

Obesity Health Alliance

Reformulation of Sugar, Fat and Salt – Policy Briefing

The Obesity Health Alliance (OHA) is a coalition of organisations committed to share expertise and support Government to tackle the issue of overweight and obesity in the UK. Obesity is a complex problem and there is no single silver bullet. A comprehensive range of population level policy interventions is required to tackle it.

Policy Summary

- Children and adults currently eat too much free sugars, fat and salt and this overconsumption is a key driver of overweight and obesity, as well as other diseases.
- Reformulation programmes can have a positive impact on reducing consumption of unhealthy nutrients over time. For example, between 2003 and 2011 salt consumption was reduced by 15% in the UK.
- We believe the Government should introduce a comprehensive and effective reformulation programme covering free sugars, fat and salt. The programme should include the following:
 - a) An independent set of incremental reformulation targets for industry, backed by regulation and which are measured, evaluated and time-bound. These targets should address salt, free sugars and fat (particularly saturated fat) levels.
 - b) Compliance with these targets should be monitored and non-compliance should be backed by meaningful sanctions.
 - c) Appointment of an agency with operational independence from Government, which is overseen by sound scientific governance, should be appointed to regulate and lead the reformulation process.

1. Our view of reformulation

- We believe that a comprehensive reformulation programme to systematically reduce free sugars, fat and salt in the foods we eat could help people achieve a healthier diet, reduce risk of disease and has the potential to address overweight and obesity.

2. The problem

Obesity and health

- Currently around 30% of children in the UK are overweight or obese.¹ Children are also eating too much sugar, salt and saturated fat,^{2,3} which can lead to weight gain and obesity. This is putting our children at risk of developing serious health conditions such as Type 2 diabetes, heart disease and some cancers. If current trends continue, we can expect millions of extra cases of disease.⁴
- Tooth decay is now the number one reason for hospital admissions among young children aged 5-9.⁵ Greater consumption of total sugars and sugar-containing foods and beverages is associated with a greater risk of dental caries.

- In addition, 6 in 10 adults in the UK are overweight or obese.⁶ If current trends continue, this is likely to increase to 7 in 10.⁷ Obesity has been identified as the biggest threat to public health in the 21st century.⁸
- Obesity is recognised as a complex interplay between diet, increasing physical inactivity and changing environments. Recent evidence from the World Health Organization (WHO) has found that increases in the food energy supply alone are sufficient to explain the weight gain over recent decades, especially in high income countries.⁹

The role of the food environment

- The average diet in the UK is not in line with current advice.¹⁰ It can be hard to make healthy choices when we are surrounded by food and drink products high in sugar, fat and salt. In addition, portion sizes are inconsistent and in some cases have increased significantly.¹¹ Larger portions encourage us to eat more. By ensuring that the food choices available are more healthy, people can be supported to achieve a healthier diet without making a proactive choice to change their behaviour.
- In 2012, many food firms, supermarkets and high street chains agreed a series of voluntary pledges with the Department of Health called The Responsibility Deal, in which they committed to playing their part in trying to ensure that Britons consume five billion fewer calories a day. This programme was placed on hold by the Government in 2015 following widespread dissatisfaction on the programme's transparency, governance and lack of impact. An independent evaluation of the Responsibility Deal found that while a pledge to reformulate food and drinks products was commonly listed in industry partner's plans, very few actively implemented this pledge. Furthermore the claims made about sugar reduction under the calories reduction pledge could not be substantiated by the companies' own data and sales of sugary foodstuffs actually increased by 11% in that period.¹²

Progress in salt reformulation

- The UK has led the world with salt reformulation resulting in a 15% reduction in salt intake between 2003 and 2011. This has delivered a decrease on population average blood pressure and large falls in stroke and heart attack deaths.¹³ It is estimated that around 9,000 lives a year are saved due to this reduction.¹⁴
- This was delivered through a voluntary programme that was set up by Consensus Action on Salt and Health (CASH) and the independent Food Standards Agency (FSA) in 2003, which had strong enforcement powers and robust reporting mechanisms. However, under the coalition government, the salt reduction programme was moved from the FSA to form a core part of the Department of Health's Responsibility Deal in 2012.
- The OHA acknowledge and welcome the salt decrease achieved through the setting of progressive, incremental targets however, under the Responsibility Deal, it has not succeeded in driving salt consumption down to meet the Government guidance of no more than 6g of salt a day for adults, due to a lack of monitoring and sanctions for non-compliance backed by regulation.¹²

