

Childhood Obesity Action Plan

Prepared for the Rt Hon Jeremy Hunt – Secretary of State for Health

An effective strategy to prevent obesity in children, by changing the food environment (modelled on the successful salt reduction programme in the UK by CASH and the Food Standards Agency)

Summary of actions

- **In the UK, one in five 10-11 year olds are now obese and one in three is overweight**
- **At present, the costs of obesity and type 2 diabetes are estimated at approximately £29billion a year, and given the number of children who are now obese, this figure will rise exponentially**

Background

Obesity in children is almost entirely due to the food environment. Obesity is totally preventable if the food environment is changed.

Obesity in children leads to the premature development of cardiovascular disease, stroke, heart attacks and heart failure in adulthood, which are the commonest cause of death and disability in the UK. Furthermore, obesity predisposes to type 2 diabetes, which further increases the risk of cardiovascular disease and leads to severe complications i.e. it is the commonest cause of blindness, need for renal dialysis and amputation of the lower limbs. These complications are extremely expensive to manage and will overwhelm the health service if the increase in obesity and type 2 diabetes is not stopped.

More immediately, obesity in children leads to social exclusion and once established is extremely difficult to reverse. Indeed in adults the only effective solution to treating obesity is bariatric surgery, which is expensive and has long term implications.

It is vital therefore that obesity in children is prevented, as once it has developed, it is too late to reverse.

The underlying cause of obesity in children is the food and drink environment

Obesity in childhood is strongly linked to the constant availability and consumption of processed foods and sweetened soft drinks¹. These calorie-dense foods have little or no nutritional value, and are laden not only with sugar, but saturated fat and salt, leading to raised cholesterol and blood pressure, which further increases the risk of cardiovascular disease.

Sugar that is added by the food industry is a major hidden source of calories in many foods and is an unnecessary source of calories that contribute directly to type 2 diabetes² and dental caries³. Some studies suggest that sugar, particularly in sweetened soft drinks, is a key factor in the development of obesity, particularly in children, as it appears to stimulate the appetite and gives no feeling of satiety or fullness. There is a direct and causative relationship between sugar and dental caries. Caries is a major cause of pain and hospitalisation for children, and a major cost burden to the health service which could be avoided if sugar consumption were reduced.

The constant availability, cheapness and overwhelming marketing of processed foods and soft drinks have changed the food environment in the last 20 years, and efforts to control it have been weak and totally ineffectual.

The current policies are not working

The current policies such as the Responsibility Deal, where the food industry has pledged to reduce calories but can then decide what they do, has not had any effect on calorie intake on a public health scale⁴. Curbs on the advertising and marketing of sugar-laden unhealthy processed foods have not worked and have been bypassed by the food industry. A radical but simple solution is required which, if necessary, needs to be enforced by the Government in order to deal with this crisis. There are seven key actions that we feel are required to prevent obesity in children. They need immediate implementation in view of the gravity of the situation, and the intransigence of the sweetened soft drink and processed food industry both in the UK and worldwide.

Nevertheless the sweetened soft drink and food industries are starting to acknowledge their role in causing the obesity pandemic worldwide, and also realise that it is entirely their responsibility to reverse it. The more ethically responsible companies, including the leading

retailers, want to do something provided it does not affect their profit margins, and indeed many see opportunities for the marketing of more healthy food. This is evidenced by the success of the voluntary reformulation with salt reduction. There is no reason why more healthy food, without the current large amounts of sugar, saturated fat and salt, cannot be just as profitable, however it requires a very forceful Government with strong leadership to bring about a sea-change in the philosophy of the whole soft drink and food industry.

