VEGETARIAN SOCIETY - WRITTEN EVIDENCE (FDO0060)

We welcome the opportunity to submit evidence on the important topic of food, diet, and obesity to the House of Lords Obesity Committee Inquiry. Through our research-led policy initiatives we have valuable insights that will be of interest and have relevance to your call for evidence.

Overweight and obesity are complex and multifaceted, and stem from a combination of social, economic, and physiological factors. Health science and behavioural studies suggest that consumption of plant-based lower energy density foods can, and should be, encouraged as part of a strategy to tackle obesity. Plant foods, and specifically greater fibre intake, play a pivotal role in physiological regulation of appetite and satiety. Furthermore, plant-based alternatives to meat and dairy can be both lower in energy density and higher in fibre than conventional meat and dairy foods. Therefore, increasing the proportion of plant foods has a double benefit in tackling obesity. Real time studies of consumer choice in UK public sector food environments show that offering greater choice in plant-based meals encourages consumer uptake. This finding, combined with evidence of the rising popularity of plant-based eating presents a very promising proposition for public policy in tackling obesity.

About The Vegetarian Society

The Vegetarian Society is the UK's original and leading voice for the vegetarian and vegan movement. Our aim is to inspire and support everyone to move towards more sustainable and cruelty-free choices in their lives because kindness counts. Through our education and engagement programmes to campaigning, policy work and product accreditation, we strive for a world without animal cruelty. We do this by using our knowledge and expertise to work across our membership, communities, business, government, and likeminded organisations to help change behaviour, drive innovation, and expand food choice across the industry. In doing so we continue to build on our 175+ year legacy to grow a community driven by a collective desire to secure a kinder, healthier, and more sustainable future for every life on earth.

Q1-3 KEY TRENDS, DRIVERS, AND IMPACTS OF OBESITY ON HEALTH

Figures released in 2022 show 25.9% of adults in England were obese and a further 37.9% were overweight, making a total of 63.8%, an

increase on the previous 2021 figures, with a gender split of 68.6% of men compared with 59.0% of women.[i]

Although physical activity is an important part of a healthy lifestyle, the impact of poor diet on obesity and the associated health risks is much greater. The most recent estimates available record that 60,000 deaths in England were attributable to poor diet, six times the number attributable to lack of physical exercise.[,ii,iii,iv]

Diets low in nutritious wholefoods, and high in HFSS foods cause overweight and obesity putting people in England at greater risk for hypertension, diabetes, heart disease and some cancers.[v]

All factors contributing to poor health outcomes are socio-economically patterned and poor diet is just one that is contributing significantly to widening health inequalities.[vi] Studies of diet and health indicate very clearly that the type of food people are able to access, according to home income, is a significant factor in obesity rates. The UK population consumes more highly processed food than any other European country, and consumption of added sugar exceeds government guidelines, with those aged 11–18 years consuming more than double the recommended limit. In addition, fewer than 3 in 10 adults in England eat the recommended five portions of fruit and veg a day.[vii] Data suggests that a mere 8% of children aged 11 to 18 years eat the recommended five portions,[viii] with nearly a third (29%) of children aged 5 -10 eating less than one portion of veg a day.[ix]

Clearly there are multiple sources of high energy density foods, but meat consumption is also an important consideration for health and obesity. Currently, the average UK adult is eating 86.3g of meat per day, double the amount calculated as the global intake required for health as well as planetary sustainability.[x] Equally importantly 43% of men and 26% of women are eating more red and processed meat than the limit recommended for health by the UK Scientific Advisory Committee for Nutrition (SACN).

Studies that use the Healthy Plant-based Diet Index (HPDI) to measure the impact of food groups show that a refined diet, low in fibre is at the heart of the issue but that animal product consumption is also associated with obesity related disease. Over two decades academics at Harvard and Oxford University have clearly shown the benefits of plant-based diets to BMI and reducing the risk of obesity related disease.[xi,xii]

Currently in the UK, about 1 in 10 people would be expected to eventually die from coronary heart disease. Studies show each 50 g/day higher intake of processed meat (e.g. bacon, ham, and sausages) increases the risk of coronary heart disease by 18% and red meat by 9%.