3. The solution

Reformulation targets

- We believe a comprehensive programme of reformulation should include the percentage reductions outlined below. These targets set are based on what is required to reach calorie reduction targets and based on the best current available evidence. We would want to work with the new independent agency to develop specific targets for each category based on what is feasible.
 - 50 per cent free sugars reduction within the next 5 years
 - 20 per cent reduction in fat (especially saturated fat) within the next 5 years
 - 25 per cent reduction in salt within the next 5 years
- The aim is to reduce population free sugars, fat (especially saturated fat) and salt consumption by 50 per cent, 20 per cent and 25 per cent, respectively. For example, if 50 per cent of free sugars were removed from the food and drink categories which contribute the highest amount of sugar to the diet – the average person should be consuming 50 per cent less free sugars by the end of the fifth year.
- Establishing specific reduction targets for each category means that manufacturers who have already significantly reduced sugar, fat and salt in their products over recent years will have less work to do to achieve the targets compared to those who have not yet acted.
- The categories (and brands) which contribute the highest amounts of free sugars, saturated fat and salt in the diets of children and adolescents should be targeted first.

What could meeting these targets achieve?

- The calorie intake on average would decrease by approximately 200 - 300 kcal per person per day. This would help to halt the rise in overweight and obesity, as it is currently estimated that, on average, adults are consuming 200 to 300 excess calories per day.¹⁵
- a) *Free sugars*
- A 50 per cent reduction in free sugars would lead to a calorie reduction of approximately 120 kcal per day.ⁱ
 - In addition, Public Health England based their modelling for free sugars reduction on 50 per cent, as initial work had suggested that a reduction of this magnitude to the free sugars intake from soft drinks would make a substantial impact on free sugars intake in most age groups. The same level of reduction was applied to all food groups for simplicity.¹⁶
 - A 40 per cent reduction in sugar in soft drinks alone has been predicted to prevent 300,000 cases of Type 2 diabetes and reduce 1.5 million people from being overweight or obese over the next 5 years¹⁷
- b) *Fat*
- To ensure a reformulation programme is based on the best possible evidence, further modelling work must be carried out to assess the impact of reducing fat (especially saturated fat) on fat intake, as per Public Health England's work on sugar reduction. The current recommendation for

ⁱ Calculation based on current average adult daily calorie consumption from sugar from NDNS figures.

fat reduction in this document is based on what is required to achieve 200 – 300 kcal reduction per person per day (in combination with the calories reduced by 50 per cent sugar reduction).

- A 20 per cent reduction in fat would lead to a calorie reduction of approximately 120kcal per day.ⁱⁱ It has been estimated that reducing saturated fat intakes to within recommendations could result in approximately 3500 annual UK deaths averted and should improve the quality of many more lives, saving the UK economy about £1bn each year.¹⁸
- It estimated that half a percentage point of saturated fat reduction across the UK population yields an annual benefit of 217,500 Quality Adjusted Life Years (QALYs).¹⁹

c) *Salt*

- A 25 per cent reduction in salt content is required to achieve the adult maximum recommendation of 6g per day for salt. Current intakes are 8g per day.²⁰

The evidence for reformulation

- Research has shown that reformulation programmes are one of the most effective policy interventions that Government can introduce to reduce obesity levels in a cost effective way. For example the McKinsey report ‘Overcoming Obesity’ identified reformulation as the second most impactful intervention, second to portion control.²¹
- More recently the Richmond Group found that introducing a reformulation programme could save 26,000 lives by 2025 and save 114,000 years lost to disability.²²
- The WHO acknowledges population-wide reformulation as fundamental to improving the quality of the food supply in the context of providing healthier options to consumers.²³
- A comprehensive reformulation programme will improve the nutritional value of the food consumers buy before it lands on the shelves. This stands to benefit all consumers but particularly those on low incomes who eat more processed foods, which are much higher in foods such as full sugar soft drinks, processed meats and table sugar.²⁴
- Whilst personal choice is a necessary component of healthier eating, reformulation acknowledges the role that industry and Government can also play to help make the healthier choice easier for consumers and adapting the health profile of the food they are consuming.

