BMA Scotland written submission to the Health and Sport Committee on obesity
August 2016

Introduction
The British Medical Association is a registered trade union and professional association representing doctors from all branches of medicine. The BMA has a total membership of around 168,000 representing around two-thirds of all practising doctors in the UK. In Scotland, the BMA represents around 16,000 members.

Obesity and inequality
Doctors are increasingly concerned about the impact of obesity on the nation’s health. This is not only a significant cause of ill health and premature mortality, but a considerable drain on finite NHS resources. Increasingly doctors and other healthcare professionals face the challenge of routinely managing patients with complex, chronic conditions caused by factors beyond their clinical influence.

These factors include the social and economic inequalities that shape the environment in which individuals are born, grow, live, work and age – commonly referred to as the social determinants of health.

Individuals on low incomes, as well as other vulnerable groups (such as older people and disabled people), can experience food poverty and face significant challenges obtaining a healthy diet. This is often linked to factors such as low income, social and material deprivation, poor educational opportunities, unemployment and adverse early childhood experiences.

Unhealthy dietary patterns are strongly associated and causally linked with a number of chronic, complex conditions such as obesity, cardiovascular disease, cancer, and type II diabetes. Specific, modifiable dietary behaviours are known to be particularly detrimental including: low consumption of fruit, vegetables and oily fish; high intake of energy-dense foods and drinks; and high intake of trans-fats, saturated fats, added sugars, salt, and red meats and processed meats.

These unhealthy dietary behaviours can lead to a range of metabolic/physiological changes – including hypertension (raised blood pressure), overweight and obesity, hyperglycaemia (high blood sugar) and hyperlipidaemia (excess lipids in the bloodstream) – that increase the risk of chronic ill health. A poor diet is also associated with malnutrition (undernutrition) and micronutrient deficiencies.
The burden of diet-related ill health in the UK is substantial, leading to an estimated 70,000 premature deaths annually\(^1\), which represents around 12 per cent of the total number of deaths. Poor diet has a significant impact on NHS budgets, costing around £6 billion per year across the UK, greater than alcohol consumption, smoking and physical inactivity\(^2\).

Scotland has one of the worst obesity records in the OECD and the costs of coping with the conditions associated with overweight and obesity are increasing. The most recent Scottish Health Survey found that 65% of adults were overweight, including 28% of whom were classed as obese\(^3\).

Meanwhile, figures for 2013/14 report that in the least deprived areas of Scotland 17.8% of children were classified as at risk of overweight and obesity compared to 25.9% in the most deprived areas\(^4\).

**Actions to reduce obesity**

The regulatory environment that governs the formulation, sale and advertising of unhealthy products is a complex one. As such, addressing the problem of unhealthy dietary choices requires a range of actions at local, devolved, UK and international levels.

However, BMA Scotland believes that there are a number of areas where greater action can and should be taken within Scotland to address the problem of unhealthy diets and the consequent ill health that it contributes to.

**Children & young people**

Consumption of fruit and vegetables amongst children in Scotland is poor, with the average portions consumed per day remaining at around 2.8 since 2003\(^5\).

Currently, 11 of Scotland’s 32 local authorities have some form of free fruit and vegetable scheme in place in addition to what is provided as part of a school lunch. This is down from 16

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local authorities that had schemes in place as recently as 2013/14. The BMA has called for a range of interventions to improve the diets of young people, including the provision of a portion of free fruit and vegetables to every primary age child on each school day.

This specific proposal was backed by 79% of parents across the UK in an Ipsos MORI opinion poll for the BMA. Ensuring that children in particular are eating enough fruit and vegetables is especially important at a time when they are forming habits that will last throughout their lifetimes.

**Sugar tax**
While recent years have seen action on reducing trans-fats and salt intake, less attention has been paid to the need to reduce intakes of sugar, fat, saturated fat and calories. Addressing sugar-sweetened beverages in particular should be a priority as they are high in calories but contain little nutritional value.

