Cancer Research UK

Obesity

Introduction

- One in two people in the UK will be diagnosed with some form of cancer during their lifetime. In 2015, around 31,900 people in Scotland were diagnosed with cancer.
- Yet 4 in 10 cancers could be prevented by actions like not smoking, keeping a healthy bodyweight, cutting back on alcohol, eating a healthy balanced diet, keeping active and enjoying the sun safely.
- Scotland has often led the way on the prevention agenda, pioneering the smoking ban and minimum unit pricing of alcohol.
- However, more can and must be done in Scotland to help prevent more obesity-related cancers.
- Not only does obesity cause cancer, it hits the poorest hardest, and represents a significant drain on the NHS in Scotland and on the economy.

Who we are

Cancer Research UK is the world’s leading cancer charity dedicated to saving lives through research. We support research into all aspects of cancer through the work of over 4000 scientists, doctors and nurses. Cancer Research UK spent over £33 million last year in Scotland on some of the UK’s leading scientific and clinical research. Our Cancer Research UK Centres in Edinburgh and Glasgow are bringing together experts in the local medical and scientific community – working in partnership to translate research into benefits for patients as quickly as possible. The charity’s pioneering work has been at the heart of the progress that has seen cancer survival in Scotland move from 1 in 4 in the 1970s to 2 in 4 today.

Obesity and cancer

1. **Obesity is the single biggest preventable cause of cancer after smoking.**
   It is linked to 13 types of cancer including the two most common, breast and bowel cancer. Each year it is estimated that 18,100 cases of cancer across the UK are linked to excess weight. However, our research shows that almost three quarters (74%) of adults in Scotland are unaware of the links between obesity and cancer.

2. A study by Cancer Research UK and the UK Health Forum found that if trends in obesity continue, it could cause 670,000 cases of cancer in the UK over the next twenty years.

Obesity prevalence in Scotland and cost to Scotland

3. Three in four Scottish adults think obesity is a big problem and this is borne out by the evidence. Scotland continues to have the worst weight outcomes of any of the UK nations and among the worst of any OECD nation. In 2015, 36% of adults (16+) were overweight, and 29% were obese.
Therefore almost 2 in 3 adults (65%) were overweight or obese. In 2015, 28% of children were also overweight or obese\textsuperscript{xi}. Prevalence of unhealthy weight in children increased notably between 1995 and 2008, and has plateaued at a high level ever since.

4. Obesity represents a significant drain on the NHS in Scotland and on the economy. The cost of overweight and obesity in Scotland has been estimated at up to £600 million a year to the NHS, with wider economic costs of up to £4.6 billion per year.\textsuperscript{vii}

5. The causes and consequences of obesity are not borne equitably among the Scottish population. An expert report by the Scottish Public Health Network has identified that Scottish overweight and obesity rates could be negatively correlated with SES.\textsuperscript{viii} The most deprived quintile in Scotland consume the highest levels of energy dense foods, sugar, processed meat products, chips and drink non-diet soft drinks at least once a day.\textsuperscript{ixx} Moreover, 45% of children from the most deprived quintile consume non-diet soft drinks on a daily basis, compared to 30% from the least.\textsuperscript{x}

**Comprehensive strategy**

6. We welcome the commitment to tackle obesity in Scotland and the plans for a new diet and obesity strategy. We share the disappointment expressed by the Scottish Government following the publication of the UK Government’s ‘Childhood Obesity: A Plan for Action’ and its previous calls to introduce restrictions on junk food marketing before the 9pm watershed.\textsuperscript{xii}

7. To combat obesity, we need a comprehensive cross-governmental strategy to tackle the root causes of obesity. In particular targeted action is needed to address the obesogenic environment – that is the environmental factors that lead to excess calorie consumption and insufficient physical activity.

