

THE FUTURE OF FATS, SUGAR AND THE OBESITY CRISIS

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JULY 2021



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THE PROBLEM



Chapter 1

The problem

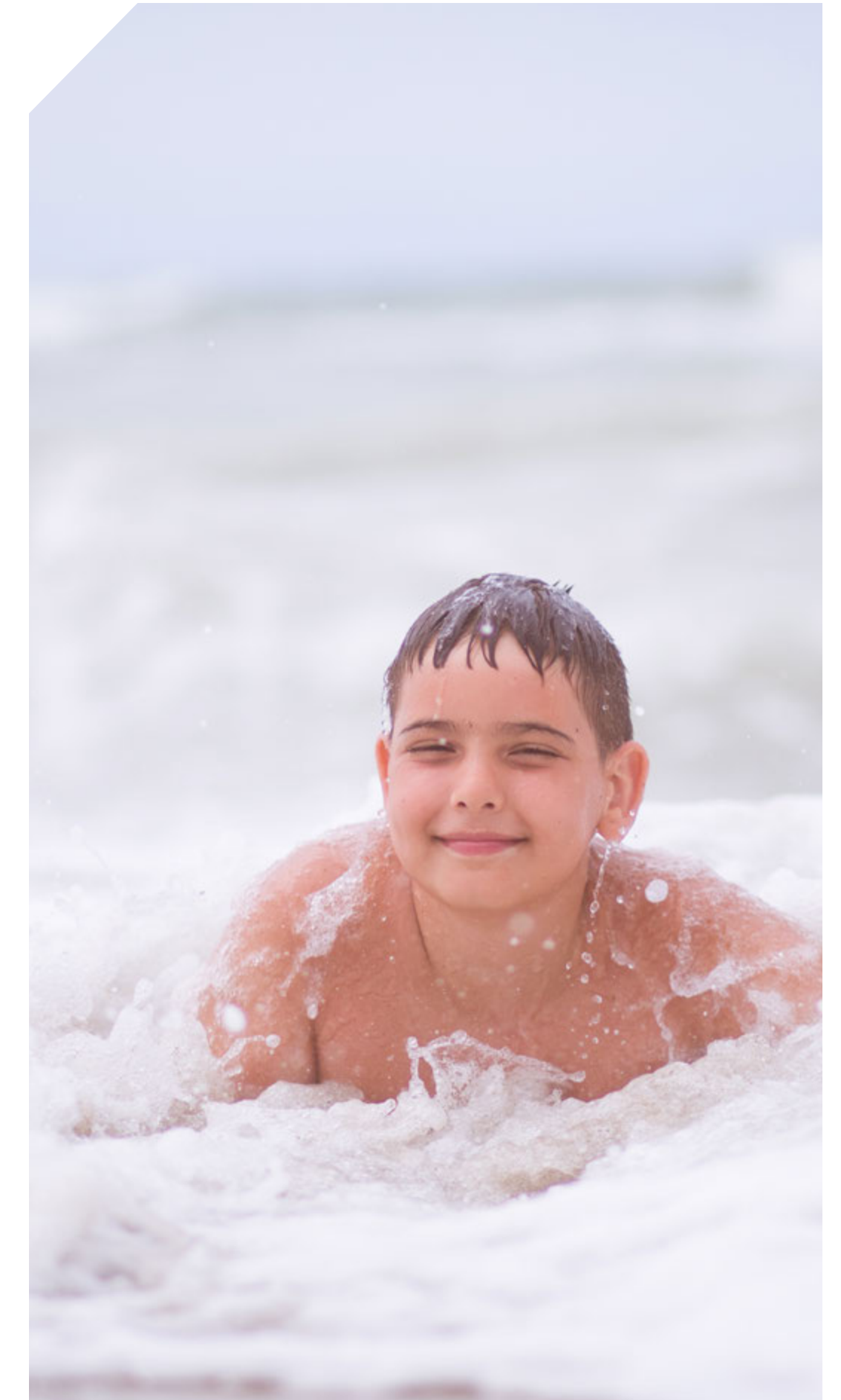
While the COVID-19 pandemic was a widely recognised health crisis, it also added to an existing set of challenges facing us that had perhaps been neglected. Its unequal effects remind us that there is a worldwide obesity crisis impacting our health and imposing huge burdens on healthcare systems and the global economy. Many of our health problems are caused by long-term changes in human diets – which need to change if we are to improve health. This report looks at global expert opinion among regulators, academics, clinicians and food producers, as well as public opinion to chart what may happen next in terms of sugar and fat in human diets.

A recent World Health Organization (WHO) study estimated obesity has almost tripled since 1975. In 2019, 39% of

people were overweight, including 38 million children.¹ In the UK that figure was even higher: 67% of men and 60% of women were overweight.² While the WHO describes obesity as a ‘preventable’ condition, no country has successfully reduced its level of obesity at a national level.³

It is worth noting that obesity is not a phenomenon only experienced in developed nations, it exists in some emerging nations, too. Around the world, people increasingly identify poor diet as a major risk to their health, and our knowledge about food science and nutrition has never been greater; so why does our weight remain so difficult?