Key actions required to prevent obesity in children:

- 1. Implement sugar reduction targets for food and drinks – 40% by 2020 (NB similar to salt reduction)**
- 2. Reduce saturated fat – 15% by 2020**
- 3. Return responsibility for nutrition to an independent agency with statutory powers**
- 4. Cease advertising and promotion of unhealthy foods and drinks to children and adolescents**
- 5. Incentivise healthier food and discourage drinking of soft drinks by introducing a sugary drinks duty**
- 6. Limit the availability of unhealthy foods and drinks as well as reducing portion size**
- 7. Cease partnerships that imply increasing physical activity alone will prevent obesity**

“If the above seven actions are implemented, this will prevent both children and adults becoming obese and would be a fantastic opportunity for the UK to lead the world again in public health.”

Professor Graham MacGregor, Chairman of Action on Sugar
Barts and The London School of Medicine & Dentistry Professor of Cardiovascular Medicine

More detailed information

The UK has the potential to lead the world in preventing obesity, as it has done with blood pressure via the salt reduction programme, which is now being adopted throughout the world. The salt reduction programme was successful under the Food Standards Agency because the agency provided a level playing field, where each company knew that the others were going to have to do the same; therefore a voluntary policy could be successful. This may be more difficult with the above key actions for obesity, so it is essential that there are punitive measures planned if the food industry does not comply.

Action 1 – Implement sugar reduction targets for food and drinks – 40% by 2020

The UK has led the way in public health by working towards voluntary salt reduction targets, which is predicted to be saving at least 9,000 lives a year with just a 15% reduction in salt intakes across the population. Taste receptors have adjusted and people are used to a less salty taste.

The average consumption of added sugar far exceeds the current recommendation of no more than 10% food energy for all age groups, most notably for children aged 1.5 to 3, 4 to 10 and 11 to 18 years where average intakes provided 11.9% (144kcal), 14.7% (253kcal) and 15.6% (297kcal) food energy respectively .

An average of 100kcal/person/day could be removed from the diet by meeting sugar reduction targets set for each category of food and drink that contains free sugars. By gradual reductions of ~10% each year, we could aim for a ~40% reduction from current levels by 2020. This reduction in calorie intake is predicted by the Department of Health to halt the rise in obesity.

We recommend that sugar reduction targets are set for sugar-sweetened drinks first, followed by all the contributors of free sugars in the diet, preferably to be achieved without artificial sweeteners. This policy would particularly benefit children from lower income households who currently consume more free sugars than those in higher income households.

Action 2 – Reduce Saturated Fat

Fat is a major source of calorie intake and will therefore be an important part of any plan to reduce obesity. Saturated fat is also the major factor controlling cholesterol levels in the blood, a leading cause of death, through the vascular disease it causes, which leads to both strokes and heart attacks and peripheral vascular disease. Action on Sugar proposes an incremental saturated fat reduction programme similar to the salt and sugar reduction programme, to reduce saturated fat, where possible, by 15% from current levels by 2020.

The current saturated fat pledge is not nearly sufficient to address this issue. Like sugar, fat reduction targets need to be set and implemented by the next government, particularly focusing on saturated fat as this also puts up cholesterol levels in the blood.

Action 3 – Return responsibility for nutrition to an independent agency with statutory powers

As nutrition is now the major cause of death and disability in the UK, it is vital that responsibility for nutrition is handed back to an independent agency that can carry out a scientifically-backed programme, which is not subject to constant change, and political interference.

The Food Standards Agency, in conjunction with Consensus Action on Salt and Health, was responsible for setting up the leading salt reduction policy that is now being copied all over the world i.e. the gradual reduction of salt intake in the UK by the setting of progressive salt targets - so called 'incremental voluntary reformulation'. This has resulted in a reduction in the salt intake in the UK population by at least 15%, and most products in the supermarket have now been reduced by between 20 and 40%. This has resulted in a reduction of blood pressure in the population which has made a major contribution to the reduction in stroke, heart attack and heart failure deaths that have occurred over this time⁵.