8. While obesity is the result of a number of interlocking factors, the rise in obesity is likely to be due to an increase in calorie consumption. Research from the WHO shows that increases in calorie intake alone are sufficient to explain higher rates of overweight and obesity in high income countries.\textsuperscript{xiii} This has been backed up by evidence from the Behavioural Insights Team (the ‘Nudge Unit’) who found that it is likely that both calorie consumption has been rising in the UK over the last forty years and that the rise in obesity is too large to be explained by declines in physical activity.\textsuperscript{xiv}

9. Therefore while a comprehensive obesity strategy should seek to increase physical activity, particularly through supporting active travel, this should not be the focus of Government intervention. Reducing excessive calorie consumption through reducing consumption of foods high in sugar, salt and fat (HFSS foods) should be the priority as it is likely to have the biggest impact...
on obesity rates in Scotland.

10. Food Standards Scotland has identified wide-ranging proposals on measures to improve the diet of the Scottish public. XV We want to see a comprehensive obesity strategy in Scotland that builds on these recommendations, underpinned by clear and enforceable targets, and interventions that are effectively monitored and evaluated.

Price promotions

11. Both the recommendations of Food Standards Scotland XVI and Public Health England’s review of the evidence XVII acknowledge the problem of price promotions. Food retail price promotions are more widespread in Britain than anywhere else in Europe, and are described as ‘probably among the highest in the world’. Foods on promotion account for around 40% of all expenditure on food and drinks consumed at home.

12. The review by PHE found that these promotions increase the amount of food and drink people buy by around one-fifth (22%), and increase sugar purchased from higher sugar foods and drinks by 6.1%. XVIII It also found that high sugar products were promoted more extensively and more deeply promoted than other foods. XIX The problem is more acute in Scotland. Nearly 40% of all calories, 42% of energy derived from fats and saturated fats, and around 53% of regular soft drinks were purchased as a result of price promotions.

13. Research with young people in Scotland also found that price based promotions and advertising are the most salient forms of marketing for this audience. XXI Temporary price reductions are dominant across Scotland, with more prominent use of less healthy food and drink categories using ‘Y for £X’ and multibuy promotions.

14. To effectively change the impact of price promotions on poor diet, a comprehensive review of the use of price promotions on HFSS foods is needed including price reductions, extra product price promotions and premium promotions. Given the competition between supermarkets, regulation is likely to be the most effective way to reduce unhealthy price promotions across Scotland.

15. Three-quarters of Scottish adults (75%) support reductions on price promotions on junk food. XXII Therefore in the first instance, the Scottish Government should restrict the use of multi-buy discounts such as ‘2 for 1’ for HFSS foods. To define HFSS foods the Scottish Government should use the updated Nutrient Profile Model which is under review by Public Health England.
16. The Scottish Government should also support Food Standards Scotland to undertake further research into the impact of price promotions on diet and options for regulatory and voluntary interventions.

17. The Scottish Government should also consider action on non-price in-store promotions including the use of end of aisle displays and displays at the retail check-out to promote HFSS foods.

Junk Food Advertising

18. Public Health England’s review of the evidence on sugar consumption found that ‘all forms of marketing consistently influence food preference, choice and purchasing in children’. xxiv The evidence base acknowledges the promotion of food influences children’s food intakexxv, their brandxxvi and foodxxvii xxviii preferences, and consumption behavioursxxix xxx.

19. Currently rules set out by the Broadcast Committee of Advertising Practice do not permit the advertising of foods deemed to be less healthy by the Department of Health’s Nutrient Profiling Model during shows that have a particular appeal to children. This means that these products cannot be advertised during children’s TV shows or on children’s channels. However, these rules fail to take into account that these are not the most popular shows for children.

20. *Ofcom research shows that implementing restrictions on junk food advertisingxxx on TV before the 9pm watershed would reduce the amount of HFSS adverts seen by children by more than half compared to the current approachxxxii, and we want to see the UK Government close this loophole.*

21. Research by Ofcom found that television advertising has a ‘modest direct effect on children’s food preferences, consumption and behaviour’, and that ‘indirect effects are likely to be larger’xxxiii. These habits that are heavily influenced by marketing are likely to remain with children for life and influence their eating behaviour and health in adulthood. Ultimately food and drink brands want to build long-term relationships with their customers and targeting them early in life can be an effective way to secure customer loyalty.