In this report, we explore the potential reasons for the inability of countries – and us as individuals – to halt and reverse the obesity crisis. In it, we examine the role of government in addressing the crisis, and the role manufacturers and retailers must play in helping people to live healthier lifestyles. Drawing on behavioural science we



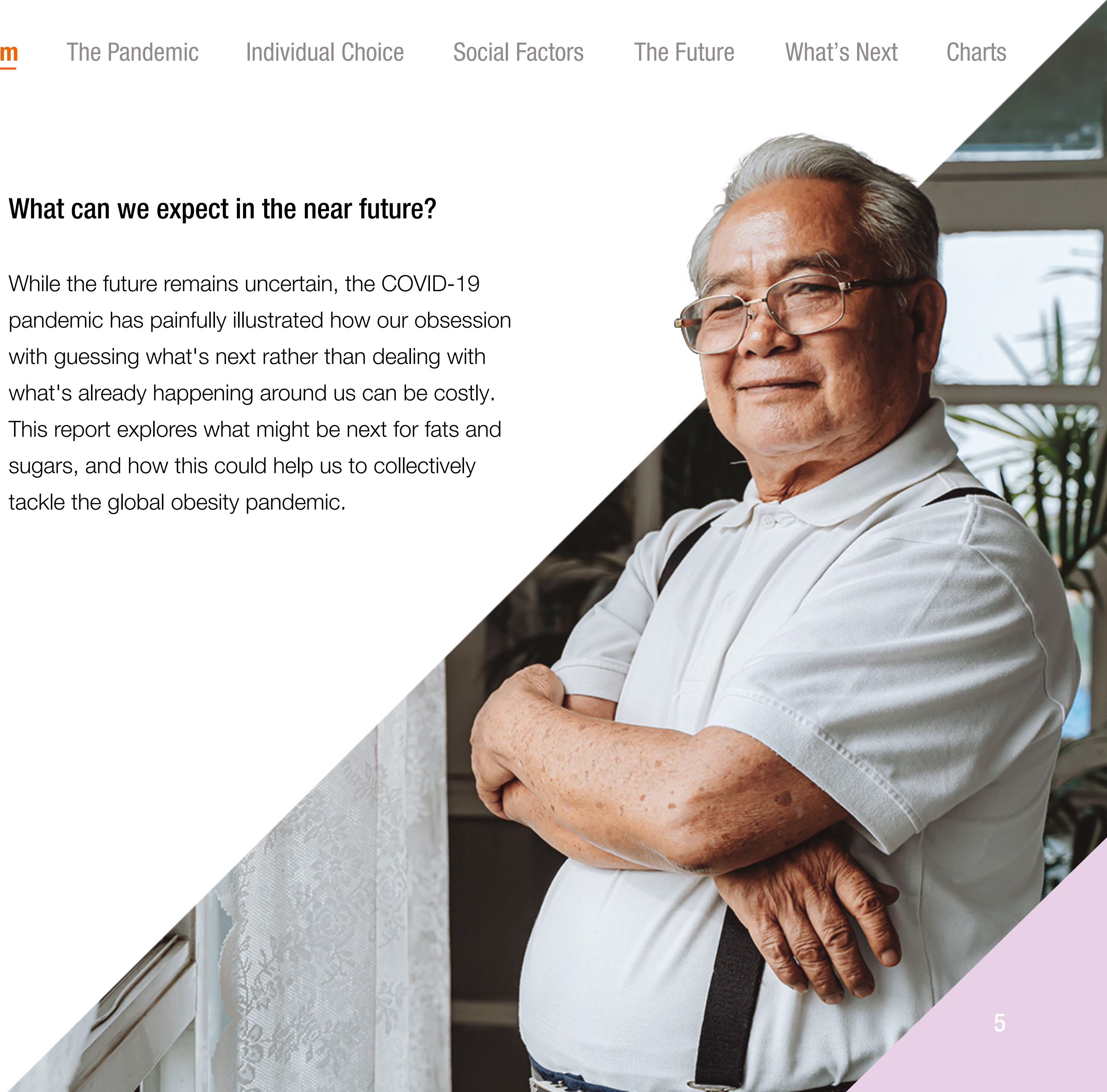
uncover the drivers of the gap between what people say they will do to lose weight, and what they do in reality.

We have gathered the perspectives of international experts from the sciences, policy-setting and regulation, industry and academia to understand how they see the situation is progressing in the 2020s. Based on 100 expert interviews across 20 different countries, combined with global survey of 22,000 people in 30-33 countries on their attitudes to food and diet, we review what needs to be considered when planning for the future in the face of an obesity pandemic, and how human diets may change in future, particularly in terms of sugar and fat consumption.

By analysing the individual, social and industrial factors that lie behind this deadly global issue, we examine the likely path ahead and choices which will be necessary for business and government to prevent future damage from this man-made pandemic.

What can we expect in the near future?

While the future remains uncertain, the COVID-19 pandemic has painfully illustrated how our obsession with guessing what's next rather than dealing with what's already happening around us can be costly. This report explores what might be next for fats and sugars, and how this could help us to collectively tackle the global obesity pandemic.



1.

