Response from Action on Sugar to the development of the UK's Autonomous Tariff Quota (ATQ) on Sugar

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.

Response

This consultation appears to have a narrow focus that does not take into account the total sugar supply in the UK. Health does not seem to feature within the consultation, which raises concerns around the potential unintended consequences on public health policies to reduce population sugar consumption.

Obesity and type 2 diabetes is strongly linked to the constant availability and consumption of unhealthy foods and sugar-sweetened soft drinks. Sugar in the form of 'free sugars' is a major and unnecessary source of calories, which contribute directly to obesity, type 2 diabetes and tooth decay. The Scientific Advisory Committee on Nutrition (SACN) urge a reduction from the current recommendation of 10% of dietary energy intake to 5%: far below our current intakes.

The wider costs to society of obesity are estimated to be as high as £27 billion, with one in three adults, and one in ten children, having obesity by age 5, rising to one in five by age 11. The UK is also facing a huge increase in type 2 diabetes. Since 2006 the number of people diagnosed with diabetes in England has increased from 1.9 million to 2.5 million. By 2025 it is estimated that five million people will have diabetes, most of which will be type 2 diabetes. The rapidly growing scale of diabetes is alarming, as are the associated care and treatment costs.

Furthermore, sugary food and drinks are the main causes of tooth decay. The Local Government Association announced in August 2020 that nearly 45,000 hospital operations were performed to remove rotten teeth - equivalent to nearly 180 operations a day - costing the NHS £40 million. PHE's data shows that per child, an average of three school days a year were missed due to dental problems. The cost for treating children's dental decay in both hospitals and primary care is almost £250 million.

As part of their plan to reduce childhood obesity in the UK, government introduced a sugar reduction programme, managed by Public Health England, in 2016. The programme challenges the food industry to reduce the overall sugar content of the food products that contribute the most sugar to children's intakes by 20% by 2020, compared to sugar levels in the foods in 2015. This includes products such as breakfast cereals, yogurts, cakes and milk-based drinks. The programme is having mixed results, with manufacturers and retailers only having reduced their sugar levels by an average of 2.9% since 2015. This discrepancy between agreed national targets and actual results achieved by the food industry is a matter of deep concern, and one which will clearly become a serious future public issue unless we can address the reasons for this failure and improve the outcomes to a position nearer to or equalling the initial agreed targets.

In 2018, HM Treasury implemented a Soft Drinks Industry Levy (SDIL), applied to the production and importation of soft drinks containing added sugar. A primary aim of the levy is to encourage manufacturers to reformulate their products and reduce the sugar content, to contribute to the government's aim of reducing childhood obesity in the UK. The Levy has been hugely successful, so

far, with a 28.8% sugar reduction per 100ml since it was introduced, removing 30,000 tonnes of sugar from the UK diet. However there is more to do.

Imported sugar cane is considerably more expensive than domestically produced sugar beet, although the sucrose yield from processing sugar cane is greater than that from processing sugar beet, which redresses relative the economics.

The impact of the proposed ATQ on health and DHSC's public health policies does not seem to have been considered. The drive to reduce overall domestic sugar (sucrose) consumption is entirely consistent with a domestic agricultural drive to produce this reduced tonnage of domestic sucrose consumption from domestically grown sugar beet. The UK's economics and the health objectives are in harmony. We do not need to import the quantities of expensive sugar cane when we have adequate resources of domestic sugar beet.

Furthermore, the National Farmer's Union have also raised the obvious concerns that the proposed ATQ would "provide additional access to the UK market for raw sugar grown anywhere in the world, often produced following farming practices that would be considered illegal and with technologies that are banned in the UK". There does not seem to be consideration given to how the proposed ATQ would fit within the upcoming National Food Strategy, or the impact the ATQ would have on environmental sustainability, let alone UK national nutritional targets. We need to consume far less sucrose that we currently do. Such quantities of sucrose that we do need to consume should be focused upon processing our domestically produced sugar beet production: we should not need to import sugar cane at all.