

DIABETES UK - WRITTEN EVIDENCE (FDO0074)

Summary.

The link between deprivation and levels of people living with overweight and obesity is stark. For too many people in the UK, their food environment is shaped by factors out of their personal control.

Rates of living with obesity and overweight disproportionately affect low-income communities in the UK. There is clear [evidence](#) that links how deprivation and the food purchasing environment intersect with each other.

For those living on the lowest incomes, economic and social pressures push them towards purchasing of unhealthy options, due to financial insecurity, competing priorities and pressure from children who request a narrow range of foods.

Any attempt to reduce, let alone reverse, the rise in the numbers of people living with obesity and overweight in the UK will not be effective without efforts to prevent these pressures. This must include:

- 1) Reducing financial insecurity.
- 2) Increasing the availability of social resources such as local leisure activities.
- 3) Tackling the advertising and promotion sector.

Questions.

- 1) Key trends in food, diet and obesity, and the evidential base for identifying these trends.**
- 2) The primary drivers of obesity both amongst the general population and amongst distinct population and demographic groups.**

Obesity and Type 2 diabetes.

The causes of type 2 diabetes are complex with many factors such as age, genetics, ethnicity and socio-economic background all contributing to someone's risk. Obesity, however, is the most significant modifiable risk factor, with risk heightened for those at a younger age.

Five million people in the UK are living with diabetes, equivalent to more than one in 14 people. The majority of these cases are type 2 diabetes, around 90%, and the number of people with type 2 diabetes has almost doubled in the last 15 years.

For the first time, the number of people under 40 in the UK being diagnosed with type 2 diabetes is rising at a faster rate than the over-40s.

Recent figures by the ONS have also shown that 5.1 million adults are living with pre-diabetes, including 1 million adults living with undiagnosed type 2 diabetes in England. With those who develop the condition under 40, more likely to be living without a diagnosis.

Type 2 diabetes in deprived and ethnic minority communities.

We are also concerned about the disproportionate impact of type 2 diabetes in areas of higher deprivation and in ethnic minority communities.

People living in the poorest households are 2.3 times more likely to have type 2 diabetes than those with the highest household income.

People of South Asian ethnicity (including Indian, Pakistani, Bangladeshi) are two to four times [more likely](#) to develop type 2 diabetes than people of White European ethnicity. Black African and Black Caribbean people are 1.5 to 3 times more likely to develop type 2 diabetes than White Europeans. Working age adults of Asian and Black ethnicities are [more likely](#) to be experiencing low income than those of White ethnicity.

The likelihood of developing type 2 diabetes is significantly higher for people living on a low-income, even after adjusting for factors such as Body Mass Index (BMI) and physical activity levels.

A [Canadian study](#) found that living in poverty at any time during a person's lifespan increased the risk of type 2 diabetes by 26 percent, again this risk remains unchanged when factoring in weight or physical activity. Evidence has shown that [chronic stress](#) (often associated with the daily experience of living in poverty) impacts on insulin resistance and can contribute to the development of insulin resistance.

Currently, 20% of people living in the United Kingdom live in food insecurity and experience the [psychological and physiological](#) impact of food insecurity.

[Evidence](#) also shows that poverty and inequality induce a need to seek high calorie foods and that stress, and an uncertain future increases attraction to calorie dense foods. So, if you're on a lower income, you're [more likely](#) to opt for meals that have more calories relative to cost - these foods tend to be calorie dense, ultra-processed and nutrient poor.

In 2023, Diabetes UK published the findings from a survey of 6,490 people across the UK living with any form of diabetes, or who have been told they are at high-risk of developing type 2 diabetes/received a

diagnosis of non-diabetic hyperglycaemia (NDH). We investigated how the cost of living was impacting people with or at high risk of diabetes. The report revealed that for people living with diabetes, the rise in the cost of essentials is having a detrimental impact on their ability to manage the condition.

It demonstrated that people are having to cut back on food and energy in ways which negatively impact how they manage their diabetes. Self-management of diabetes is essential to reduce the risk of developing devastating and costly complications, such as strokes, sight loss or kidney failure.