The science of diet and weight gain will remain divisive

As a result policymakers will remain indecisive and manufacturers have license to remain ambivalent about making change on a sufficient scale. Change in diet is not enough: the message of calories in, calories out, and for most people concerned about their weight, eating less, as well as healthier is key. Our research finds messages about eating healthier are popular – but selling simply eating less is more challenging.

2.

The social factors surrounding obesity are diverse, multifarious and superwicked problems

The financial cost in tackling many of them will be very high, but the cost of the status quo – coupled with an ageing population and a lingering pandemic – will be far greater in the long run. People need more than guidance on how to lose weight, but education and communications alone will not be enough. A health revolution powered by behavioural campaigns will be necessary to see real change.

3.

Sugar isn't going anywhere, yet

Sugar reduction is already identified as a priority and we expect to find policy tightening and evolving in the future. Having an 'enemy number one' is easier for people to understand. Plus, it feeds itself – filling column inches with ease and selling books like hot cakes.

4.

We know more about fat than ever before – but it's still confusing

While it is agreed different fats can be either bad or good for health, most fats fall somewhere in between. The variety of different fats makes it difficult to establish significant policy around their manufacture. Moreover, the emerging science is not often seen as robust enough to base consumption guidelines on, either. This means there is likely to be limited government intervention on the topic, so change – or lack of it – is more likely to be consumer or industry-led.

5.

Brands have an inescapable role to play

The food and drink industry – including customer-facing distributors – has it within its power to make powerful, meaningful and long-term changes to our diets. The question is, will it risk short-term profit for long-term gain? Potentially expensive reformulation of goods with fewer fats and sugars, dialling back on oversized portion sizes and levelling out costs on healthier food choices could help people in every walk of life make healthier dietary decisions. The importance of changing industry standards to alter the eating habits of the world cannot come quickly enough, and cannot be overemphasised.

6.

Policymakers must be more bold

Multiple studies show that, in general, the global public understand there is a problem and most proposals from governments are met with widespread public interest. With more than a third of people in every country surveyed reporting they are actively trying to lose weight, governments must seize the initiative and implement a holistic, industry-backed and financially sustainable campaign to help people make better dietary decisions without an increased financial burden.



Why is diet still up for debate?

The economic cost of obesity is astounding. It has been estimated at around \$2tn and is likely to rise.⁴ Reducing people's weight is, or should be, on most governments' agendas. However, truly global action is difficult because much of the science around nutrition and diet is emerging rather than 'settled' science according to most experts.

Billions of people globally recognise they need to lose weight and even say that they have good intentions to change their diet and exercise habits to do so, but there are many factors which are barriers to individuals' success – behavioural, social, cultural, environmental and financial.

As our analysis shows, expert opinion on the major causes and possible treatment of the obesity challenge is very diverse. While it is agreed that it must be a priority and many advocate for a more holistic approach to addressing the challenge, the methods and execution of

The economic cost of obesity is astounding. It has been estimated at around \$2tn and is likely to rise

messaging, policy and food industry changes are much more complicated.

As a result, policy responses have been piecemeal. Many countries' responses include common elements – for instance, controlling single ingredients such as sugar, salt or fat, mandating more detailed nutrition information on packaging, or encouraging increased physical activity. But there is no agreed set of steps countries can take to get their obesity problem under control.

The expert view

New data gathered for this report shows that the global public still see sugar as the main culprit of weight gain. But what do experts in health, nutrition and food policy think?

To understand the different views on the causes of obesity, Ipsos held a two-round Delphi exercise. The Delphi method is a foresight technique, built on the

principle that the wisdom of the crowd is greater than the knowledge of any single expert. It is especially useful for exploring possible consensus on complex topics where stakeholders have strongly held views.

The first round involved 70 one-hour interviews with experts from around the world, where they were asked qualitative and quantitative questions about their current positions on the science and what they see as likely developments over the next five to ten years. In the second round, 30 of these experts were re-interviewed; they received a summary of the qualitative and quantitative responses from the 70 round-one experts to reflect on during this interview. What follows is a summary of some of the most important insights.

Perhaps the most significant finding from our research is the low level of agreement among experts on how some basic factors influence obesity

