

Action on Sugar & Action on Salt 2021 Budget Representation

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.

Action on Salt

Action on Salt (formerly Consensus Action on Salt & Health, CASH) 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 and stomach cancer.

For more information, please contact: Mhairi Brown, Policy and Public Affairs Manager
Mhairi.brown@qmul.ac.uk

Background

The UK population are suffering heavily from the impact of COVID-19, made all the worse by their ongoing struggle with diet-related disease, such as obesity, which is making them more susceptible to the devastating virus.

It has long been established that suboptimal diets are a leading cause of death and disability in the UK (1), characterised as high in salt, sugar and excess calories:

- High salt intake raises blood pressure, which in turn increases the risk of developing cardiovascular disease. High salt intake is also linked to kidney disease, osteoporosis and stomach cancer (2)
- High sugar intake is associated with type 2 diabetes and is the leading cause of dental caries (3)
- Excess calorie intake is associated with obesity, which affects 12 million people in the UK (4). Living with obesity increases the risk of developing type 2 diabetes, cardiovascular disease, non- alcohol related fatty liver disease and thirteen types of cancer. Treatment costs to the NHS are currently £6.1bn per year, with an estimated cost to the wider economy of £27bn (5).

In the UK, two thirds of calories consumed by families come from highly processed packaged foods, which are likely to be high in fat, salt and/or sugar (HFSS) and low in fibre, fruit and vegetables. The diets of UK children are particularly worrying where 47% of primary school children's calories come from HFSS foods, 85% of secondary school children are not eating enough fruit and vegetables, more than 90% are not eating enough fibre and all are eating too much salt and sugar.

It is crucial that health prevention is prioritised by all Government departments to ensure a healthy, strong and resilient population.

Our Recommendations – Prioritising Prevention

Fiscal Measures

- SDIL

The mandated Soft Drinks Industry Levy (SDIL) has been highly effective in reducing sugar levels in sugar-sweetened soft drinks, achieving a 43.7% reduction by 2019 (6). We strongly recommend that

the levy thresholds be adjusted, with a lower threshold of 4.5g/100ml and the introduction of an upper tier of 10g/100ml:

Current Thresholds	Suggested Thresholds
<5g/100ml: no levy	<4.5g/100ml: no levy
5 – 8g/100ml: Lower Tier	4.5 – 7g/100ml: Lower Tier
>8g/100ml: Upper Tier	7-10g/100ml: Middle Tier
	>10g/100ml: Upper Tier

This would bring the SDIL in line with the current nutrient profile model (NPM), as currently a drink with 4.5g of sugar per 100ml would be classed as ‘less healthy’ by the NPM, yet not be subject to the SDIL. Aligning the SDIL with the NPM would increase policy coherence and incentivise drinks manufacturers to further reduce sugar from their products, or raise additional revenue. This level is likely to be easily achievable by manufacturers, given a recent analysis found a median sugar content of 4.2g/100ml in sugar-sweetened soft drinks (7), which – while positive for health – will not lead to a large, sustained revenue. Therefore, to benefit both health and revenue, we also propose a new upper level of threshold of 10g - to address the market-leaders (primarily Coca Cola and Pepsi) who have stated that they will never reformulate their highly popular classic cola drinks.

The levy itself should be increased, as a minimum, in line with inflation. Funds raised from the levy must permanently be ring-fenced to go towards improving children’s health by investing in the reduction of childhood obesity and the Treasury should be transparent about the spending of such funds. Sustain’s new report revealed that 50% of the revenue raised by the levy is now not being accounted for (8).

Furthermore, the SDIL has been successful in reducing sugar in drinks such as lemonade, yet a vodka and lemonade is exempt. Alcoholic beverages should be subject to the same sugar reduction criterion, as set under the SDIL.

- Milk-based Drinks

Despite the success seen in the sugar reduction of milk-based drinks sold in the retail sector, there has been poor progress in the out of home sector. Whilst we acknowledge that the Treasury will review the inclusion of milk-based drinks into the levy system after the next sugar reduction progress report (2021), and that this will add further clarity to the success of businesses, there is scope to include milk-based drinks into a levy system based on calories. This could add additional revenue to be ring-fenced for children’s health and should continue to be considered.