However, the effect of meat on health extends well beyond heart disease. In a recent dose–response meta-analysis of all available good quality studies[xiii] it was revealed that an additional 100 g/d red meat intake was associated with a:

- 10% increase in overall cancer incidence
- 14% increase in cardiovascular death and stroke
- 24% increase in type 2 diabetes

Physiologically, obesity is a complex condition brought about by an interaction between diet and the body's regulatory systems. There is substantial evidence that plant-based diets high in foods on the HPDI index such as wholegrains, legumes, nuts, seeds, fruit, vegetables and unrefined oils, are associated with lower incidence of obesity due to the fibre content, lower caloric density, gut microbiome regulation, and the associated release of gastrointestinal appetite-regulating hormones.[xiv]

Despite the growing trend in obesity, one recent positive trend may prove highly significant and provide the key to a new approach in obesity policy. Trends towards plant-based diets and meat and dairy replacement have been steadily gaining momentum over time.

In terms of the population's risk of obesity the impact of standard UK dietary patterns can be seen most starkly in the different health outcomes of people consuming meat-based diets compared to those consuming plant-based diets.

People in the UK, eating a plant-based diet typically have a lower BMI, lower LDL cholesterol and less hypertension than comparable regular meat-eaters. This correlates to lower risk of diabetes and owing to lower intake of saturated fat, a significantly lower – 23% lower - risk of ischaemic heart disease.[xv] It was also recently estimated, in a modelling study that standard meat-based diets cost the NHS an estimated £6.7 billion per year, with 2.1 million cases of disease and more than 170,000 quality-adjusted life years across the population in England.[xvi]

Q. 5-8 ULTRA-PROCESSED FOOD, HFSS, DEFINITION, RECOGNITION AND LABELLING

Ultra-processed food (UPF) is often equated with foods that are high in fat, salt, or sugar (HFSS) and yet it is clear that with regards to some everyday recommended foods, the application of UPF labelling would conflict with the intention of HFSS traffic light labelling.

Several foods which under NOVA are classified as ultra-processed, are in fact low fat, low salt, and low sugar and in addition are recommended for

healthy eating in England and featured in the Public Health England (PHE) Eatwell Guide (EWG). Foods for example, such as wholemeal sliced bread, baked beans and the meat-alternative mycoprotein, sold in the UK as Quorn. Furthermore, these foods are good sources of protein, and high in fibre; aspects which are not currently captured in traffic light food labelling.

Unsurprisingly, competing media narratives about foods classified as ultra-processed continue to create confusion among the public. [xvii] As a consequence, there is a lack of clarity about which foods are good for health, an issue which needs to be addressed in order to inform any future obesity policy framework.

The question of where meat alternatives, as recommended in the PHE Eatwell Guide, and also the Vegetarian Eatwell Guide,[xviii] figure in this debate is an important one. Current scientific evidence suggests that the protective associations of plant foods, which correlate to better health, involve physiological effects across several organ systems and inflammatory, gut microbiological, lipid and energy homeostatic pathways of the body.[xix]

Recent studies in plant-based replacements for meat such as mycoprotein, show similar positive effects on satiety and gut microbiome raising the question of whether plant-based meat replacements have a role to play in obesity management, given the correlation between meat eating and rates of obesity driven ill health. [xx, xxi, xxii]

As regards the question of UPF labelling it should be borne in mind that the category of UPF is extremely wide and this presents a problem, especially as regards the accuracy of epidemiological evidence linking UPF intake and ill health. Headline results of recent UPF health studies reflect the foods that make up the majority of UPF intake and do not reveal the health impacts of specific foods such as meat-alternatives. It is possible to dig down into the data and isolate the influence of specific foods. Analysis controlling for the effects of sweetened beverages, sugary cereals and processed meats reveals that the risks associated with these UPFs do not extend to all UPFs, for example to plant-based foods.[xxiii]

Furthermore, meat and dairy alternatives have core nutritional value to specific demographic sub-groups especially allergy sufferers, vegetarians, vegans and, also, a large proportion of the wider UK public (30%) who are reducing meat and dairy by switching to plant-based alternatives. For these sections of society plant-based meat and dairy alternatives represent accessible sources of key nutrients: protein, calcium, vitamin B12.[xxiv] These foods also provide valuable sources of soluble and insoluble fibre and, through fortification, of micronutrients to the wider population.