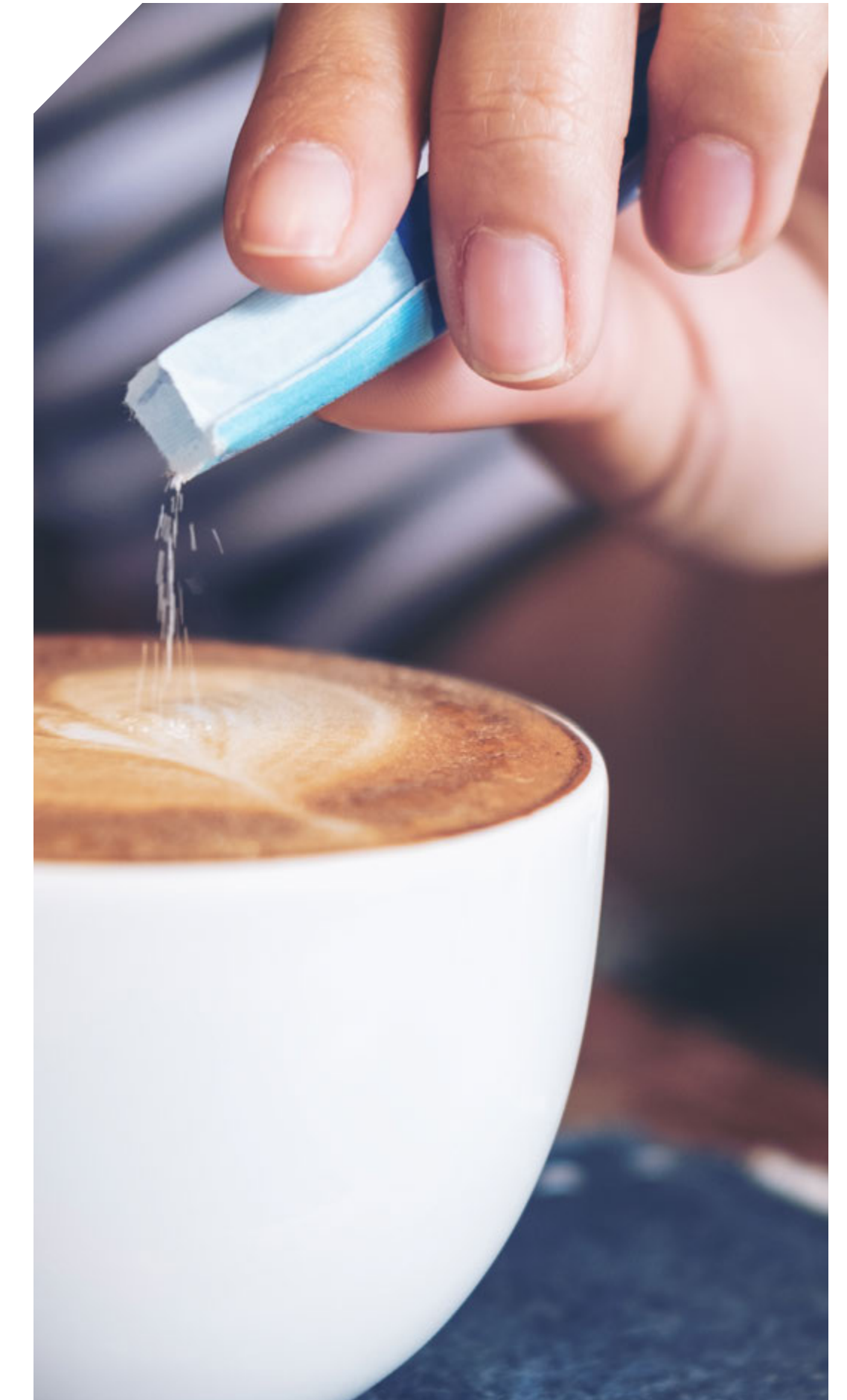
Understanding the expert consensus – or its absence – on obesity is a powerful aid to plan for the future. A fuller picture of the state of the science and how this influences policymaking and public opinion can help organisations anticipate how public perceptions of particular foods might develop and what type of food regulations might be on the horizon in different markets. This allows organisations to put in place strategies that can help them plan effectively for uncertainty.

A lack of consensus

Perhaps the most significant finding from our research is the low level of agreement among experts on how some basic factors influence obesity. Underlying this disagreement is a key tension in the science of nutrition; for many important questions there is no conclusive evidence base to be found. As a result, we see a variety of opinion on what is driving the global increase in obesity.

Some experts focus on the individual and lay the blame for rising obesity rates squarely at the feet of single ingredients – typically sugar. Others agree that sugar is the main problem but maintain that it is how it acts in combination with other food types that is the key issue. Meanwhile, others still see obesity as primarily driven at a societal level, pointing to increasingly sedentary lifestyles and rising calorie consumption with growing affluence in both established and emerging markets as the principal driver.

This report outlines these sometimes opposing factors and asks what food companies, policymakers and the public should do to better control weight gain and improve the future of healthcare in combatting obesity. The broad range of arguments is not incidental but rather a reflection of the compound nature of the problem, and highlights the need for multiple interventions to help reverse the obesity crisis – there is no simple fix, or it might have been achieved long ago.



Moderation matters

“If a journalist wrote an article saying studies showed a balanced diet was the healthiest diet, nobody would read it.” *Dr P. Courtney Gaine, President and CEO, the Sugar Association, Washington, DC*

The broadest consensus found in our expert panel was among those who favour moderation as a route to reducing the obesity epidemic.

Weight loss is deceptively simple: it relies on people burning more calories than they consume. Many public bodies also advocate for this. In the UK, the NHS website advises:

“To lose weight, you need to burn more calories than you consume. This can be achieved by eating less, moving more or, best of all, a combination of both.” *NHS website advice, 2021*

This ‘back to basics’ approach is somewhat reflected in recent consumer philosophy. It is the experts who fall into this group who are most likely, but not guaranteed, to support a relaxed policy approach. Some believe that policy restrictions fail to understand the complex psychological needs that drive people to overeat or feel that, when they take the form of taxes, they are likely to disproportionately punish the poor.

