BMA submission to the Health Select Committee ahead of the follow-up evidence session on childhood obesity

About the BMA
The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care.

Executive Summary
The BMA welcomes the upcoming Health Select Committee session on childhood obesity and thanks the committee for its invitation to provide a further submission to follow our original written submission and oral evidence in 2015. Key points included in this submission are:

- While there are measures in the government obesity action plan which the BMA is strongly supportive of we are also extremely disappointed with scope of the strategy, in particular the absence of measures to curb marketing and promotional activities.
- The BMA strongly supports the sugar levy, but believes that additional actions are also needed to address the growing trend of childhood obesity.
- While we support mandatory limits on added sugar content in processed and pre-packaged food, we note that the government’s action plan sets out a voluntary approach. For this to work, Public Health England should be given sufficient support to implement an effective reduction programme. If this approach is not successful then mandatory requirements should be implemented.
- Despite some restrictions there is evidence that children are still heavily exposed to marketing of unhealthy products in broadcast and non-broadcast media. The BMA firmly believes that tighter restrictions must be applied to these types of marketing given the influence they have on children.
- The BMA would ultimately like to see a ban on all marketing of unhealthy food and drink products to children. In the short-term, existing controls should be strengthened by revising the broadcast and non-broadcast regulations to prevent the marketing of unhealthy products that appeal in any way to children (including the use of promotional offers, licensed characters and celebrity endorsements).
- Restrictions should also be developed in areas not covered by existing regulations, including marketing activities involving sponsorship of events, activities, individuals or groups. Events such as the Olympics, or FIFA World Cup are likely to appeal to children and young people.

The BMA is a (steering group) member of the OHA (Obesity Health Alliance), a sector-wide coalition which brings together 38 leading organisations with expertise in tackling overweight and obesity. The Alliance supports policy-making to tackle the social, economic and cultural factors that contribute to obesity and the inequalities in health caused by obesity. The Alliance’s key policy priorities for tackling obesity are:

- The full implementation of the soft drinks industry levy as soon as possible to reduce the consumption of sugar-sweetened beverages (SSBs).
- Action to ensure everyday food is healthier by incrementally reducing sugar, salt, fat and overall calories with challenging targets and sanctions for non-compliance.
- Close loopholes to restrict children’s exposure to junk food marketing across all the media and tighten rules on common marketing techniques currently outside of regulations.
1. **Comment on the content and adequacy of the Government’s Plan for Action**

1.1. The UK has the highest level of obesity in Western Europe with one in three children overweight or obese by the time they leave primary school. The BMA has long campaigned individually and as a member of the OHA for increased measures to address this growing trend. Whilst the BMA welcomes some aspects of the government’s plan for action on obesity, there are more steps which we believe are needed to address this issue.

1.2. Too many children are consuming too much added sugar, which is demonstrated in our *Food for Thought Report* and in appendix one a myth buster about the sugar levy from the OHA which outlines why the BMA strongly supports the introduction of the sugar levy, seeing it as a positive aspect of the government’s action plan.

1.3. The BMA has called for mandatory reformulation targets for reductions in added sugar, fat and calories. Unfortunately, the action plan only includes provisions for reducing added sugar levels, and more significantly, they are voluntary and therefore fall short of what is needed. If the voluntary approach is to work, Public Health England should be given sufficient support to implement the reduction programme and successfully incentivise companies to make strong commitments, and deliver on them. If this approach does not work, we believe it will be necessary to implement mandatory requirements.

2. **Priorities for action outside of the Government’s Action Plan**

2.1. While there are measures in the government obesity action plan which the BMA is strongly supportive of, we are extremely disappointed with the scope of the strategy. Some of the aspects of the strategy, such as the sugar levy and voluntary reformulation targets, are at least a step forward. But the strategy should have gone further. We believe the action plan is a missed the opportunity to tackle other important steps including:

- reducing the junk food adverts shown on programmes popular with children
- restricting non-broadcast marketing to children
- restricting price promotions on unhealthy products

2.2. *Our Food for thought report* highlights how there are a range of marketing tactics, including mass media advertising (on television, radio, billboards and the Internet), sponsorship, celebrity endorsement and packaging, which can impact on children’s attitudes, knowledge and dietary. Vast amounts of money are spent on these forms of marketing; for example, in stark contrast to government expenditure on public health communication, in 2013, Public Health England outlined that £10m was available for Change4Life whilst nearly £150mn was spent on marketing unhealthy food and drinks products. This included £32mn on the marketing of added sugar fizzy drinks.