Reformulation and the food industry

- The OHA believe that introducing these targets would give the food industry the level playing field that the Responsibility Deal failed to provide.
- Indeed the British Retail Consortium, that represents the UK supermarkets, has already called for a regulated system to ensure that the branded companies are working towards the same targets as the supermarkets.²⁵
- To ensure a complete level playing field, the OHA would like the out-of-home sector to be included in the programme of reformulation and for Government to guide small and medium enterprises (SMEs) to comply with new targets.
- SMEs (such as independent cafés and restaurants) who are reformulating their products in line with the reformulation targets will require practical written guidance (designed by food

ⁱⁱ Calculation based on current average adult daily calorie consumption from total fat from NDNS figures.

technologists, registered nutritionists and dietitians) on how their chefs can reduce saturated fat, salt and free sugars from their recipes and increase fibre and wholegrain content.

- Whilst this reformulation programme should be closely linked with the sugar levy as a mechanism through which sugar reformulation will be delivered in this product category, it should not be the only method of sugar reduction.

Process for implementing a comprehensive reformulation programme

- To deliver on these targets an agency with operational independence from Government, which is overseen by sound scientific governance, should be appointed to regulate and lead the reformulation process. This agency should seek engagement with the food and drink industry, expert Non-Governmental Organisations and independent food technologists to develop category-specific reformulation targets.
- The progress of the reformulation programme should be carefully scrutinized, by regularly monitoring changes made by industry and the impact on the population's diet.
- These targets should be delivered by the food and drink industry against a pre-set, robust and transparent accountability framework. This should include the ability to publish information without seeking permission from Government. This framework should allow key success milestones in reformulation to be captured and promoted.
- Clear and meaningful sanctions must be set and applied to food and drinks companies who do not meet the targets, for example they should be issued a non-compliance fine and be publically 'named and shamed'.

Reformulation and portion size

- Portions of a number of processed foods have increased over the last 20 years in the UK.²⁶ The current guidance to industry on average portion sizes for products was last updated in 1993 and is now significantly out of date.²⁷
- Research shows portion sizes can influence how much we eat, with larger portions encouraging us to eat more.²⁸ Therefore it is important that portion size reduction is considered by Government in its own right to drive down inflated portion sizes.
- Portion size reduction also has a role to play within reformulation, particularly when the technical feasibility of further reformulation in products is no longer possible
- Reformulating the sugar and fat content in food is more challenging compared to salt, as these nutrients contribute to the weight and volume of a product. Therefore a reduction in sugar, fat and calorie content in solid products can be achieved by reducing the portion size of products so that they are in line with existing Government guidance on portion size.
- Portion-controlled packaging could be useful in increasing consumer-awareness of appropriate portion sizes and could reduce the calorie intake of individuals.²⁹

4. Public Support

- The introduction of a comprehensive reformulation programme is widely supported by the public. The majority of the public think the food industry should do more to reduce sugar, saturated fat and salt from processed foods (76 per cent, 70 per cent, 72 per cent) respectively.³⁰

- 97% of British adults say that food manufacturers should take at least one measure (improved nutritional labelling, restrictions on advertising to children, reformulation) to help people eat more healthily. Reducing the amount of saturated fat, added sugar and salt in food products is the most preferred means (75%).³¹

Definitions

Free sugars: This comprises all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices. Under this definition lactose (the sugar in milk) when naturally present in milk and milk products and the sugars contained within the cellular structure of foods (particularly fruits and vegetables) are excluded.

NB:

‘Fat’ refers to ‘total fat’ throughout the document.

Contact

For any enquiries relating to this briefing, please contact Caroline Cerny at Caroline.Cerny@ukhealthforum.org.uk.

www.obesityhealthalliance.org.uk

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⁴ *ibid*

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⁷ UK Health Forum and Cancer Research UK (2016). *Tipping the scales: Why preventing obesity makes economic sense*. http://www.cancerresearchuk.org/sites/default/files/tipping_the_scales_-_cruk_full_report11.pdf

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¹¹ British Heart Foundation (2014). *Portion Distortion: How much are we really eating?*

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- ³¹ ComRes poll conducted for Diabetes UK, January 2016 (ComRes interviewed 2,036 British adults online between 22nd and 24th January 2016. Data were weighted to be representative of all adults in Great Britain aged 18+. ComRes is a member of the British Polling Council and abides by its rules.)