“People are priced out of drinking socially, the public houses are dying, smoking can’t be done socially and is too expensive, and it would be really sad and socially detrimental if a product like sugar went to such an extreme degree – how much pleasure do people get in life?” *Ailsa Claxton, consultant*

To lose weight, you need to burn more calories than you consume. This can be achieved by eating less, moving more or, best of all, a combination of both



The Problem

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WHAT HAS THE PANDEMIC DONE TO THE CRISIS?

Chapter 2

What has the pandemic done to the crisis?

During 2020-2021, public health policy has been understandably focused on containing the COVID-19 pandemic. But our research shows that while the obesity crisis might have been driven from the headlines, the threat it poses has continued to grow. Most worryingly, evidence suggests the two are mutually reinforcing negative consequences: those who are more obese tend to suffer more from COVID-19, while lockdown restrictions used to control the infection in many countries appear to have contributed to many gaining weight.

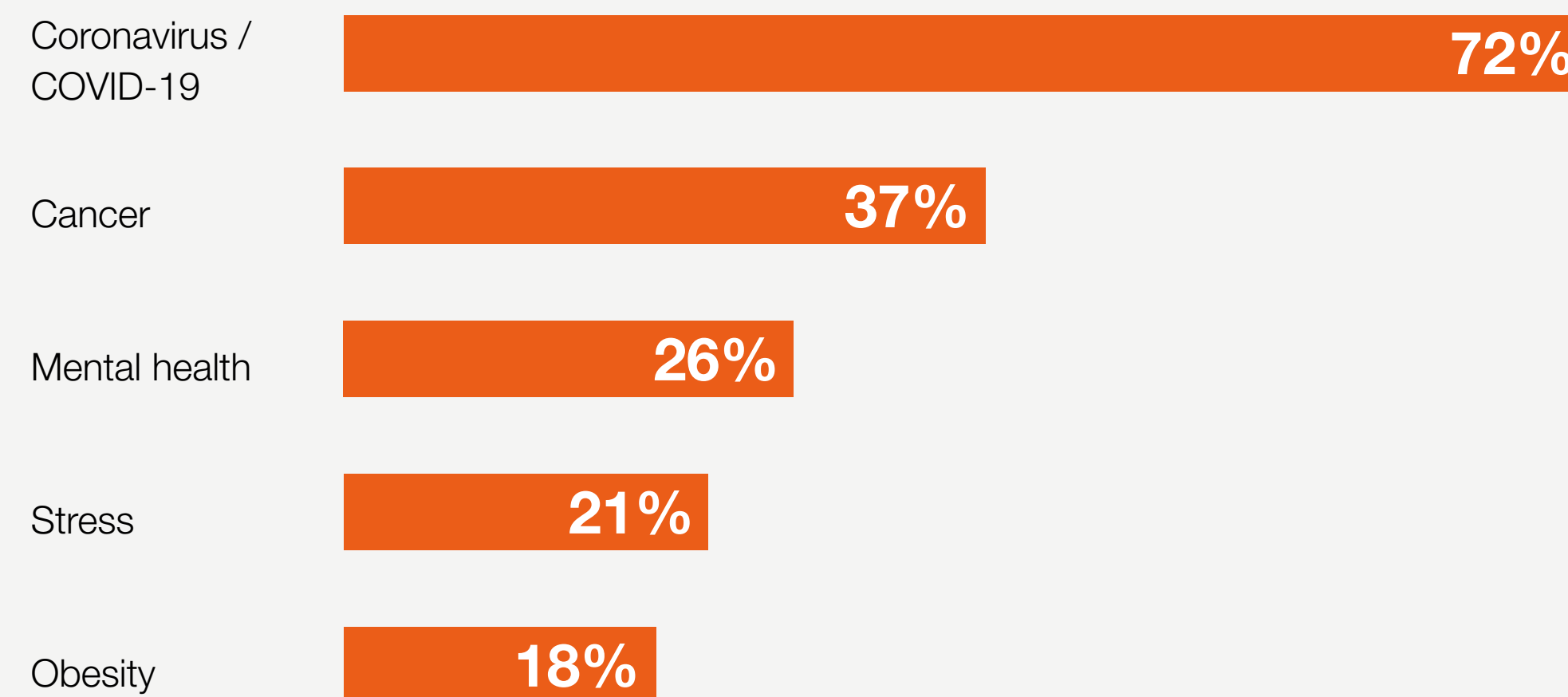
This chapter explores the interplay between these two health hazards, reflecting on a global survey conducted during October and November 2020 and the input from experts interviewed before the eruption of COVID-19 in March 2020.

In many countries, lockdown restrictions used to control the infection rate appear to have contributed to many gaining weight



Global views on the health problems facing individual countries

Thinking generally, which of the following, if any, do you see as the biggest health problems facing people in your country today?



