

DAIRY UK - WRITTEN EVIDENCE (FDO0076)

1. Dairy UK is a trade body representing the interests of producer co-operatives, processors, manufacturers and distributors of dairy products within the UK. Between them, Dairy UK's membership collect and process the majority of UK milk.
2. Dairy UK welcomes the opportunity to provide comments to the House of Lords Committee on Food, Diet and Obesity call for written evidence for its open inquiry.

Key trends in food, diet and obesity, and the evidential base for identifying these trends

3. The rise in diet-related obesity has been linked to excessive consumption of ultra-processed foods, fast foods, foods high in fat, salt, and sugar, as well as sugary drinks and large portion sizes. Some specific foods have already been targeted in policies to limit their intakes such as provisions and marketing or reformulation programmes aimed at reducing fat, salt, and sugar content. However, evidence concerning dairy consumption and obesity trends indicates that dairy itself is not a cause of obesity. In fact, epidemiological evidence suggests individuals who regularly consume milk, yogurt, and cheese within a balanced diet demonstrate a reduced risk of developing overweight and obesity or obesity related health outcomes (e.g. CVD, type 2 diabetes). Furthermore, clinical trials show dairy can play a beneficial role in weight loss strategies by preserving lean body mass and reducing body fat. This is attributed to its protein and calcium content which play a role in satiety and fat absorption and excretion.

Sources:

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The primary drivers of obesity both amongst the general population and amongst distinct population and demographic groups

4. The drivers of obesity vary across demographic groups, encompassing a range of factors including dietary patterns, sedentary lifestyle, socioeconomic conditions (such as limited access to healthy foods), environmental factors (such as lack of access to parks and recreational facilities), genetic predispositions (such as hormonal influences), psychological factors (such as

depression), and cultural or societal norms.

5. Dairy foods could potentially play a beneficial role in addressing these drivers associated with obesity, particularly childhood obesity. Dairy foods are nutrient-rich, providing essential nutrients without excessive calories, and are rich in protein, which promotes satiety - helping to control appetite. School food policies that incorporate dairy or school milk programmes can help promote healthy dietary habits, enhance access to nutritious foods—especially for those with limited income—and support nutrition education initiatives aimed at promoting balanced diets and overall health.

Sources:

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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.

6. It is well documented that maternal weight status directly impacts subsequent birth weight. Dairy products contribute significantly to the nutrient requirements of pre- and post-natal mothers helping to ensure the best possible outcomes for their baby, without providing excess calories. Iodine, of which dairy is a key source in the UK diet, is needed to make thyroid hormones which regulate foetal brain and nervous system development.

While breastfeeding, a mother's calcium requirements increase considerably, and it is well known that milk and dairy foods are excellent sources of this nutrient.

7. It has also been documented in the literature that milk and dairy foods are especially important for vulnerable population groups that are less likely to meet their nutritional requirements, and the inclusion of dairy helps to improve health and development outcomes for infants, children, and adolescents (Lawson et al. 2024a; Lawson et al. 2024b).
8. Furthermore, fermented dairy products such as yogurt and cheese have been shown to reduce the risk of postpartum weight retention, possibly due to their anti-inflammatory properties, or their content of bioactive peptides and probiotics which are known to have a role in weight management (Yuan et al. 2023).

Sources

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fatness development from childhood to adolescence. Nutrition 31(1), 38-44. doi: 10.1016/j.nut.2014.04.017
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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.

9. The definitions and use of terminologies for ultra-processed foods (UPF) and foods high in fat, sugar, and salt (HFSS) come with several limitations. Processing-based ranking systems, like NOVA, which aim to discourage the consumption of foods based on their level of processing, can be subject to interpretation and oversimplify complex issues. For instance, some processing is essential for food safety and some UPF are a useful source of nutrients, e.g. fortified cereals.
10. Using UPF definitions to shape policies could potentially have a detrimental impact on the consumption of nutrient-rich foods or beneficial ingredients. For instance, milk-based drinks with added protein, certain fermented and cultured dairy products like fruit yogurt or cheese, and bioactive ingredients such as whey, casein, lactose, and lactoferrin could be unfairly stigmatised despite the strong evidence that dairy products are beneficial for overall health. Additionally, nutrient profiling systems such as HFSS often unfairly vilify nutrient-rich foods like dairy, potentially discouraging their inclusion in dietary patterns and negatively impacting overall nutrient intakes.

Sources:

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The cost and availability of a) UPF and b) HFSS foods and their impact on health outcomes.