Responsibility for nutrition should be handed back to the Food Standards Agency. The FSA had an Independent Scientific Board which decided policy after looking at all the evidence, and then that policy remained in force without being swayed by different ministers, governments or the soft drink and food industry. A possible, but much weaker, alternative

would be to hand over nutrition to Public Health England, but with a clear remit that it would be independent of ministerial control. The current system is not going to work for either salt, sugar or calorie reduction, and must be reformed, as the food industry cannot be allowed to be responsible for solving the crisis in obesity and type 2 diabetes which it has created.

Responsibility for nutrition was removed from the respected Food Standards Agency to the Department of Health in 2010. The Food Network Responsibility Deal has not worked and brings the Department of Health into disrepute as retailers and manufacturers do not regard it as fit for purpose. Indeed the British Retail Consortium has refused to work with the Responsibility Deal until radical changes are made. Competitive industries can prosper effectively only with a level playing field but current policies and the absence of proper policing without any sanctions allows the more irresponsible manufacturers to sabotage willing and responsible supermarkets and other companies.

Very little progress has been made over the last 4-5 years, which is a tragedy given the fact that by far the biggest cause of death and disability in the UK is due to the food we eat, through its very high salt, sugar and fat content and the lack of fruit and vegetables. It is therefore vital that a much more robust and responsible mechanism is re-established. The agency for nutrition must have regulatory powers in the background to penalise non-compliant food and drink companies and also ensure they stick to a voluntary policy.

Action 4 – Cease advertising and promotion of unhealthy foods and drinks to children and adolescents

There is a clear association between food marketing and the rise in childhood obesity. Currently in the UK, broadcast advertising still continues to be the most dominant promotional channel of unhealthy food promotion ⁶.

Broadcast: Ofcom introduced limits on broadcast advertising to children for high fat, salt or sugar foods (HFSS) around programmes “of particular appeal to children”. However these restrictions have not protected children, because the current restriction only applies to programmes where children make up 20% higher proportion of the audience than they do

of the general population. This means that the advertising of sweetened soft drinks and processed fast food occurs in the early evening programmes, which are some of the ones most watched by children, including soaps, game shows and reality TV shows. Indeed about 70% of the television that children watch is outside the hours of 'children's TV' that these rules cover^{7 8}.

There must therefore be a total ban on advertising of processed foods that are high in saturated fats, sugar and salt, and sweetened soft drinks, to protect children.

Non-broadcast: The emergence of new media channels with the Internet, including social media and mobile telephone services, offer less visible but highly direct targeted marketing messages and are rapidly gaining share of marketing spend. Children use a mix of media much earlier in their lives than previously thought⁸ and indeed, because of some of the restrictions of broadcast marketing, many companies have now focused much more strongly on non-broadcast marketing i.e. a deliberate evasion of the restrictions on TV advertising.

There are currently no legal restrictions on non-broadcast unhealthy food marketing aimed at children. However, in March 2011, the UK Code of Non-Broadcast Advertising, Sales Promotion and Direct Marketing was extended to include online advertising, with a two year review period. Disappointingly, although the code is designed to ensure advertising is "legal, decent, honest and truthful" it does not protect or promote children's health⁹. This is not surprising, as the code is funded by the food industry and depends on complaints from members of the public or civil society organisations, and lacks any effective sanctions. These companies use clever marketing ploys such as advertising in games, which would be illegal on television.

There must therefore be a regulatory system to protect children under 16 from the marketing of unhealthy food and drink products, as defined by the current FSA/Ofcom nutrient profiling model. This should be monitored and enforced by a body independent of the advertising industry, and not funded by the food industry.

Action 5 – Incentivise healthier food and discourage drinking of soft drinks by introducing a sugary drinks duty

If the above policies are not adopted by the food industry or they do not comply with them, then there must be an introduction of a sugar duty, and legislation needs to be initiated. The cheap and abundant availability of highly calorific foods compared with the relative affordability and restricted availability of unhealthy foods; provide a strong financial disincentive to individuals pursuing a healthy diet. This is particularly the case with the more socially-deprived people, who eat less fruit and vegetables and die, on average, approximately 15 years before those who are better educated; predominantly from premature cardiovascular disease.