Source

Ipsos Global Health Service Monitor

Base

20,008 adults aged 16-74, online, in 27 markets, 25 September – 9 October 2020

[Click here to view all markets](#)



Clear and present danger

In a recent global Ipsos survey monitoring health services during the COVID-19 pandemic, obesity has slipped from second to fifth position in terms of the biggest health problems we are facing today – now behind mental health and stress.⁵

However, more obese countries have remained concerned about their level of obesity. Mexico leads the way, with 52% of the people thinking it is the biggest threat their country is facing (having close to a third of the population classed as obese). Japan is the least likely to see obesity as the biggest health problem they face (27%), consistent with the low proportion of their population who are obese.

Average weight gain (in kg) by country during the COVID-19 pandemic

Earlier, you said that you gained weight during the COVID-19 pandemic. Roughly how much did you gain?



Source

Global Advisor survey

Base

6,296 adults aged 16-74, online, in 30 markets, 23 October – 6 November 2020

[Click here to view all markets](#)



COVID-19: a net gain

The COVID-19 pandemic has had a huge impact on the physical and mental health of people in nearly every corner of the globe. Our polling shows a now familiar pattern; while some people have prospered under this pressure (20% report losing weight) they are outnumbered by those who have put on excess weight. Across the 30 countries of study, 31% have gained weight, with those in Latin America particularly likely to say so – including half of those in Brazil (52%) and Chile (51%) and four in ten in Argentina (40%). Turkey, the US and Spain have also been particularly affected. Incredibly, only Malaysia reported having more people losing than gaining weight.

Putting aside the human cost associated with obesity and the new coronavirus, the financial implications of the weight gain observed during the COVID-19 crisis is considerable. In the UK alone, it is estimated that if every obese person lost just 2.5kg it would save the NHS



£105m over five years.⁶ If we consider that in the first seven months of the pandemic, a third of the world's population gained an average of 6.1kg, the implications of pandemic-driven weight gain are clear.

Of course, in the short term, the most obvious burden on health services comes from treating COVID-19 itself. However, as vaccinations hopefully begin to take some of the strain away, the obesity crisis looms in the background as a cause of long-term stress on the system.

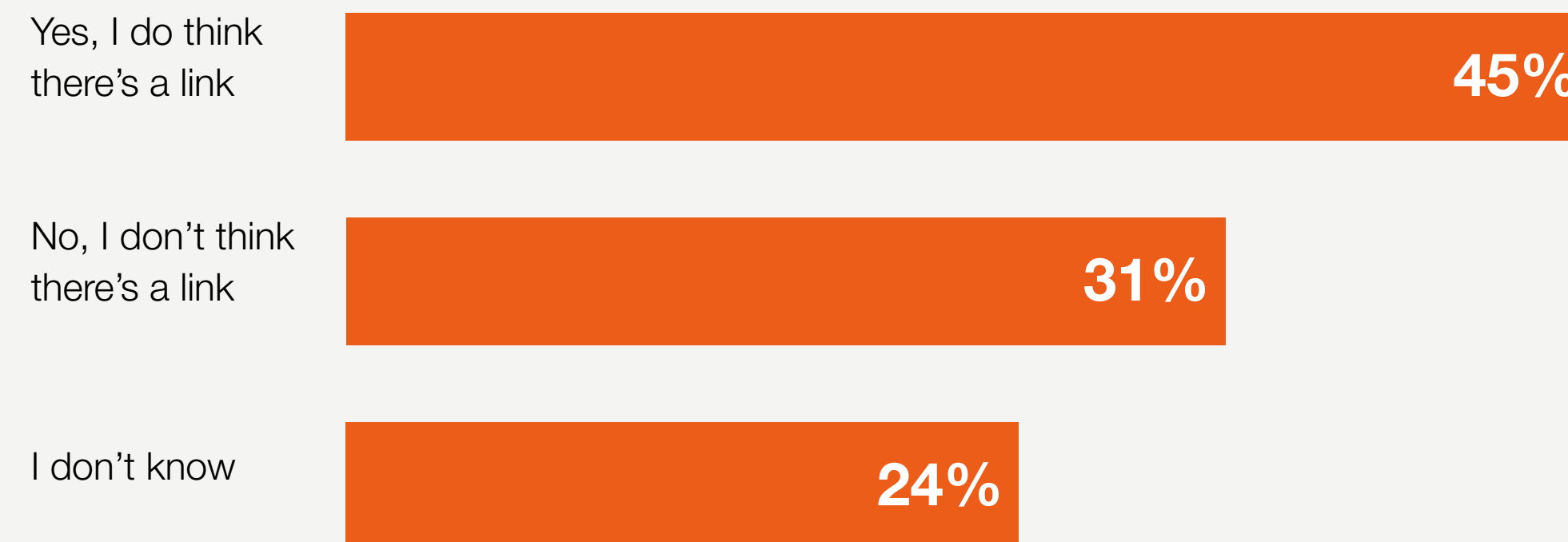
Obesity on lockdown

As the threat of COVID-19 became clearer in early 2020, the press and healthcare sector were explicit about the potential risks of more severe symptoms and worse outcomes from contracting the new coronavirus for obese or overweight people.^{7,8,9} This was perhaps unsurprising, given that higher BMI causes other

In developed economies, it is often the poorest and least well-educated sections of the population where obesity rates are highest. In emerging economies the opposite tends to be true

Nearly half agree there is a link between obesity and more severe symptoms of COVID-19

Do you think there is, or is not, a link between obesity and more severe symptoms of COVID-19 among those infected?

