Diabetes UK position on prevention of Type 2 diabetes

Whole-society interventions to reduce obesity

This position statement outlines the range of interventions urgently needed to reduce obesity across the whole population, by reshaping the environment we live in to help make the healthy choice the easy choice.

Key points

- The prevalence of Type 2 diabetes is increasing and future estimates show no signs of this crisis stopping.
- To tackle the rising diabetes crisis, Diabetes UK calls for a range of interventions at a UK level, to help make the healthy choice the easy choice and drive down overweight and obesity levels.
- Diabetes UK was disappointed by the lack of ambition in the Childhood Obesity Plan (COP) published in August 2016. It fell far short of the urgent and ambitious action that is needed to reduce childhood obesity including areas on junk food marketing to children, price promotions on unhealthy food and out of home calorie labelling.
- However, we welcome and support the Soft Drinks Industry Levy (sometimes called the sugar tax) as a way to help reduce sugar intake and obesity rates, though it will not solve the crisis alone.
- We also support Public Health England’s Sugar Reduction Programme. We want to see clear, transparent and robust data publication on the programme’s progress as well as ongoing evaluation.
- We are encouraged that the COP states the potential opportunities from Brexit for front-of-pack labelling and the Government’s intention to look at how ‘free sugars’ can be included on labels.
- In Wales, Diabetes UK Cymru co-Chairs Obesity Alliance Cymru (OAC). OAC is calling on Welsh Government to develop a strong and ambitious national obesity strategy
- In Scotland we are engaging with the Scottish Government’s consultation on their obesity strategy and want to make sure that this is not watered down.
- In Northern Ireland we want to see an increase in the percentage of children and adults eating a healthy, nutritionally balanced diet, and the percentage of the population meeting the Chief Medical Officer’s guidelines on physical activity by the stated target for 2022, in line with the Fitter Future For All Strategy 2012–2022.
- We are working across the UK to ensure that people are encouraged and supported to be more active.
**Introduction**

The prevalence of diabetes has more than doubled over the last 10 years. There are an estimated 4.6 million people living with diabetes in the UK, and around 700 people are newly diagnosed every day. It is estimated that 5 million people in the UK will have diabetes by 2025.

We know that the increase in prevalence is largely due to the rising number of Type 2 diabetes cases in the UK. Whilst Type 1 diabetes is currently not preventable and is not caused by lifestyle, we know that in a large majority of cases Type 2 diabetes can be prevented.

Type 2 diabetes is a serious, lifelong condition where your blood glucose level is too high. This is because your body doesn't make enough of a hormone called insulin, or the insulin doesn't work properly. Around 90% of people living with diabetes in the UK have Type 2 diabetes. Type 2 diabetes starts gradually, usually later in life, although people are being diagnosed at a younger age, including some children. It is the most common type of diabetes in adults.

We don’t know exactly what causes Type 2 diabetes. But we do know that your family history, age and ethnic background affects your risk of developing it, and we know you’re more at risk of Type 2 diabetes if you’re overweight, especially if you have a large waist circumference. This, accounts for as much as 85 per cent of the overall risk of developing the condition. Reducing the number of people in the UK who are overweight or obese would therefore reduce the number of people developing Type 2 diabetes in the future and reduce the devastating complications associated with the condition, such as heart disease, stroke, blindness, kidney disease and amputations. Diabetes is also costly for the NHS. The condition accounts for 10 per cent of the annual NHS budget.

**Current situation**

Almost two in every three adults and a third of children in the UK are overweight or obese. We live in an environment, where it is not always easy to make healthy food and drink choices or be as active as we should. This is hindering efforts to reduce obesity.

However, obesity is a complex problem caused by many different factors. No single policy intervention will be able to tackle the issue or solve the rising tide of Type 2 diabetes. There is a therefore a role for all governments across the UK, the food and drink industry, charities and individuals to play, working together to reduce the burden of overweight and obesity.

