to ensure all have

the right to a healthy, productive life, not just those on higher incomes. However, as economic uncertainty continues in the coming months or years, it is vital the Government keeps taking steps to ensure the most vulnerable among society can afford their next meal. Healthy Start provides pregnant women and young children in low-income families with vouchers worth £3.10 per week to purchase vegetables, fruit, milk and infant formula, worth up to £900 per child. This system must be modernised via digitisation to support vulnerable families.

Access to Healthy Food

Those who are less mobile, either due to age, physical disability or lack of transport, whilst also living in 'food deserts' (areas without many food stores), may find it more difficult to access healthy, affordable food, with local stores often supplying more expensive products without a lot of fresh fruit and vegetables on offer³². Those self-isolating may also find they cannot access healthy food, with supermarket delivery slots rationed, leaving delivery companies such as Deliveroo and Just Eat providing the main access to food at this time.

Delivery services have never been more necessary, but market leaders are choosing to influence consumer choice and make it easier to eat unhealthy food, particularly in more deprived areas. An investigation by the Panorama programme showed that disruptor businesses such as Deliveroo often subvert planning laws and seem to operate outside of the legislative barriers of other food companies. Deliveroo was found to promote party buckets to poorer postcodes with higher levels of obesity, compared to sushi and noodles being promoted to more affluent areas with lower levels of obesity, further limiting the access to nutritious foods at affordable prices to those in the poorer postcodes³³. These delivery services undermine the work done by local authorities to reduce the amount of fast food outlets being opened by allowing easy access to unhealthy food. During this time, companies must prioritise offering healthy food via all outlets and delivery companies must not promote HFSS products.

What further impacts could the current pandemic have on the food supply chain, or individual elements of it, in the short to medium-term and what steps do industry, consumers and the Government need to take to mitigate them?

As stated above, advertising manipulates choice and many food and drink companies have demonstrated just how quickly they can adapt to the pandemic, developing marketing and advertising strategies to position those companies as 'Feeding the Nation'. Frequently, these strategies have been designed to push out HFSS products. Key examples include:

- "Supporting" health workers with donations of food, including Krispy Kreme's donation of 'smiles' (Original Glazed Doughnuts)³⁴, and Pizza Hut UK donating over 40,000 hot meals, with little nutritional benefit³⁵
- Capitalising on the 'stay home, stay safe' message to encourage consumers to buy their products, including Just Eat with their 'stay home, order a takeaway and make a donation' messaging on social media³⁶
- Donating to charity appeals to gain free exposure during charity appeals, such as Greggs donating to Comic Relief's Big Night³⁷
- Utilising the increased sense of community during lock down as an advertising strategy, to play on our emotions. Cadburys are a key example with their 'there's a glass and a half in every one' advertising video on their social media channels and on TV³⁸
- Encouraging people to recreate the brand's foods at home e.g. McDonalds sharing Sausage and Egg McMuffin recipe on This Morning³⁹

Recently, Kellogg's were exposed for irresponsibly advertising its Pringles snack products⁴⁰ to families at the start of PE with Joe exercise sessions on YouTube⁴¹, according to a successfully resolved complaint to the Advertising Standards Authority⁴². The brand subsequently removed all of its advertising from Joe Wicks' Body Coach YouTube channel rather than face a formal regulatory investigation into its online advertising practices⁴³.

We strongly recommend that all food & drink companies be made to refrain from advertising any food or drink high in fat, salt or sugar (HFSS) before 9pm across all media platforms during the COVID-19 pandemic. This should be until the government is able to resume its previously planned work to introduce a 9pm TV and online watershed on junk food advertising, as part of current Childhood Obesity Plan measures.

**How effectively has the Government worked with businesses and NGOs to share information on disruptions to the supply chain and other problems, and to develop and implement solutions?
How effectively have these actions been communicated to the public?**

While we are aware that Public Health England have been instructed to review the evidence linking obesity to covid mortality by the Secretary of State of Health and Social Care, government has had a Childhood Obesity Plan in place since 2016, and so far few measures have been implemented although many have been consulted on. Due to the link between poor diet and poor health outcomes, and the link between obesity and Covid-19, government must take action now to ensure environments enable healthy lifestyles, and educate the public on healthy diets. We must make sure that the gradual easing of lock down restrictions, and our return to a functioning and thriving society, does not damage our physical and mental health in the long run.

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