**Source**

Global Advisor survey

Base

22,008 adults aged 16-74, online, in 30 markets, 23 October – 6 November 2020

healthcare problems, all of which can be classified as underlying health conditions. The NHS in the UK went so far as to produce a series of public health adverts to encourage people to take action:

<https://www.youtube.com/watch?v=YozNOqbd26Q>

When surveyed, 45% of people globally believe there is a link between obesity and severe symptoms of COVID-19.¹⁰ This was as high as 82% in Peru and more than 50% in Great Britain, Mexico, Sweden, Chile, Brazil, Argentina and Saudi Arabia.

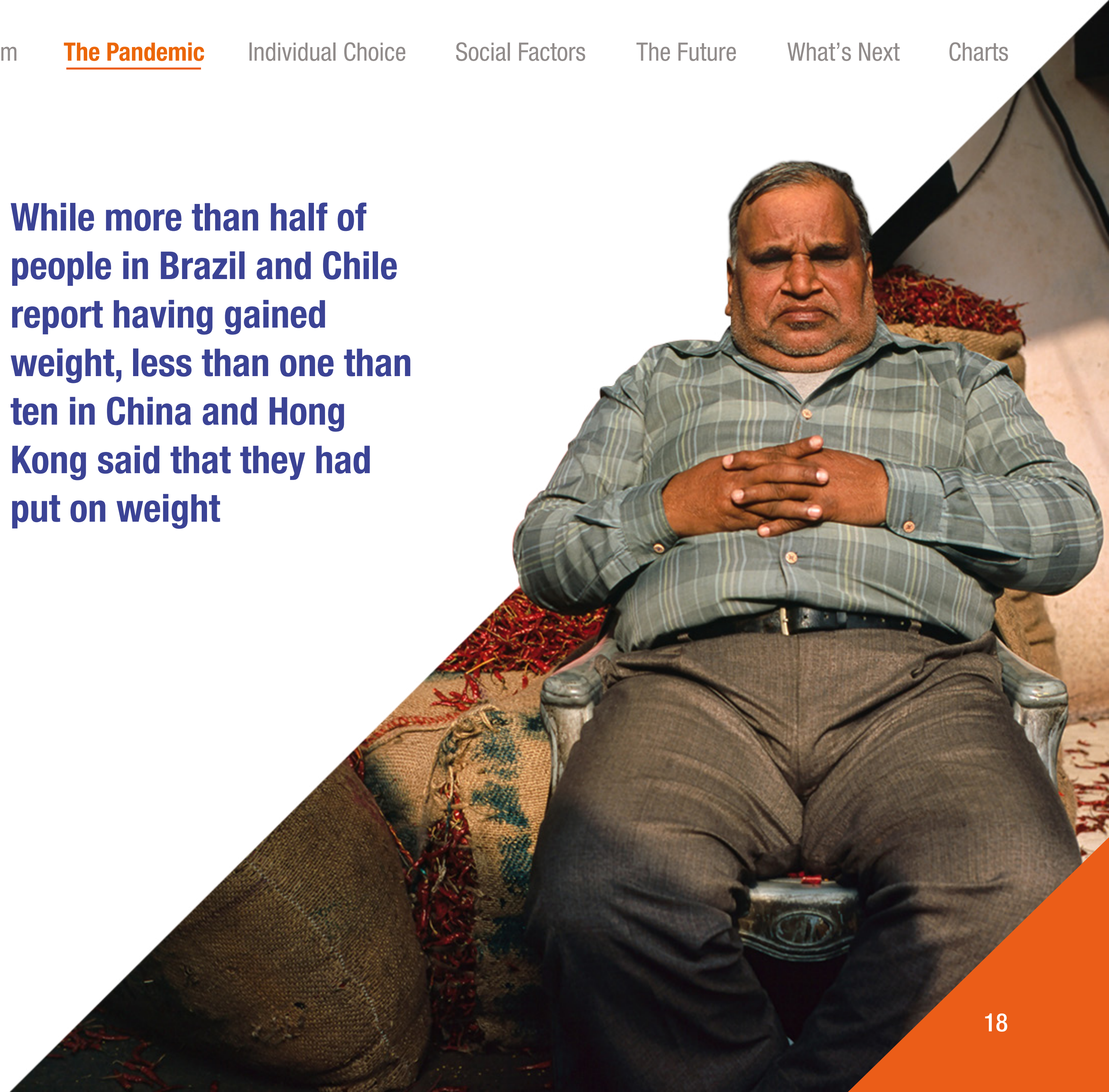
Weight gain around the world

As a further indication that COVID-19 has potentially worsened the obesity crisis, it tends to be people in markets which already have high levels of obesity (usually more than 20% of the population) who are more likely to have gained weight.¹¹ The highest per person weight gain was seen in Saudi Arabia with an average of 8kg put on –

and this is in a country that already has one of the highest levels of obesity in the world at more than 35% of the population.¹²

Weight gain varies dramatically by geography. While more than half of people in Brazil and Chile report having gained weight, less than one in ten in China and Hong Kong said that they had put any on. Looking at the top 12 countries where people have gained weight, the single outlier is India, where just four per cent of the population are classified as obese.¹³ This highlights another challenge of the obesity crisis – economic and educational inequality. In developed economies, it is often the poorest and less well-educated sections of the population where obesity rates are highest. In emerging economies the opposite tends to be true, with wealth being associated with weight gain and obesity, but that pattern gradually reverses over time as wealth grows within a country.¹⁴ Meanwhile the poorest economies must battle the dual challenge of malnutrition and obesity existing side-by-side.