- Energy Density Levy

We recommend the introduction of an energy density levy on all calorie dense processed foods that meet an agreed criteria set by the government. This would encourage product reformulation to reduce both fat, in particular saturated fat as recommended in the Scientific Advisory Committee on Nutrition’s guidance, 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. The levy would ensure companies are held to account if they make processed unhealthy food with excessive calories as part of a comprehensive set of measures to encourage them to develop healthier, lower calorie products. This can help reduce the excessive calorie intake at a population level, which is currently contributing to the rise in childhood obesity. Compared to those with ideal body weights, overweight and obese children consume between approximately 140 and 500 excess kcals per day.

- Salt

Given overall poor progress with the voluntary reformulation programmes, we strongly recommend the introduction of levies and fines for companies who do not meet established salt, sugar and calorie reduction targets. The devastating impact excess salt has on health is clear - impacting blood pressure, overall cardiovascular health, kidney health and even bone health - and yet we still eat 40% more than the recommended maximum of 6g per day in the UK, which has not fallen for 10 years. Thousands of people in the UK die needlessly each year due to high salt intake; this is not a burden we need bear. To ensure that the new salt reduction targets are met, we recommend introducing a levy for the categories which have failed to make significant progress within the last measured time period.

Public Health England Replacement

Worryingly, it was recently announced that Public Health England would be abolished in the middle of a pandemic. PHE have several core health protection and prevention functions and a wealth of evidence-based experience that is at danger of being lost.

Several options have been proposed, including relying on our already overburdened NHS to take on health protection functions, retaining health improvement responsibilities within DHSC or creating a separate national organisation dedicated to prevention and health improvement. To fully benefit public health, ideally a new and independent authority should be established to provide a necessary governance mechanism, working with relevant departments across all the devolved nations. This new authority should be answerable to Parliament, and be adequately funded to carry out necessary functions to protect population health.

The reformulation programmes currently managed by PHE are especially crucial, improving the nutritional profile of food and drinks to prevent diet-related disease. According to PHE's own conservative estimates, reducing salt, sugar and calorie intakes to the current targets alone would prevent 50,000 premature deaths and save at least £7.5 billion in healthcare costs (9).

References

1. Global Burden of Disease Study 2017 Diet Collaborators. Health effects of dietary risks in 195 countries, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2019; 393: 1958-72.
2. He FJ, Tan M, Ma Y, MacGregor GA. Salt Reduction to Prevent Hypertension and Cardiovascular Disease: JACC State-of-the-Art Review. *J Am Coll Cardiol*. 2020;75(6):632-47
3. World Health Organization. Factsheet: Overweight and Obesity. 2020.
4. NHS Digital. Health Survey for England 2018 [Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2018>]
5. Public Health England. Health Matters: Obesity and the food environment (2017) <https://publichealthmatters.blog.gov.uk/2017/03/31/health-matters-obesity-and-the-foodenvironment/>
6. Public Health England, 2020. Sugar reduction: progress between 2015 and 2019 <https://www.gov.uk/government/publications/sugar-reduction-report-on-progress-between-2015-and-2019>
7. Scarborough P., Adhikari V., Harrington R., Elhoussein A., Briggs A. et al. Impact of the announcement and implementation of the UK Soft Drinks Industry Levy on sugar content, price, product size and number of available soft drinks in the UK, 2015-19: A controlled interrupted time series analysis. *PLoS Med* 17(2): e1003025
8. Sustain, 2021. Refreshing investment in children's health: Using the sugary drinks tax to improve healthy food access in schools <https://www.sustainweb.org/publications/jan21-childrens-investment/>
9. Action on Sugar and Action on Salt, 2020. The Future of Prevention in the UK <http://www.actiononsugar.org/media/actiononsugar/about-us-/The-Future-of-Prevention-in-the-UK.pdf>