Action on Sugar Submission to the 2023 HSCSC Inquiry: Prevention in health and social care

Action on Sugar is a group of experts concerned with sugar and obesity and their 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.

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Note: **Reformulation**, as referred to within this submission, is the process of gradually changing product recipes. The food industry are constantly reformulating product lines. In the context of health, reformulation is used to explain the process of the food industry gradually removing excess and unnecessary sugar (and salt and saturated fat) from their product portfolios. When done gradually, consumers do not notice the changing taste and can continue to purchase the same products they usually do but over time their sugar intake will be reduced. This is a cost-effective and impactful intervention to improve population health.

Action on Sugar support the submission made by the Obesity Health Alliance, of which we are a member organisation.

Proposal: Sugar and Calorie Reformulation to Prevent Obesity

Why this should be considered

There is a causal relationship between sugar intake and tooth decay; oral diseases are the leading reason children are admitted to hospital (32,140 admissions in 2018-19)ⁱ. There is evidence of a link between sugars and obesity; the strongest evidence exists for sugar-sweetened beverages and type 2 diabetesⁱⁱ.

In 2016, the Government's Childhood Obesity Plan announced a sugar reduction programme to reduce sales-weighted average sugar content in categories contributing the most sugar to children's diets by 20% by 2020. The programme was structured to enable food and drink manufacturers to reduce sugar content through reformulationⁱⁱⁱ, reducing portion size, or shifting sales to lower sugar products in the portfolio.

A Soft Drinks Industry Levy (SDIL) was also proposed in the Childhood Obesity Plan. The SDIL is applied to the production and importation of soft drinks containing added sugar, and covers drinks with sugar added during production with some exceptions such as alcohol, fruit and milk-based drinks. The levy is tiered to encourage manufacturers to reformulate their products.

A calorie reduction programme was later added to the Childhood Obesity Plan, in recognition that obesity is linked to more than just sugar, and that children living with obesity consume up to 500 extra calories per day. The programme was consulted on in 2018, and implemented in 2020 with a much reduced scope.

Why now

Against the expected 20% reduction in sales-weighted average sugar levels, there was just a 3.5% reduction in sugar content were seen across all categories, but there were large variations between product categories.

The SDIL has achieved more progress, with a 34% reduction in total sugar sales from soft drinks (46,372 tonnes). Despite concerns from the soft drinks industry, sales have increased by 21% and research indicates there has been an impact on obesity in year 6 girls, and a greater impact in girls from deprived areas. The Government previously committed to a review of the SDIL and its potential expansion, but this review has not yet been made public.

With the release of the final monitoring report in 2022, the sugar reduction programme has effectively come to an end: to date, no further actions have been announced. Worryingly, the Government did not release a monitoring report of the calorie reduction programme in 2022 as promised.

Why scrutiny is needed

Although the 20% reduction was not achieved, manufacturers who did commit to the voluntary programmes demonstrated the feasibility of sugar reduction even in the most challenging categories, suggesting a mandatory approach would have led to more success, e.g. Co-op achieved a 15% reduction in chocolate confectionary (category average = -0.9%), Tesco achieved a 15% reduction in sweet confectionery (category average = -2.8%).

The sugar and calorie reduction programmes have not been based on the successful salt reduction programme, with comprehensive, specific and data-driven targets for each category - many categories containing excess sugar and calories are not covered by the current programmes. Furthermore, due to the programme structure, some companies developed '30% less sugar' products to apply an approved nutrition claim to packaging, and marketed this product alongside full-sugar product to bring consumers to the category. If the Government had provided strong leadership and guidance, companies could have used this technology across their product portfolio, leading to greater reductions in sugar consumption at a population level.

Additional scrutiny should be given to the calorie reduction programme, the reasons for the reduced scope, the delayed implementation and the lack of monitoring.

Action needed

PHE's modelling estimated that reducing energy intake from sugar to 5% could prevent 3,500 deaths and avoid 173,000 dental caries cases annually, whist also saving the NHS £396m each year vi.

This is not just a health issue – there are associated environmental issues too. The process of harvesting sugar beet, the UK's domestic source of sugar, is causing irreversible damage to our soils, lifting an estimated 489,000 tonnes of topsoil from UK fields every year, and relies on harmful neonicotinoid pesticides to maintain productivity^{vii}. Sugar cane cultivation is similarly problematic due to high levels of chemical and water use.

We call on the Committee to address the prevention of obesity via food reformulation, with a particular focus on sugar and calorie reduction - and the governance and structure of these programmes - as a means to reduce burden on individuals, the economy and the NHS. We intend to submit evidence regarding policy solutions that would lead to progress and reduce obesity prevalence.

¹ NHS Digital. Hospital Admitted Patient Care Activity 2018-19 [Internet]. 2019 [cited 2022 May 27]. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2018-19

[&]quot;EFSA Panel on Nutrition, Novel Foods and Food Allergens (NDA), Turck D, Bohn T, Castenmiller J, de Henauw S, Hirsch-Ernst KI, et al. Tolerable upper intake level for dietary sugars. EFSA J. 2022;20(2):e07074

iii Reformulation is the process of gradually changing product recipes. In this context, reformulation is used to explain the process of the food industry gradually removing excess and unnecessary salt, sugar and saturated fat from their product portfolios. When done gradually,

consumers do not notice the changing taste and can continue to purchase the same products they usually do but over time their sugar intake will be reduced.

^{IV} OHID, 2022 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1121444/Sugar-reduction-and-reformulation-progress-report-2015-to-2020.pdf

v Rogers NT, Cummins S, Forde H, Jones CP, Mytton O, et al. (2023) Associations between trajectories of obesity prevalence in English primary school children and the UK soft drinks industry levy: An interrupted time series analysis of surveillance data. PLOS Medicine 20(1): e1004160.

vi PHE, 2015

 $https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf$

vii Feedback. Too Much of a Bad Thing: The use and misuse of UK soil and land to grown sugar. 2019. Available from: https://feedbackglobal.org/wp-content/uploads/2019/11/Too-much-of-abad-thing-the-use-and-misuse-of-land-and-soils-to-grow-sugar-Feedback-2019.pdf