**Government, the food and drink industry and others should take action to ensure:**

- Consistent and clear food labelling so that people can easily understand what is in the food we buy
- Food and drink products are healthier, by reducing sugar, saturated fat and salt and reducing portion size
- Healthy choices in shops, cafes and takeaways are encouraged
- Marketing of unhealthy (junk) food to children on TV and online is further restricted through stronger regulation
- Unhealthy food is not the cheaper option
- People move more – physical activity is encouraged and increased
- Improving healthy choices in the public sector – when people are at work and school
- Local planning promotes access to healthy food and physical activity
- Healthy living messages are promoted and people know what they can do to reduce their risk of obesity and Type 2 diabetes.
Labelling and transparency

Why is this important?

- In order to make an informed choice about the food they are buying, people need to know what is in the food they purchase. Equipping consumers with nutritional information across all food and drink is an important step to helping people be more informed about the food choices they make, wherever they choose to eat.
- Over a quarter of adults and one fifth of children eat food from out of home outlets at least once a week. These foods tend to be higher in energy intake, fat, sugar and salt. It is therefore vital that people are informed about the nutritional information of the food choices they make when eating out.
- Evidence shows that the labelling system that includes colour coding, the words ‘high,’ ‘medium,’ and ‘low,’ and daily reference intakes is the most helpful front-of-pack labelling system to consumers.
- Research demonstrates the value of clear labelling
- The House of Lords Science and Technology Select Committee Behaviour Change (2nd Report of Session 2010-12) Report highlighted evidence from retailers that the purchases of the healthier-labelled products increased and sales of less-healthy products decreased following introduction of FOP colour-coded labelling.
- FOP colour-coded labelling may also play a role in encouraging manufacturers to reformulate their less-healthy products.
- Evidence suggests that calorie labelling on menus can reduce the number of calories per purchase.

Policy calls

- We welcome the commitment made by the UK Government in the COP to review traffic light labelling post Brexit. Throughout Brexit negotiations the UK Government should look to at least protect the traffic light labelling system and at best make it mandatory across the food and drink industry.
- We welcome the commitment made by the UK Government to explore how information about free sugars can be displayed. Diabetes UK would like to see free sugar information clearly and consistently displayed and look to the Government to make recommendations on the best way of doing this. Government should also provide information to help people understand free sugars.
- Information on total carbohydrate content should be clearly and consistently displayed on the back of all products.
- UK Government and the food service industry should introduce mandatory, comprehensive and consistent nutrition labelling such as calorie labelling, with additional contextual information, at the point of choice in restaurants, cafes and takeaways.
- All companies that adopt this FOP scheme should be encouraged to educate their consumers on how to use the label.

Making products healthier

Why is this important?

- Adults and children in the UK are eating more than recommended amounts of saturated fat, sugar and salt.
- Portion control and reformulation are the two intervention groups with the highest estimated impact across the full population
- Reformulating food to reduce sugar and salt, and reducing portion size of food could lead to a significant reduction in deaths and disability by 2025. Modelling suggests 26,000 deaths and 114,000 Disability Adjusted Life Years (DALYs) could be avoided.
- A ComRes Survey commissioned by Diabetes UK found that 75 per cent of British adults want food manufacturers to reduce the amount of saturated fat, salt and added sugar in their products to make it easier for people eat more healthily.
- Studies repeatedly demonstrate that larger portion sizes can result in an increase in food consumption.
- It also appears that the amount of food available to an individual unconsciously influences
intake, and may be setting norms for what is appropriate to consume.\textsuperscript{21}

- Portion-controlled packaging may reduce the calorie intake of individuals.\textsuperscript{22}

**Policy calls: Reformulation**

- Diabetes UK supports Public Health England’s sugar reduction programme. However PHE must build on this by publishing robust, detailed and transparent performance data at regular intervals to show the progress made by the food industry to date.

- We welcome PHE’s plans to launch a calorie-reduction programme in 2018. PHE should quickly set ambitious targets in a far-reaching range of product categories.

- With salt reduction targets coming to an end in December 2017, we also want to see plans to continue reducing the amount of salt in our foods. PHE should publish these in early 2018.

- The food and drink industry should participate in the reformulation programmes across whole product ranges, rather than selecting only particular types of product.

- Additional guidance and support should be offered to small and medium-sized enterprises (SMEs), with guidance provided on how to reformulate their products. This guidance should be designed by food technologists and dietitians.

- If PHE programmes fail to deliver their targets on sugar and calorie reduction, the UK Government should take action to ensure mandatory compliance from the food and drink industry, including meaningful sanctions for non-compliance.