Of people living with diabetes, or who have been told that they are at high risk of developing type 2 diabetes:

- 77% said that the rising cost of living was negatively impacting how they managed their diabetes or risk of diabetes.
- 66% had cut back on essentials like food or energy, or had gone without entirely. This includes eating cheaper but less healthy food, cooking less to save energy, using a food bank, or switching off the fridge - impacting both food and medication storage.
- 45% said that stress and anxiety from the rising cost of living had negatively impacted how they managed their diabetes or risk of diabetes.

Among people with or at high risk of diabetes who live in the most deprived areas:

- 11% had been unable to afford to travel to medical appointments.
- 21% had borrowed money to pay for food or energy bills.
- 51% had cooked less to reduce energy costs.
- 69% had eaten cheaper food which is less healthy.

Unhealthy outlets, consumption and advertising.

Exposure to [greater levels of takeaway outlets](#) is also associated with greater levels of obesity prevalence. People from the most deprived communities are more likely to live in neighbourhoods with more unhealthy food and drink outlets. This includes having more [unhealthy online takeaway options](#).

Many local governments are utilising different types of methods for [limiting unhealthy food and drink outlets](#). Analysis is needed to understand which options are the most effective.

A key driver of consumption is also advertising, with food companies spending significant sums on marketing to sell HFSS products. There is [evidence](#) which shows that those from the most deprived backgrounds are most exposed to advertising of HFSS products.

British spending habits on snacks have been surveyed each year since 1974, with the most recent results from 2019. Since the survey began it is [estimated](#) that we are spending five times more on cakes and pastries, six times more on biscuits and cereal bars, seven times more on chocolate bars and twenty-three times more on [crisps](#).

People are being driven towards unhealthy choices by targeted and incessant marketing. Promotions for instance have a major impact on buying behaviours – in Britain [41% of shopper expenditure](#) is on promoted products.

[Evidence](#) shows that [products](#) higher in sugar, or those that are 'less healthy', are more likely to be promoted through price promotions. Price promotions also result in consumers [purchasing](#) more than they otherwise would.

There is potential for significant public health gains if we move to restrict the advertising of HFSS products. A ban on junk food advertising by Transport for London [contributed](#) to a 1,000-calorie decrease (6.7%) in average weekly household purchases of energy from HFSS products.

A UK modelling study estimated that if all advertising for foods high in fat, sugar and salt before 9pm was withdrawn, the number of children with obesity in the UK would be [reduced](#) by 4.6% (equivalent to 40,000 children).

The legislation to ban adverts online and before the watershed is already on the statute books and should be brought forward. We would also urge for further measures to restrict HFSS advertising in out of home advertising.

Questions.

- 1) The impacts of obesity on health, including on children and adolescent health outcomes.**
- 2) The influence of pre- and post-natal nutrition on the risk of subsequent obesity, and the specific influences on the diet of children and adolescents that contribute to the risk of becoming obese.**

A particularly concerning recent trend is the numbers of children developing type 2 diabetes, which was previously seen as a condition predominantly affecting people in middle and older age.

The [unequal impact of type 2 diabetes](#) is particularly stark amongst those who develop the condition at a younger age. The [prevalence of type 2 diabetes](#) for children and adults under 40 is 4.2 times higher in the most deprived areas compared to the least deprived areas, and almost 6 times higher for children under 18 years.

We are seeing significant increases in the number of children with type 2 diabetes, with demand for specialist care at paediatric units increasing by over 50% over the last 5 years.

Obesity rates for children living in poverty have also [increased disproportionately](#) and at a higher rate over the last 15 years, compared to children in the most affluent families.

Obesity prevalence is [twice as high](#) amongst the most deprived children compared to the least deprived, and children in deprived communities are five times more likely to be living with severe obesity compared to children in the most affluent communities.

We need greater controls on the use of advertising directed at children in the UK. Products [aimed at children](#) bolster sales with the use of cartoon characters, collaborating with popular brands, and misleading nutritional information.