22. Cancer Research UK shares the disappointment expressed by the Public Health Minister about the UK Government’s Childhood Obesity Strategy’s failure to stop the advertising of junk food before the 9pm watershed and agree the UK Government should “rethink its position on this policy”. xxxiv Around 8 in 10 (79%) of Scottish adults support restricting junk food advertising on TV before the 9pm watershed.xxxv
23. **We believe that Scottish Government should continue to press the UK Government in the strongest terms to close the loophole that allows children to be regularly influenced by junk food advertising on TV.**

**Sugary drinks tax**

24. Cancer Research UK welcomes the UK’s Government’s commitment to a soft drinks industry levy. Such a measure is necessary to reduce consumption of sugar-sweetened beverages (SSBs) in young people and reduce their sugar intake.

25. Evidence from other countries with such taxes\(^{xxxvi}\), as well as research modelling the impact on the UK\(^{xxxvii}\), demonstrates that a levy could reduce the purchase and consumption of sugar-sweetened beverages. Our research demonstrates that a sugary drinks tax could prevent 3.7 million people in the UK being obese in just a decade, and save £10 million in costs to the NHS and social care in the year 2025 alone.\(^{xxxviii}\)

26. **The benefits of this measure are likely to be greater in Scotland as evidence shows Scottish households also spend over a quarter more than other UK nations (£2.60 per week) on soft drinks.**\(^{xxxix}\)

27. The UK Government plans to ring-fence the revenue raised from the levy to fund an expansion in the provision of school sports, after-school activities and breakfast clubs in primary and secondary schools. Cancer Research UK believes that any additional revenue for Scotland allocated through the Barnett Formula as a result of the soft drinks industry levy should be invested in primary prevention to reduce obesity.

**Monitoring children’s weight**

28. We welcome the fact that children are routinely weighed and measured at P1 in primary school. Monitoring BMI status of children is vital to both monitor societal trends, the impact of interventions and identify social inequalities linked to obesity. We believe that this measurement programme should be expanded to include the routine measurement of children in P6 (the last year of primary school) as is currently done in England.

**Support for GPs**

29. GPs can play an important role in helping to support weight loss and prevent additional weight gain. Research suggests that intervention by GPs with a supportive system can lead to significant weight loss in adults.\(^{xl}\) We believe that the Scottish Government should provide more support and training to GPs to enable them to have effective conversations with patients and refer them to weight management services.

**Monitoring and Evaluation**
30. It is vital that any effective obesity monitoring strategy is fully evaluated and monitored. A good example of a comprehensive monitoring programme was the Scottish Government’s MESAS programme for the alcohol strategy. The Scottish Government should in particular fund research to monitor the impact of the Government’s Diet and Obesity Strategy on health inequalities and the effectiveness of new interventions.


Cancer Research UK. (2016). ‘Three in four don’t know obesity causes cancer’. (website). Scottish data was not published in this report but provided to journalists in a press release.


Ibid, Scottish Health Survey.

Ibid, Scottish Health Survey.

Ibid, Scottish Health Survey.

Ibid, Scottish Health Survey.

Ibid, Scottish Health Survey.

Ibid, Scottish Health Survey.

Ibid, Scottish Health Survey.

Ibid, Scottish Health Survey.


Ibid, Food Standards Scotland.


N.B. Figure 13 from PHE report.


Foods identified as high in fat, sugar and salt under the Department of Health’s Nutrient Profiling Model, and additional discretionary product categories such as sugar-sweetened beverages or confectionery.


Cancer Research UK / UK Health Forum (2016) Short and sweet: why the Government should introduce a sugary drinks tax.


ONS. (2015). Detailed household expenditure by UK countries and regions, 2012 to 2014. (website)


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