**Policy calls: Portion size**

- The UK Government should commission an update to Food Portion Sizes, the official government documentation of average portion sizes in the UK. This should be done for all packaged foods and drinks, including ready-prepared meals as well as individual items of food.

- The UK Government should explore a regulatory approach to portion size, to create a level playing field, and provide guidance to manufacturers and retailers on standard portion sizes.

- UK Government should commission a public health awareness-raising campaign on healthy portion sizes.

- Manufacturers and retailers should then reduce food and drink portion sizes accordingly. They should also make it clearer to their customers what an appropriate portion size is for a product.

**Encouraging healthy choices in the retail environment**

**Why is this important?**

- Evidence shows that products higher in sugar, or those that are ‘less healthy’ are more likely to be promoted through price promotions such as discounts on multiple purchases.\textsuperscript{23}

- We understand the important role that price promotions play in influencing buying behaviour: 41 per cent of shopper expenditure is spent on price promotions in Britain.\textsuperscript{24}

- We also know that price promotions result in consumers purchasing more than they otherwise would.\textsuperscript{25} Price promotions are a key strand of marketing activity designed to encourage consumers to purchase products more quickly, more frequently and in greater quantities than in the absence of the promotion. In Scotland latest figures show that food high in fat, salt and sugar are more likely to be purchased on promotion than healthier alternatives (around 50% compared to around 30% respectively).\textsuperscript{16}

- Rebalancing price promotions to favour healthier products would potentially make healthier options cheaper, encourage people to buy healthier food and drinks, or buy fewer unhealthy options.

- The McKinsey Global Institute (2014)\textsuperscript{27} states that changing price promotions by restricting promotional activity in high-calorie impulse foods will decrease consumption and has a positive health impact across the full population.

- Alongside these changes, Diabetes UK and other relevant organisations can work closely with retailers to promote the benefits of eating a healthy, balanced diet and to educate consumers on healthier alternatives and swaps.

**Policy calls**

- Retailers should reduce the level of unhealthy food and drinks displays in prominent positions in-store. Where possible, these products should be replaced with healthy products.
• Food and beverages should be defined by using the FSA/Department of Health nutrient profiling scheme. Any revisions that strengthen this model following PHE’s review of the current scheme should also be adopted.
• Action should be taken by the UK Government to restrict promotions on food and drink products which are high in fat, salt and sugar. This could include: multi-buy, X for Y and temporary price promotions. We welcome the Scottish Government’s commitment to act on this.
• Incentives should be introduced to increase price promotions on healthy products offered by retailers.

Strengthening marketing restrictions to children

Why is this important?
• Children are classed as a vulnerable audience when it comes to advertising. This is because they lack understanding of the persuasive intent of advertising. Ofcom defines children’s media literacy as developing from the age of 12.
• Children’s viewing time peaks between 7-8pm, with 1.8 million children tuning in. This typically falls within ‘family or adult programming’, rather than children’s programming. In 2016, 64 per cent of children’s viewing time took place in family or adult airtime. This falls outside of current regulations restricting HFSS adverts during children’s programming.
• Children’s viewing figures decline from 22:00, therefore supporting the introduction of the 21:00 ban on HFSS marketing.
• The Obesity Health Alliance found that children were exposed to up to nine HFSS adverts in a 30-minute period.
• NICE Public Health Guidance 25 (Prevention of Cardiovascular Disease) supports the restriction of advertising of HFSS products, saying it would: “reduce children and young people’s exposure to this type of advertising by 82 per cent.”
• Children are also exposed to digital marketing. Therefore, consideration needs to be given to the marketing targeting children online. This includes ‘advergaming’, when product branding or advertising is embedded within a game, either online or for download. PHE’s Evidence Review on sugar reduction states: “playing advergames with an unhealthy food cue significantly increased consumption of, or preference for high sugar products, or a selection of unhealthy foods which contained a high sugar option.”
• Branded mascots or cartoon media characters can increase sales of unhealthy foods and drinks. Current regulations prohibit the use of licensed characters for promoting HFSS products to young children, but not brand characters.