2.3. Common product categories that are heavily promoted include pre-sugared breakfast cereals, soft drinks, savoury snacks, confectionery and fast-foods. Some restrictions have been implemented to reduce the levels of marketing to children, through broadcast regulations (governing television and radio advertisements) and non-broadcast regulations (governing advertisements in various electronic and printed media). Despite these restrictions, there is evidence that children are still heavily exposed to TV advertisements for unhealthy products. A Which? Study revealed that the top

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five most popular programmes watched by children on commercial channels were not covered by these restrictions\(^2\). The BMA firmly believes that tighter restrictions must be applied to these types of marketing.

2.4 We also have specific concerns about the children’s exposure to online marketing and via social media. While the BMA would ultimately like to see a ban on all marketing of unhealthy food and drink products to children, there is a need to look at how this is achieved in practice. In the short-term, existing controls should be strengthened by revising the broadcast and non-broadcast regulations to ensure they prevent the marketing of unhealthy products that appeal in any way to children and young people (including the use of promotional offers, licensed characters and celebrity endorsements). Restrictions should also be developed in areas not covered by these regulations, such as marketing activities involving sponsorship of events, activities, individuals or groups. Events such as the Olympics, or FIFA World Cup are likely to appeal to children and young people. For example, sponsors of the 2016 Rio Olympics included McDonalds and Coca Cola.

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Appendix one.
Obesity Health Alliance Huffington Post blog: Do the Criticisms of a Sugar Tax Stack Up?

Myth #1: A sugary drinks tax will penalise the poor: Rather than being penalised, the poorest stand to benefit the most. Sugary drink consumption levels tend to be highest among the most disadvantaged children who are hit hardest by obesity and tooth decay. The health gains from the sugar tax will be biggest for people on low incomes.

Myth #2: Similar taxes have not worked abroad: Extensive evidence from around the world shows that taxes on sugary drinks do work. In Mexico, a one peso per litre sugary drinks tax (a 10% price increase) led to a 12 per cent drop in consumption overall, and 17 per cent drop in consumption among lower income households. In Hungary, a tax on sugary products led 40 per cent of manufacturers to reduce or eliminate sugar to avoid the tax. Sugar tax opponents also incorrectly claim that “taxation didn’t work in Denmark”. Denmark’s tax was on fat, not sugar, and although poorly implemented and short lived, it did reduce consumption.

Myth #3: Sugar consumption is already falling, so a tax isn’t needed: This overall trend doesn’t change the fact that we are consuming too much sugar and this is contributing to the obesity crisis. Alarmingly, some children are consuming as much as six times the maximum recommended amount of added sugar. Soft drinks are the single biggest contributor to children’s sugar intake in the UK, representing almost a third of 11-18 year olds’ daily sugar consumption.

Myth #4: A soft drinks tax is pointless as it excludes other sources of sugar: The difference between soft drinks and other sources of sugar is that products like cake or chocolate are viewed by most as a


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‘treat’. Sugary soft drinks, which have no nutritional value and are full of empty calories, are not viewed as treats and many people consume them as a regular part of their daily diet. For children and teens, soft drinks are the single biggest contributor of added sugar in their diets. A single can of soft drink can contain up to nine teaspoons of sugar, nearly double the maximum daily recommended added sugar intake for a 10 year old child.

Myth #5: A sugary drinks tax will lead to higher consumption of other sugar products:
This is a flawed argument. Similar to myth #4, most people don’t think of soft drinks as ‘treats’ like they do for other sugary snacks. People who drink high volumes of soft drinks are not doing so instead of eating other sugary snacks, so it’s unlikely they would swap chocolate or cake for a soft drink. It is much more plausible that we will see a substitution effect to other low or no calorie drinks or to water.

Myth #6: The tax will cost more money to implement than the revenue gained: A sugar tax would actually save us money. Obesity is one of the biggest drains on the NHS and the economy as a whole. One estimate suggests that obesity costs the UK economy £27 billion and the NHS £5 billion a year. High levels of sugar consumption are contributing to soaring rates of obesity, which is a major risk factor for many serious health conditions such as Type 2 diabetes, heart disease and cancer. Tackling the root causes of obesity, through a sugar tax, has the potential to bring about huge cost savings.

Myth #7: A sugar tax is an example of the nanny state going too far: The Government has a duty of care to its citizens, particularly children, and to encourage an environment that promotes health not disease. A sugary drinks tax is a simple but powerful way of helping children consume less sugar and stay healthy. And this is why it is supported by the public with nearly seven in ten (69 per cent) people supporting the new tax on soft drinks after it was announced.