[Evidence](#) also shows there is a clear link between food advertising and the food children prefer. Children are exposed to over [15 billion adverts](#) for HFSS products online every year. This is [particularly concerning](#) as it can take as little as 46-72 additional kcals a day to gain weight over time in children.

Children are classed as a vulnerable audience when it comes to [advertising](#) because they lack [understanding of its persuasive intent](#).

Gestational diabetes is diabetes that can develop during pregnancy, and affects women who haven't been affected by diabetes before. Around 4-5 in 100 women will develop gestation diabetes during pregnancy.

The prevalence of gestational diabetes is increasing in the UK; increases in the proportion of pregnant women at risk, either because of their ethnicity or increasing weight or age, are all [contributing factors](#).

Pregnant women living with obesity have been found to be [4-8 times more likely](#) to develop gestational diabetes. Pregnant women living in areas of deprivation have been found to be [almost twice as likely](#) to be diagnosed with gestational diabetes.

This is of particular concern as having gestational diabetes increases a women's risk of developing type 2 diabetes after giving birth. And it also increases the risk of their child becoming overweight and going on to develop type 2 diabetes as an adult.

Questions.

1) The definition of a) ultra-processed food (UPF) and b) foods high in fat, sugar and salt (HFSS) and their usefulness as terminologies for describing and assessing such products.

2) How consumers can recognise UPF and HFSS foods, including the role of labelling, packaging and advertising.

We believe that a focus on foods that are high in fat, salt and sugar (HFSS) is currently more helpful than a focus on ultra processed foods (UPFs). HFSS focuses on the ingredients within food and drinks, and the health impacts have been understood for decades. Whereas the UPF category presents difficulties defining what constitutes "processing", and there is a need for further research to understand the link between UPFs and health outcomes.

The UK has a well-established system for assessing the health impact of food, the Nutrient Profiling Model, which is used to identify HFSS foods. This model underpins existing and planned legislation [to improve the food system](#), including the important, delayed measures to protect children from [junk food advertising on TV and online](#).

The term 'ultra-processed foods' comes from the [NOVA food classification system](#), which was developed by researchers at the University of São Paulo, Brazil.

UPFs typically have five or more ingredients and tend to include many additives and ingredients that are not typically used in home cooking, such as preservatives, emulsifiers, sweeteners, and artificial colours and flavours. These foods [generally](#) have a long shelf life.

The vast majority of UPFs are high in fat, salt and sugar (HFSS), although there are some UPF products that are not (e.g diet sodas). There is ongoing debate about whether UPFs are detrimental to health independently of their high sugar, salt and fat content.

There is also some evidence of an association between ultra-processed foods and poor health outcomes, including overweight, obesity and cardio-metabolic risks; cancer, [type 2 diabetes](#) and [cardiovascular diseases](#). We are still reviewing this in relation to the prevention of type 2 diabetes and will develop recommendations on this going forward. The

Obesity Health Alliance, of which Diabetes UK is a member, is very concerned at the emerging evidence on this issue and is strongly supportive of further research.

As we await more research on the health impacts of UPF's, there is not currently sufficient evidence to focus on UPF's at the expense of the HFSS classification. HFSS is the more well-established term to refer to foods that negatively impact people's health in the UK, and this is the model that existing legislation and nutrition programmes are based around.

Using the HFSS classification while the evidence base is being developed would still cover the majority of UPFs, as there is significant overlap between both classifications. We are calling for the immediate implementation of legislation centred on HFSS classifications, as the scientific evidence is clear of its health impacts. And we caution against diverting attention to UPFs, at risk of further stalling much-needed public health measures.

Questions.

- 1) Lessons learned from international policy and practice, and from the devolved administrations, on diet-related obesity prevention.**
- 2) The effectiveness of Government planning and policymaking processes in relation to food and drink policy and tackling obesity.**
- 3) The impact of recent policy tools and legislative measures intended to prevent obesity.**
- 4) Policy tools that could prove effective in preventing obesity amongst the general population, including those focussed on the role of the food and drink industry in tackling obesity.**

[Reformulating food](#) to reduce free sugar and salt, and reducing portion size of food, could lead to a significant reduction in early death and long-term health conditions. It is one of the most effective policy tools we have available to make a public health impact. A Nesta report has found that it would be possible to halve obesity by 2030 by cutting just [216 calories](#) from the daily diets of those living with obesity or overweight. With just a [10% reduction](#) in the calorie content of 10 food items, it would be possible to remove 38 of the 216 excess calories each day.