Policy calls
• The UK Government should restrict the marketing of high fat, sugar, salt (HFSS) products on television until after 21:00
• The UK Government should consult on how to further restrict marketing techniques online, such as advergaming and marketing via user generated content such as YouTube.
• The Committee of Advertising Practice should accept the new revised Nutrient Profiling Scheme, which will better protect children from HFSS marketing.
• Brand characters should be prohibited from use to advertise HFSS products to children, in the same way that licensed brand characters are. There is no justification for the different approach.
• The Committee of Advertising Practice Code’s remit should be extended to include product packaging.

Incentivising healthy choices through taxation and prices

Why is this important?
• Adults and children are eating too much sugar. Sugar sweetened beverages (SSBs) are the main contributor of sugar to children’s diets and a significant contributor to adult sugar intake.
• Eating too much sugar can lead to overweight and obesity, therefore increasing a person’s risk of developing Type 2 diabetes.
The Levy aims to encourage companies to reduce the amount of sugar in their drinks, and therefore in the market. It also aims to reduce the amount of sugar the nation, particularly children, consume.

If companies decide not to reduce the sugar in their drinks, the UK Treasury has indicated that it will be up to them whether they pass on the levy charge to consumers, or absorb the cost.

Devolved nations will receive additional revenue raised from SDIL which can be used in their respective nations to improve health as they decide.

Evidence shows that a 20 per cent tax on SSBs may reduce the number of obese adults in the UK by 1.3 per cent (approximately 180,000 people) and the number who are overweight by 0.9 per cent. This would predominantly affect those under 30 years old. 37

Research indicates that a subsidy on vegetables and fruit will increase purchases and have positive impacts on health. 38

Evidence also suggests that combinations of tax reductions on food that contains more fibre/fruits/vegetables, and increased taxes on unhealthy foods is seen to have “desirable effects” on food buying habits. 39

Policy calls

Diabetes UK supports the introduction of the Soft Drinks Industry Levy and is continuing to work with the UK Government to monitor its impact on people living with diabetes or their carers who choose to use sugar-sweetened beverages to treat hypoglycaemia.

The UK Government should explore options to subsidise fresh fruit and vegetables in order to increase purchases and regular consumption.

Increasing physical activity levels

Why is this important?

Physical activity - moving more is helpful in staying healthy and supporting weight loss management.

We know that many adults are not meeting the Government’s recommendations. Even more worryingly the majority of children are failing to meet the Government’s guidelines. In England only 18.5 per cent of children meet the recommended guidelines for physical activity. 40

Better communication of physical activity guidelines for various age groups, in a range of formats and languages, is needed. 41

Travel routes in local communities and sustained investment can support changes in the environment that make it more favourable for individuals to be physically active. This may include well-lit and safe footpaths, reducing crime, traffic calming, provision of cycling tracks, increased green spaces for recreational outdoor activities, and increasing provision of leisure centres.

Reducing sedentary behaviour is key to maintaining good health. A significant proportion of the population spend considerable time at their place of work and employers also have a role to play in helping their staff to be more active. 43

One mechanism to aid an increase in physical activity is through exercise referral schemes. NICE guidance states that policy makers and commissioners should fund exercise referral schemes for people who are inactive or sedentary and have existing health conditions or risk factors including being overweight or obese. 44

Policy calls

Ambitious targets should be set for active travel. The UK Government should explore introducing Active Transport Acts, learning from lessons from the Active Travel (Wales) Act 2013, to help improve our environments and make being physically active a more attractive and easier choice.

As many people do not meet recommendations for physical activity the Government should encourage local authorities to review their provision of services that increase physical activity and educate the public about recommended levels of activity.

Provision of physical activity should be inclusive of all age groups and health needs and be culturally appropriate.
Improving health through planning of the local environment

Why is this important?
- The design of high streets can impact on levels of traffic, crime (and fear of crime), access to health-promoting food and services, and so can directly influence health.46
- Rundown or inadequate communal areas, shelters, seating and focal points, can deter people from visiting or spending time in high streets and prevent community activities that enable people to integrate socially and be physically active.

Policy calls
- Governments must ensure that the planning process recognises the importance of a health promoting environment and uses all the tools across government and local government to make a living space that addresses health inequalities and helps people live healthier lives. In particular, ensuring that regeneration and development of areas focuses on inclusive design for all, and that opportunities to reduce health inequalities are maximised.