Q. 9-12. FUTURE POLICY TOOLS TO ADDRESS OBESITY AND LESSONS LEARNED FROM OTHER COUNTRIES

People's ability to adopt healthy eating behaviours is strongly shaped by the circumstances in which they live. Policies to tackle the levels of obesity should be geared to deliver affordable, accessible healthy food across society. Providing people in England with the opportunity to choose more plant-based meals and to increase their plant-based food intake, especially outside the home, and providing children with the opportunity to establish a preference for foods on the HPDI inventory, could be key.

Current positive trends towards plant-based food and diets offer a particularly strong basis for a new approach to food policy in the public sector that can directly influence obesogenic eating patterns. Public policy that is mindful of this positive trend should capitalise on the rising popularity and growing sense of normality of plant-based approach to diet.

In the last ten years the number of vegetarians has doubled and that of vegans has quadrupled in a similar timeframe.[xxv,xxvi] A third of the UK is actively reducing meat and have embraced plant-based meat and dairy alternatives as part of a transition towards healthier consumption patterns. Today around half of households purchase meat and/or dairy alternative products[xxvii] for reasons of health, with a 115% increase in consumption in under 10 years.[xxviii]

A poll conducted in National Vegetarian Week 2019 of 1,000 8–16-year-old school students found 70% of children want to see more vegetarian and vegan meals on their school menu. [xxix] The Shelley Report of the Independent Review of NHS Hospital Food found that health service staff wanted more plant-based options in restaurants, canteens and vending machines and ward staff reported improved vegetarian provision should be an integral part of "what good looks like." [xxx]

From a policy point of view, the benefits of plant-based eating can be transferred to the wider public through a range of measures. These include changes to healthy eating guidance, policy programmes to introduce more choice in foods on the healthy plant-based dietary index (HPDI) foods in the public sector, and through changes to public sector catering procurement.

A study, led by Oxford University, modelled the changes required to the average UK person's diet to meet current government guidelines on healthy eating (The Eatwell Guide) and they found meat consumption would need to fall by 75% and bean consumption would need to go up by 90%.[xxxi]

The Vegetarian Society understands aspects of the forthcoming Procurement Act may be coming under review[xxxii] but as it stands, the Government Buying Standards for Food and Catering (GBSFs) contain no meat-reduction element and no mandatory requirement to serve pulses, it is left as optional 'best practice.' If it is recognised as 'best practice' why is it optional? This simply does not make sense. The review represents a key opportunity to put plant-based provision at the heart of healthy public sector procurement.

Modifying the food environments to reduce exposure to obesity risk and make healthy eating behaviours the easy option, is now regarded as the most effective form of public policy to encourage healthy eating. A number of recent studies have examined the effect of increasing the availability of meat-free meals in canteens to promote lower energy density eating. These studies conclude that increasing the availability of meat-free options is an effective strategy for reducing meat selection and for encouraging different ratios of meat to meat-free option purchasing. Furthermore, the effect is found across all demographic groups, suggesting wide appeal of plant-based options in canteen settings.

There are lessons to be learned in public sector food procurement from other countries, the principles of which could be applied to plant-based sourcing in the UK. One such country is Denmark, whose public sector meat-reduction approach focusses on 'less and better' meat along with an integrated plant-based strategy. This model generates a crucial degree of fiscal freedom for policymakers in which budget savings from purchasing less meat have enabled the authorities to incorporate more organic food without raising their operating budgets.[xxxiii] Copenhagen has, impressively, achieved provision of 90% organic food in all of its public kitchens without raising the cost of meals. This approach has been strengthened by a change to the public health eating guidelines. Recent changes recommend meat intake be reduced from 500g a week to 350g a week and include a new recommendation to eat 100g of legumes per day (beans, chickpeas, lentils).

In terms of the types of diet that deliver on both fibre and low saturated fat, a well-planned plant-based diet is the highest fibre and lowest saturated fat option across all nutritionally balanced diets and clearly confers health benefits in the control of obesity.[xxxiv]

The Vegetarian Society therefore contends that public sector initiatives have a potentially pivotal role to play in addressing obesity through providing and signposting to foods that are both meat-free and on the healthy plant-based dietary index (HPDI).

Changes to public health guidelines, supported by public sector procurement targets and public information campaigns could play a key role in addressing the growing costs of ill-health to the public and the

economy. In our opinion, an effective ill-health prevention strategy focused on diet, should be a key priority for government.

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