Currently, diets in England are not meeting nutritional recommendations on the whole. Only 31% of adults in England, and only 8% of teenagers,

meet the 5 A Day recommendation for fruit and vegetables, and average fibre intake in adults is 19g per day, well below the [recommended 30g per day](#).

Adults [should consume](#) no more than 30g of free sugar a day, but on average in England adults eat 50g per day. Children eat even more, with teenagers aged 11–18yrs eating an average of 55g per day.

Mandatory schemes have been shown to have far greater impact than voluntary in changing the foods on our shelves. The voluntary Public Health England [sugar reduction programme](#) had limited success in encouraging manufacturers to reformulate, achieving a 3% reduction across all categories in its third-year progress report.

In contrast, the Soft Drinks Industry Levy (SDIL) which came into effect in April 2018, [resulted](#) in over 50% of manufacturers reducing the sugar content of their drinks even before it came into effect.

It has been a significant success, with a 28.8% reduction in the total sugar content per 100ml of drinks subject to the SDIL between [2015 and 2018](#). There is [widespread](#) public support for the expansion of SDIL, with 68% in favour.

A systematic review showed [positive results](#) for reformulation and health outcomes. Internationally, reformulation has also proven to be a success with the [example](#) of Mexico reducing consumption of sugary drinks within three years of implementation.

A Recipe for Change study on the health and economic impact of an upstream sugar levy on select categories of food found that it could prevent 800,000 cases of chronic diseases, including 300,00 fewer cases of cardiovascular disease, including type 2 diabetes. It [would](#) also provide gains of one million quality adjusted life years, worth £23bn to the economy over 25 years.

Recommendations.

- **The UK Government should adopt a health in all policies approach and work across departments to tackle the key drivers of our poor food environment.** These key drivers are chiefly the result of inequality, particularly the levels of deprivation affecting communities and individuals across the UK. Without co-ordinated action to tackle these wider determinants of health, any efforts to tackle the rising levels of people living with overweight and obesity in the UK and the resultant consequences arising from it such as increased prevalence of type 2 diabetes will not succeed.

- **The UK Government should implement existing commitments to reduce obesity, including delayed plans to protect children from junk food advertising on TV and online.** It must also **enact bold fiscal measures to enable healthier diets via reformulation and reduction of consumption of unhealthy products.** New measures should consider inequalities in access to healthy food and seek to address them by making healthier options more affordable and accessible.
- **The UK Government must deliver an increased, sustainable, long term funding settlement for local public health in England.** As members of the Obesity Health Alliance, Diabetes UK supports an increase of at least £1 billion more per year in the public health grant, with future yearly increases aligned to increases in the NHS budget.
- **The Government should regularly review the nutrient profiling model used to define foods and drinks** that are subject to advertising and promotional restrictions, based on the most up to date evidence.
- **Government should ensure robust food standards should be updated, maintained, and enforced** across the UK in all public settings. **Data collection of large company's sales of HFSS products should be enforced by Government and reported on to track progress** and encourage corporate responsibility.
- **Front of pack traffic light labelling should be mandatory.** Information on calorie and carbohydrates should be included on packaging and in the out of home sector and be clear, consistent, and mandatory across the UK. Allowing people to access quality nutritional information about their food and drink wherever it is purchased.
- **UK and devolved governments should explore levers to reduce portion sizes for food and drink** and make these reduced portion sizes consistent across retail and out of home settings, with clear labelling on what is considered a portion size.
- **UK and devolved governments should call for more evidence on ultra-processed foods and its impact on health conditions and obesity,** and if necessary, explore levers to reduce the consumption of these.

- **To ensure that the pressures from rises in the cost of living do not lead to further pressures on those from the most deprived backgrounds to purchase unhealthy cheap food**, the government should ensure social security is enough to cover the cost of living.

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