

# PREVENTION OF TYPE 2 DIABETES THROUGH REDUCING OBESITY

Position Statement (Updated: July 2020)

## **Why have we produced this position statement?**

The prevalence of diabetes has more than doubled in the last 20 years<sup>1</sup>, with an estimated 4.8 million people living with the condition in the UK<sup>2</sup>. This increase is largely due to the rising number of cases of type 2 diabetes. There are a number of risk factors for type 2 diabetes, including age, family history and ethnicity, but the most significant modifiable risk factor is having obesity. This accounts for as much as 85% of the overall risk of developing type 2 diabetes<sup>3</sup>. Recent evidence has also shown an increased risk of poor outcomes from COVID-19 for people with diabetes and obesity.

Two-thirds of adults and a third of children in the UK have a body mass index in the overweight or obese category<sup>4</sup>, increasing their risk of developing type 2 diabetes and other serious health conditions. Obesity is a complex issue with many different causes. There is a clear role for governments, the food industry and others to play in making healthy options easy to access and supporting people to manage their weight.

## **How did we develop this position?**

We developed this statement through reviewing literature and engaging with other organisations working in obesity, through the Obesity Health Alliance, Scottish Obesity Alliance and Obesity Alliance Cymru.

## What we say about this issue

UK governments and the food industry need to do more to ensure our population is healthy and resilient, and help prevent a variety of different health conditions, including type 2 diabetes. They must create healthier environments, supporting people to live healthier lives by eating healthy food, moving more and managing their weight.

### Recommendations for UK and devolved governments

- Governments should dramatically improve provision of nutritional information for the food and drink we consume in and out of the home. This should include mandating calorie labelling at point of choice across the out-of-home sector in all UK nations. The UK government should also take steps to mandate traffic light front-of-pack labelling as soon as this is possible post-Brexit. See our [separate position statement on nutrition labelling](#) for further detail.
- Diabetes UK has supported reformulation programmes, including the salt, sugar and calorie reduction programmes coordinated by Public Health England, which aim to make food and drink sold across the UK healthier. However, progress towards the target for sugar has been slow and inconsistent. The UK government should now consider further fiscal measures, including taxes, subsidies and penalties for non-compliance to encourage reformulation and help make everyday food and drink healthier.
- Diabetes UK supports the UK government's Soft Drinks Industry Levy (SDIL), which has proved to be very effective in encouraging manufacturers to reformulate their drinks. The UK government should now seek to ensure that these reformulation efforts continue by increasing the rate of the levy and reducing the threshold at which it applies. The legislation should also be updated to cover milk-based drinks.
- UK and devolved governments should explore levers to reduce portion sizes for food and drink. This should include exploring a regulatory approach to reset portion sizes to create a level playing field and commissioning a public health awareness raising campaign on healthy portion sizes.
- The UK government should follow through with the proposal in chapter 2 of the Childhood Obesity Plan to restrict promotions of products high in fat, sugar and salt (HFSS) in England, including multi-buy and X for Y promotions, and promotions by location in store. Devolved nations should adopt equivalent measures.
- The UK government should follow through with their proposal to restrict the marketing of HFSS products on television and online until after 9pm across the UK. They, and devolved governments, should also consider further restrictions to other forms of marketing and advertising that impact children.
- Governments must ensure that the planning process recognises the importance of a health promoting environment and uses all the tools across national and local government to create an environment that addresses health inequalities and helps people to live healthier lives. This includes measures to limit fast-food takeaways and

encourage active travel. National governments must set clear expectations for local authorities that they should prioritise the health of their communities.

- The NHS across all nations, as well as other public sector bodies, should work to ensure that food and drink sold and provided across their estates prioritises healthy options.
- UK and devolved governments should continue to fund education and awareness raising campaigns to ensure greater awareness throughout the whole system of obesity, its risks and steps that can be taken to ensure people are supported to eat healthy food, move more and manage their weight. The communication of this information should be informed by an awareness of the issue of weight stigma and the damage that this can cause.
- We support the UK Chief Medical Officers' recommendations around exercise and physical activity<sup>5</sup>.
- We welcome the publication of obesity strategies by governments in Wales, Scotland and England. We look forward to working with national governments on implementation of these measures.

## **Recommendations for the food industry**

- Food manufacturers should work with reformulation programmes to significantly reduce the sugar, salt and calorie content of their food.
- Manufacturers and retailers should reduce food and drink portion sizes according to government guidance.
- Food manufacturers and retailers should adopt responsible advertising and marketing policies that ensure children are not exposed to advertising for HFSS products.
- Food retailers should act to ensure that HFSS products are not promoted in store, either by price or location. This includes removing such products from areas around tills, aisle ends and store entrances, as well as not applying multi-buy or other offers on these products.

## **Evidence and analysis - the reasons why we are saying what we do**

### **Nutritional information**

- In order to make informed choices about food and drink, people need to know what is in the products they are consuming. Equipping consumers with nutritional information is an important step in helping people to be more informed.
- Evidence shows that labelling systems that include colour coding, the words 'high', 'medium' and 'low' and daily reference intakes are the most helpful to consumers<sup>6</sup>.
- Front-of-pack labelling may also play a role in encouraging manufacturers to reformulate their products.
- Over a quarter of adults and one fifth of children eat food from out-of-home outlets at least once a week<sup>7</sup>. These products tend to be higher in energy, fat, sugar and salt<sup>8</sup>. It is

therefore vital that people are informed about the nutritional content of the food and drink in these settings.

- A Cochrane review shows that adding calorie labels to menus and next to food in restaurants, coffee shops and cafeterias could reduce the calories that people consume<sup>9</sup>.
- Please see our separate position statement on nutritional labelling for further information.