11. The availability and health impacts of UPF and HFSS are well documented. Both UPF and HFSS are associated with similar negative health outcomes including heart disease, cancer, type 2 diabetes, oral health, and obesity. However, in the case of UPF, much of the evidence is based on observational studies and cannot demonstrate a causal relationship. It is assumed that all UPF and HFSS foods are low in micronutrients and provide excess calories.
12. Nonetheless, dairy is not associated with these negative health outcomes and studies show a beneficial or protective association between dairy intakes and heart disease, cancer (particularly bowel cancer), type 2 diabetes, oral health and obesity. Dairy products are affordable and accessible and contribute significantly to the nutrient intakes of the UK population.
13. The classifications for UPF and HFSS risk grouping some foods which are nutrient dense and contribute significantly to the diets of the UK population with other foods such as junk foods which are energy dense and nutrient poor.

Sources

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The role of the food and drink industry in driving food and diet trends and on the policymaking process.

14. The food and drink industry has a role to play in driving food trends.
15. Testament to this are the significant sugar reductions achieved by the dairy industry under the OHID reformulation programme, with retailer and manufacturer-branded yogurts and fromage frais achieving a 13.5% reduction between 2015 and 2020 and with pre-packed milk-based drinks achieving a 30% reduction between 2017 and 2020, surpassing the 20% reduction target one year in advance.
16. However, the food industry is only able to achieve what is technologically feasible and it is essential that industry stakeholders are consulted during the policymaking processes so that policies reflect current limitations.

Sources

- OHID (2022) Sugar reduction – industry progress 2015 to 2020.

The effectiveness of Government planning and policymaking processes in relation to food and drink policy and tackling obesity.

17. We are not aware of any existing research determining the

effectiveness of Government planning and policymaking processes in relation to food and drink policy and tackling obesity. We do however believe that the effectiveness of Government planning and policymaking processes is highly dependent on collaboration with industry stakeholders, who are best placed to advise what is technologically and commercially feasible.

The impact of recent policy tools and legislative measures intended to prevent obesity.

18. The impact of policies on obesity prevention is extremely difficult to assess, given the multitude of factors which cause obesity in the first place. However, we believe official data (e.g. the National Child Measurement Programme) shows no significant improvement in obesity levels in recent years.

Sources

- OHID (2023) Obesity Profile: short statistical commentary May 2023
- NHS - National Child Measurement Programme

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.

19. Any measure introduced in this context presents a real opportunity to reinforce positive dietary behaviour and promote the consumption of nutrient-rich and healthy foods which provide the nutrients needed at all stages of life. It is for this reason that we encourage recognition of dairy's nutritional value.

20. Even though dairy products contain variable amounts of calories, saturated fat, sodium and/or free sugars, they should be allowed to contribute to these nutrient intakes, as these come within a natural package comprised also of beneficial minerals and nutrients, many of which are under-consumed by the population.

21. In particular, significant proportions of the UK population do not meet recommended intakes for a number of essential nutrients from the food they eat. According to National Diet and Nutrition Survey (NDNS) figures:

- 20% of teenagers and 10% of adults do not meet their recommended dietary intake for riboflavin
- 16% of teenagers and 9% of adults do not meet their recommended dietary intake for calcium;
- 20% of teenagers and 12% of adults do not meet their recommended dietary intake for iodine;
- 28% of teenagers, 17% of adults and 19% of the over-65s do not meet their recommended dietary intake for potassium.

22. Dairy products have an important role to play in addressing these inadequate micronutrient intakes:

- A 200ml glass of plain semi-skimmed milk or flavoured milk is a source of protein, calcium, riboflavin, potassium, iodine and phosphorus. In addition, plain milk is also a source of vitamins B12 and B5.
- A 30g standard portion of Cheddar is a source of protein, calcium, phosphorus, vitamin B12 and vitamin A.
- A 150g pot of low-fat fruit yogurt is a source of protein, calcium, potassium, iodine, riboflavin, phosphorus, vitamin B12 and thiamin.

23. Although sweetened varieties of milk and yogurt contain higher levels of added sugar than the plain ones, they can be an important source of vitamins and minerals for people who do not consume the plain varieties – in these cases, they may be necessary for achieving a healthy diet. In addition, dairy companies have been reformulating their products over the years to meet consumer choice for lower-calorie and lower-sugar products and have made great progress in the context of Public Health England's reformulation programme: retail yogurts and fromage frais achieved a 13.5% reduction in sugar from 2015 to 2020, and retail milk-based drinks reduced their sugar by 30%, a years in advance of the 2021 target of 20%.

Sources

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- Composition of Foods Integrated Dataset (CoFID)
- National Diet and Nutrition Survey (2020) - Results from years 9 to 11 (2016 to 2017 and 2018 to 2019)
- OHID (20220) Sugar reduction – industry progress 2015 to 2020.