Taxation has consistently been shown to have the potential to improve health and we believe that the introduction of a tax of 20% on sugar-sweetened drinks could help to achieve significant progress in reducing obesity.

The effects of poor diet on public health is a source of real and growing concern to doctors, and there is no doubt that excessive sugar consumption is one of the clearest examples of this.

We know from experiences in other countries that taxation on unhealthy food and drinks can improve health outcomes, and the strongest evidence of effectiveness is for a tax on sugar-sweetened beverages.

Earlier in the year the then chancellor George Osborne announced a decision from the UK government, as part of its eighth budget, to introduce a new levy on excessive sugar in soft drinks.

This is a welcome step forward and a move called for in the BMA's Food for Thought report. It is an important initiative that could help to begin to address the obesity crisis amongst young children, although the delay in introducing it for two years is disappointing.

**Regulating the sale of unhealthy food and drinks**
Sales promotions are routinely used to encourage consumers to purchase products, including quantity increases, discount pricing, money-off coupons, multipacks and multibuys, free samples, and special features (e.g. limited editions). These promotions are disproportionately
used to promote unhealthy food and drink products and therefore contribute to a retail environment that favours unhealthy dietary behaviour. While a small number of retailers have developed policies about the use of sales promotions for unhealthy products, there has been limited voluntary action in this area. Stronger policy options need to be looked at to ensure retailers use sales promotions to encourage healthy dietary patterns.

Consideration should also be given to finding ways to change specific features of the in-store environment. Currently unhealthy products are often located at shop entrances, near checkout counters and at the end of aisles. They are often situated at eye-level or within easy reach of young children, which may encourage them to use pester power to persuade their parents to purchase snacks. While some companies in the UK have voluntarily chosen not to put unhealthy products in such areas, this practice is still widespread.

The spread of fast-food outlets has led to increased access and availability of unhealthy food items on the high street, with particularly high concentration in city centres and along arterial routes, in close proximity to schools, and in areas of deprivation. This creates a local environment where consumption of unhealthy fast-food is a normal, everyday occurrence. To address this, local authorities should take a more active role in limiting the future number, clustering and over-concentration of fast-food outlets.

Reformulation of food and drink
Compared to action on trans-fats and salt, considerably less attention has been given to reducing intakes of fat, saturated fat, added sugars and calories. A voluntary approach has been adopted in Scotland which originally included proposed reformulation targets to reduce calories and/or energy density, fats and added sugars in the following product categories: soft drinks with added sugar; chocolate and chocolate confectionery; biscuits; cakes; pies and pastries; dairy products; sausages; savoury snacks; chips and fried and roast potatoes. Disappointingly, the targets for specific product categories were not included in the final framework for voluntary action.

Education and support
There is a need to ensure that education and health advice – from mass media campaigns and school-based programmes to the advice given by healthcare professionals – is tailored to support healthy dietary behaviour.

Where it is possible and clinically appropriate, all healthcare professionals have a responsibility to provide advice and support to children, young people and their parents/carers on healthy dietary behaviour. This requires adequate resources, including greater long-term, sustainable investment in primary care to enable dietary concerns to be raised and behaviour modifying counselling to be undertaken. A range of practical behaviour change techniques should be used, with varying approaches needed depending on an individual’s motivation to change.
Various short-lived, mass-media public health campaigns have also been used in the UK aimed at promoting healthier diets. While these can increase knowledge and awareness, they have been found to be ineffective in changing behaviour and therefore need to be used alongside a stronger regulatory framework that reduces the wide availability, promotion, affordability and accessibility of unhealthy food and drink products.

**Conclusion**

The health problems that result from unhealthy diets are significant and growing, putting a major strain on the health service in Scotland. While there are no quick solutions that will address this trend, it is important that long-term action to improve diets in Scotland is given greater priority.

A stronger policy approach to addressing unhealthy diets through a range of measures is needed. While some of the action that can and should be taken lie outside the current devolved responsibilities of the Scottish Government, there is still significant scope to do more using current powers.

**For further information, please contact:**

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