Improving health in the public sector

Why is this important?
- The public sector spends around £2.4 billion each year procuring food and catering services.47
  This presents a huge opportunity to improve the health of public sector workers, who make up a considerable portion of the UK workforce, as well as the millions of people who visit environments such as hospitals and leisure centres.
- When UK Governments’ money is spent on catering in the public sector, it should promote a healthy, balanced diet, in accordance with Government dietary advice, such as the Eat Well guide.
- All UK central Government departments should comply with the Government Buying Standards for Food and Catering Services (GBSF). However, nine are currently not compliant or have not reported. This should be addressed to ensure all are meeting all standards and promoting the healthiest choices.48

Policy calls
- The UK Government should swiftly adopt PHE’s recommendation to adopt, implement and monitor the GBSF across the public sector.
- The voluntary and private sectors should lead by example by creating a workplace environment where staff are supported to make healthy choices.

Healthy food in schools

Why is this important?
- It is essential that schools continue to invest in the future of young people by educating children about healthy diets and cooking skills.

Policy calls
- UK governments should continue to invest in the health education of children throughout their school years and ensure that children are encouraged to eat healthy food whilst at school.
- England’s Department for Education should monitor, through Ofsted, the effectiveness of the new Food Preparation and Nutrition GCSE in England, alongside the mandatory teaching of nutrition and cooking skills up until Key Stage 3. Where necessary, they should improve the curriculum to ensure all children are aware of healthy diets and taught the value of nutritious meals and the skills to cook them.
- The loophole that exempts academies and free schools set up between 2010 and 2014 from
the School Food Standards should be closed to ensure that all children receive the same nutritious food during the school day.

- The COP committed the UK Government to reviewing the School Food Standards following updated guidance on sugar intakes. This work has not yet been completed and should be conducted in 2018 without further delay.

**Promoting healthy living**

**Why is this important?**

- Diabetes UK welcomes the UK Government’s progress in promoting health awareness campaigns such as ‘Change4Life’, ‘5 A Day’, ‘Eatwell’, and ‘One You’. These play a significant role in providing information and practical tips people about the benefits of a healthy lifestyle.
- Ongoing investment in awareness-raising activities will reinforce the value of eating a healthy, balanced diet and of regular physical activity.
- In addition to this, promoting information disseminated by the NHS (such as the Eatwell Guide and ‘5 a Day’) will ensure ongoing education.

**Policy calls**

- The UK Government must continue to invest in UK education and awareness-raising campaigns to promote healthy diets and physical activity.

**Conclusion**

There is no simple answer to reducing the levels of overweight and obesity in the UK, and therefore reduce the prevalence of Type 2 diabetes. Bold action must be taken across a number of priority areas, and Diabetes UK will seek to influence change with this package of proposed reforms. If enacted, these interventions will help to create a supportive environment where it is significantly easier to make healthier choices.

**Further information**

Position Statement: Early identification of people with, and at high risk of Type 2 diabetes and interventions for those at high risk.  

Diabetes UK Food Labelling Briefing  
www.diabetes.org.uk/food-labelling

Obesity Health Alliance: joint policy position on childhood obesity  
http://obesityhealthalliance.org.uk/policy

**References**

2. Figure based on newly diagnosed figures from the 2012/13 National Diabetes Audit, extrapolated up to the whole population with diabetes indicated by the AHPO diabetes prevalence model.
5. Hex N, et al (2012). Estimating the current and future costs of Type 1 and Type 2 diabetes in the United Kingdom, including direct health costs and indirect societal and productivity costs. Diabetic Medicine 29 (7); 855–862.
https://publichealthmatters.blog.gov.uk/2017/03/31/health-matters-obesity-and-the-food-environment/


13 Supplementary written evidence from Sainsbury’s (21 February 2011) to the House of Lords Science and Technology Select Committee Behaviour Change. www.parliament.uk/documents/brd3-committee/science-technology/bch/BCOrandWrittenEvCompiled180711.pdf


19 ComRes interviewed 2,036 adults in Great Britain online between 22nd and 24th January 2016. Data were weighted to be representative of all adults in Great Britain aged 18+


40 Type 2 diabetes prevention: population and community-level interventions NICE PH35, May 2011


46 Healthy High Streets – Good place-making in an urban setting, Public Health England, January 2018
