

Overweight England struggles to break the ‘junk food cycle’

Boris Johnson’s new health strategy is undermined by stress on ‘individual responsibility’, experts say

Judith Evans in London, *Financial Times* JUNE 17 2022

In decades of treating NHS patients in Yorkshire with weight problems, Dr Chinnadorai Rajeswaran has noticed two things. One is the extent of their excess weight. “Fifteen years ago you got a lot of people with a body mass index of around 40. Now it’s common to see people with a BMI of 50, 60, 70. You are getting ‘super-obese’ people.” The other is their sheer despair. “The depression [rate] is very, very high. They don’t socialise, they’ve got low self-esteem and confidence, they have no support. There’s no point in telling them what to eat: it’s no better than telling a depressed person to cheer up.”

The government this month released its food strategy for England, seeking to address the obesity crisis. But health experts said the measures it set out were far from enough to help people like Rajeswaran’s patients. Ministers rejected a key proposal put forward by independent adviser Henry Dimbleby: a tax on salt and sugar aimed to encourage food manufacturers to reformulate their products. “The best way to lose weight, believe me, is to eat less,” said prime minister Boris Johnson, insisting that a period of high inflation was not the moment to start “whacking new taxes on”. Health secretary Sajid Javid last month urged people to take “personal responsibility” for their weight. The strategy did include funding for obesity research and trials of community healthy eating programmes. But experts said these would have little impact on a UK obesity rate that, at 28 per cent, is worse than any European country apart from Hungary.

“A lot of people were disappointed on many levels. Fighting obesity and improving the food environment is a long-term goal. Unless you have very hard-hitting legislation, it’s not going to change,” said Naveed Sattar, professor of cardiovascular and medical sciences at Glasgow university. Obesity has wide-ranging effects. Sattar said adult patients suffered conditions including heart failure, diabetes, osteoarthritis, kidney and liver disease and depression. Type 2 diabetes alone costs the health service £10bn a year and the number of children being treated for it has doubled in five years.

Paul Gately, professor of exercise and obesity at Leeds Beckett University, said that while Conservative governments stressed individual responsibility, research showed environmental factors — including deprivation, availability of junk foods and transport methods — were behind obesity’s rise. “You have a political party driving a policy direction which is about individual responsibility and an evidence base that was actually going in the opposite direction,” Gately said. Obesity’s prevalence in deprived areas is almost double that elsewhere, while the poor lack access to services such as personal trainers, which Johnson used to combat his own weight problem after a bout of Covid-19 in 2020.

Chris Edson, co-founder of NHS-backed weight loss app Second Nature, said the language of responsibility took people “to some really dark places”. “People then think that being obese is their fault,” Edson said. “But if you go back 50 years there was virtually no obesity. Do you think people have developed a lack of willpower?”

Despite the dropping of some of his main proposals, Dimbleby lauded the government for accepting the concept of the “junk food cycle”. This sets out how human appetites evolved in a world of scarce calories, predisposing us to fatty and sweet food. Companies then invest in developing and marketing high-calorie foods on a large scale, achieving economies of scale that drive down their cost. “Highly processed foods — high in salt, refined carbohydrates, sugar and fats, and low in fibre — are on average three times cheaper per calorie than healthier foods,” Dimbleby said in his report.

As well as being cheap, unhealthy packaged foods have a long shelf life — unlike fruit and vegetables — and are unlikely to be rejected by children, making them a practical choice for many families. Biological factors such as hormone imbalances also affect how people’s bodies respond to dieting, said Billy White, consultant in adolescent diabetes and obesity at University College London

Hospitals. “For some people personal responsibility is very easy, but for other people it is incredibly hard,” he said.

Graham MacGregor, professor of cardiovascular medicine at the Wolfson Institute of Population Health, said the UK previously led the way in pressing companies to alter their products. In the early 2000s a programme of salt reduction brought down levels in foods such as bread, saving thousands of lives each year, he said.

A UK soft drinks levy introduced in 2018 to push manufacturers to reformulate their drinks with less sugar has been copied around the world. But subsequent, voluntary efforts at industry-wide reformulation have had little effect, said MacGregor, who founded campaign groups that survey supermarket products. Food industry trade groups opposed the salt and sugar tax, as well as curbs on junk food advertising that have been postponed for at least a year. “Like the tobacco industry, they have fought it tooth and nail,” said MacGregor.

In his report, Dimbleby said some chief executives privately wanted stricter regulation that would ensure a level playing field and give them confidence that rival food companies would not take advantage if they changed approach. The Food and Drink Federation, the UK’s main industry group, said companies were committed to improving the nutritional profile of food and drinks and to offering a range of portion sizes. “Food and drink manufacturers know they have a central role to play, alongside others, in finding better ways to support healthy and balanced diets and lifestyles for all,” it said.

Rajeswaran said new regulation must include small businesses that run takeaways and that facilities should be provided for those already obese, such as weight-management services in every area. Gately said the language surrounding obesity also had to change, pointing out that attitudes towards people with weight problems were often very different to those suffering from cancer, even though many of the risk factors for the two conditions were the same. “Of course we should be treating people with cancer with immense empathy, but we don’t tend to do that with obesity,” he said.