## **Product reformulation and portion size**

- Adults in the UK eat more than the recommended amounts of calories<sup>10</sup>, sugar<sup>11</sup>, saturated fat and salt<sup>12</sup>.
- Reformulating food to reduce sugar and salt, and reducing portion size of food, could lead to a significant reduction in early death and long-term health conditions<sup>13</sup>.
- A survey commissioned by Diabetes UK found that 75% 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 to eat more healthily<sup>14</sup>.
- The Public Health England sugar reduction programme has had limited success in encouraging manufacturers to reformulate, achieving a 2.9% reduction across all categories in its second-year progress report<sup>15</sup>.

## **Encouraging healthy choices in the retail environment**

- Evidence shows that products higher in sugar, or those that are ‘less healthy’, are more likely to be promoted through price promotions<sup>16</sup>.
- Promotions have an important impact on buying behaviours – in Britain 41% of shopper expenditure is on promoted products<sup>17</sup>.
- Price promotions also result in consumers purchasing more than they otherwise would<sup>18</sup>.

## **Strengthening marketing restrictions**

- Children are classed as a vulnerable audience when it comes to advertising<sup>19</sup>, because they lack understanding of its persuasive intent<sup>20</sup>.
- Children’s viewing time peaks between 7-8pm, typically falling within family or adult programming, which falls outside current regulations restricting HFSS advertising<sup>21</sup>.
- Children are also exposed to advertising for HFSS products in other settings, including online.

## **Taxation and pricing**

- The Soft Drinks Industry Levy (SDIL) came into effect in April 2018. At the time treasury announced that even before its launch the levy had resulted in over 50% of manufacturers reducing the sugar content of their drinks<sup>22</sup>.
- There was a 28.8% reduction in the total sugar content per 100ml of drinks subject to the SDIL between 2015 and 2018<sup>23</sup>.

## Physical activity

- Physical activity may be beneficial for people trying to lose weight and maintain weight loss in the long-term.
- Independent of its impact on weight loss, physical activity can also reduce people's risk of developing type 2 diabetes and cardiovascular disease<sup>24</sup>.
- Being sedentary is also independently associated with an increased risk of type 2 diabetes<sup>25</sup>.

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<sup>1</sup> British Diabetic Association (1996), Diabetes in the UK, compared to Quality and Outcomes Framework, 2016-17 and Scottish Diabetes Survey 2016

<sup>2</sup> NCVIN (2016), Diabetes Prevalence Model for England + estimated growth between 2015-2020 from APHO (2010) Prevalence Models for Scotland and Wales

<sup>3</sup> Hauner H (2010), Obesity and diabetes, in Holt RIG, Cockram CS, Flyvberg A et al (ed.) Textbook of diabetes, 4<sup>th</sup> edition, Oxford: Wiley-Blackwell

<sup>4</sup> Ng M et. al. (2014) Global, regional and national prevalence of overweight and obesity in children and adults 1980-2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet 384 (9945); 766-781

<sup>5</sup> Department of Health and Social Care (2020), UK Chief Medical Officer's physical activity guidelines, <https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>

<sup>6</sup> Food Standards Agency (2009). Expert panel presents report on front-of-pack nutrition labelling

<sup>7</sup> Public Health England (2017), Health Matters: Obesity and the food environment

<sup>8</sup> Jawarowska A, Blackham T, Stevenson L, Davies IG. (2012) Determination of salt content in hot takeaway meals in the United Kingdom, Appetite, Oct;59(2): 517-22

<sup>9</sup> Cochrane Library (2018), Nutrition labelling for healthier food or non-alcoholic drink purchasing and consumption

<sup>10</sup> 2018. Public Health England. Calorie reduction: The scope and ambition for action.

<sup>11</sup> 2018. Public Health England & Foods Standards Agency. National Diet and Nutrition Survey. Results from Years 7 and 8 (combined) of the Rolling Programme (2014/2015 to 2015/2016).

<sup>12</sup> 2016. Public Health England. NDNS: assessment of dietary sodium in adults in England, 2014.

<sup>13</sup> Scarborough P et al (2016), Living longer, living well

<sup>14</sup> ComRes interviewed 2,036 adults in Great Britain online between 22-24 January 2016. Data were weighted to be representative of all adults in Great Britain aged 18+

- <sup>15</sup> Public Health England (2019), Sugar reduction: report on progress between 2015 and 2018
- <sup>16</sup> Wright J, Kmap E, White M et. al. (2015) Food at checkouts in non-food stores: a cross-sectional study of large adolescents and advertising, *Public Health Nutrition* 118 (15); pp 2786-2793
- <sup>17</sup> Public Health England (2015), Sugar reduction: the evidence for action
- <sup>18</sup> Public Health England (2015), Sugar reduction: the evidence for action
- <sup>19</sup> Young B (2003) Does food advertising influence children's food choices? *International Journal of Advertising* 22; 441-459
- <sup>20</sup> American Psychological Association (2004) report of the APA taskforce on advertising and children
- <sup>21</sup> Ofcom (2017) Children and parents: media use and attitudes report
- <sup>22</sup> HM Treasury (2018), Soft drinks industry levy comes into effect
- <sup>23</sup> Public Health England (2019), Sugar reduction: report on progress between 2015-2018
- <sup>24</sup> Colberg SR, Sigal RJ, Yardley JE, Riddell MC, Dunstan DW, Dempsey PC, Horton ES, Castorino K, Tate DF, Physical activity/exercise and diabetes: a position statement of the American Diabetes Association, *Diabetes Care*, 2016;39(11):2065-2079
- <sup>25</sup> Hamilton MT, Hmalton DG, Zderic TW, Sedentary behaviour as a mediator of type 2 diabetes, *Med Sport Sci*, 2014;60:11-26