As such, a sugar-sweetened beverages duty should be introduced, and other foods such as confectionary should also be considered, both as a lever to support behaviour change and as a means for raising revenue for public health interventions, such as via the Children's Health Fund, as proposed by Sustain and Citizen's UK. A 20p per litre excise duty would in itself reduce consumption of sugar, but also raise around £1 billion in taxation revenue which should be ring-fenced for policies to promote children's health and wellbeing. A 20p per litre duty, at current consumption levels, would amount to £15 per year, or just 4p per day.

Although we understand concerns that a duty could be regressive, we recognise that poorer consumers will respond and benefit much more, so on balance; this 'regressive' measure will help to improve their significantly shorter life expectancy (10-15 years lost).

Action 6 – Limit the availability of unhealthy foods and drinks, as well as reducing portion size

Some 87% of children aged 7-15 go shopping with their parents¹⁰ and badger their parents to purchase very unhealthy foods which are displayed at the checkout where customers are waiting to pay. Therefore in-store food environments are designed to entice them to make unhealthy food choices. Indeed, a recent survey of approximately 2,000 adults in the UK showed that 83% have been pestered by their children to buy HFSS food and drinks at the checkouts and 75% of those parents had given in to their children and purchased something

due to being pestered¹¹. Another study confirmed that over 90% of adults think that HFSS at the checkouts contributes to obesity (in both adults and children) and do not wish to be tempted. It may be of some interest that Asda recently unintentionally admitted that two-thirds of their checkouts are guilt-laden¹². Supermarkets are understandably reluctant to do anything about this unless there is a level playing field, although Lidl has now doubled the number of 'Healthy Tills' in stores nationwide to 1,200 after 70% of the 1,294 customers surveyed said they would prefer to use a Healthy Till for their family food shop¹³, and Tesco has decided to remove all full-sugar options from checkouts¹⁴, but this will have little impact on reducing calorie intake.

Banning HFSS (as defined by the current Ofcom nutrient profiling model) at the checkout will create a level playing field, and also be beneficial to retailers, as 56% of people would more likely shop at a supermarket if it were to ban unhealthy food at the checkouts¹¹. This policy would also mean that retailers and other stores would have to stop undermining parents' efforts to give their children a healthy diet.

Provided this was properly enforced, so that there would be a level playing field, supermarkets would likely agree to this. If not met, it should be enforced.

Action 7 – Cease partnerships that imply increasing physical activity alone will prevent obesity

It is widely accepted amongst the lay public and media that consuming more calories than we burn is the cause of the obesity epidemic, and thus the solution is to do more exercise. This is not correct. Obesity is due to eating too many calories, particularly food and soft drinks that give no feeling of satiety or fullness.

In recent years many food and drink companies have, not surprisingly, pushed the physical activity message, and companies that are responsible for the obesity epidemic now sponsor major sporting events e.g. the Olympics. Regular physical activity does have beneficial effects but there has been little change if any in our levels of physical activity in the past three decades, whilst levels of obesity has increased^{15 16 17}.

The association of processed food and soft drinks with sport and celebrity endorsement is wrong and gives the wrong message, particularly to children. A child eating a burger and chips, washed down with a sugary drink, followed by a bar of chocolate and crisps is the calorie equivalent of 18 oranges, and they would need to run half a marathon to burn off the calories consumed.

Conclusion

If the above eight actions are implemented, this will prevent both children and adults becoming obese and would be a fantastic opportunity for the UK to lead the world in public health. The government and ministers responsible would receive a huge amount of positive publicity. If no action is taken, it is likely to have a negative effect on the perception of the Government given the huge media interest in obesity, type 2 diabetes, nutrition and sugar.

We look forward to working with you to prevent obesity in children and adolescents.

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