While more than half of people in Brazil and Chile report having gained weight, less than one in ten in China and Hong Kong said that they had put on weight





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THE ROLE OF INDIVIDUAL CHOICE

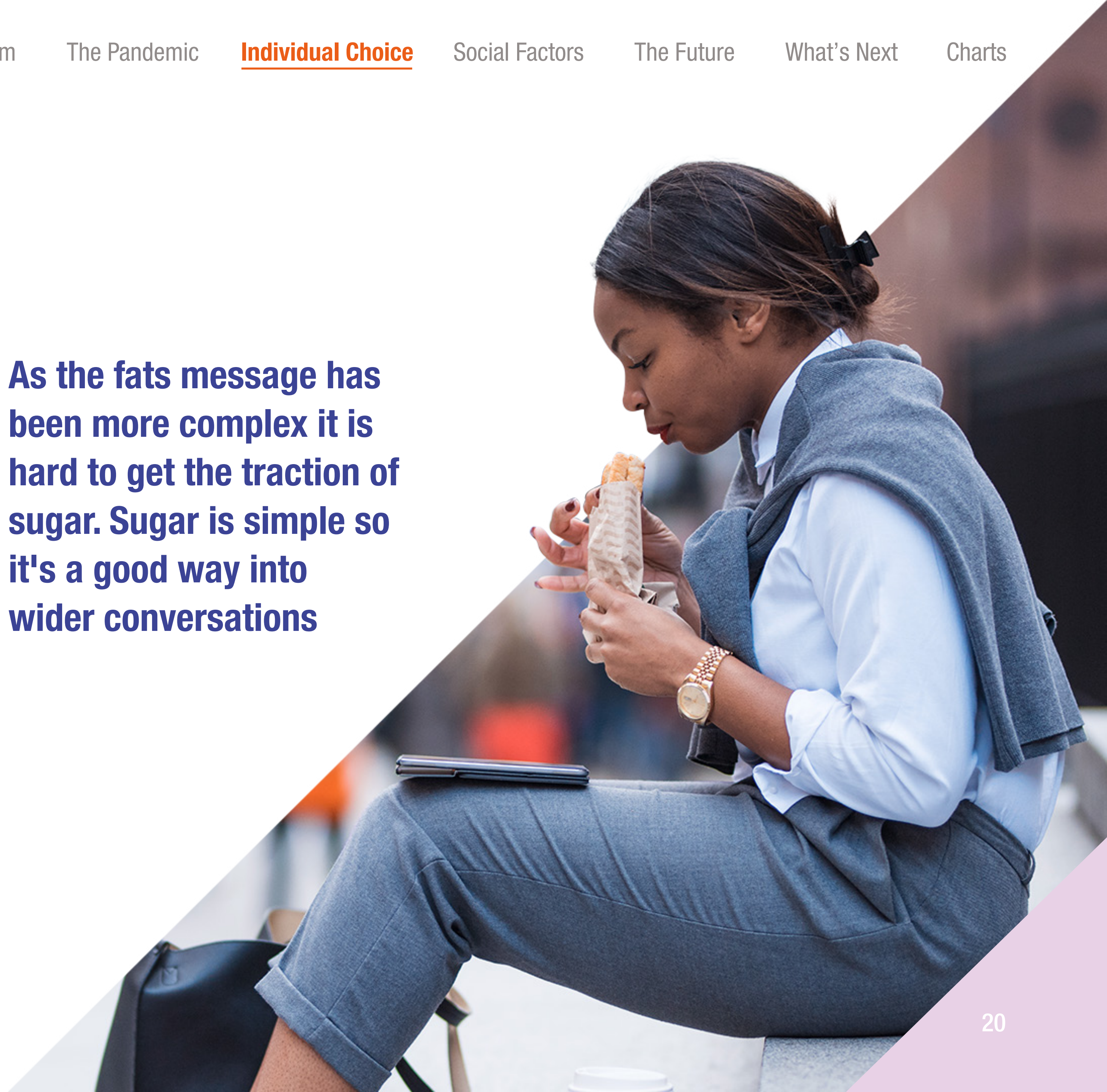
Chapter 3

The role of individual choice

Across the public and global experts, many hold that the answer to the obesity crisis must come through actions taken at the individual level – whether by controlling diet, changing habits or making more informed purchase decisions. While acknowledging factors such as the affordability and availability of healthy food and the ‘time-poor’ nature of modern life can lead people to make fewer healthy choices, it can be argued that for many there are few practical barriers to achieving healthier living.

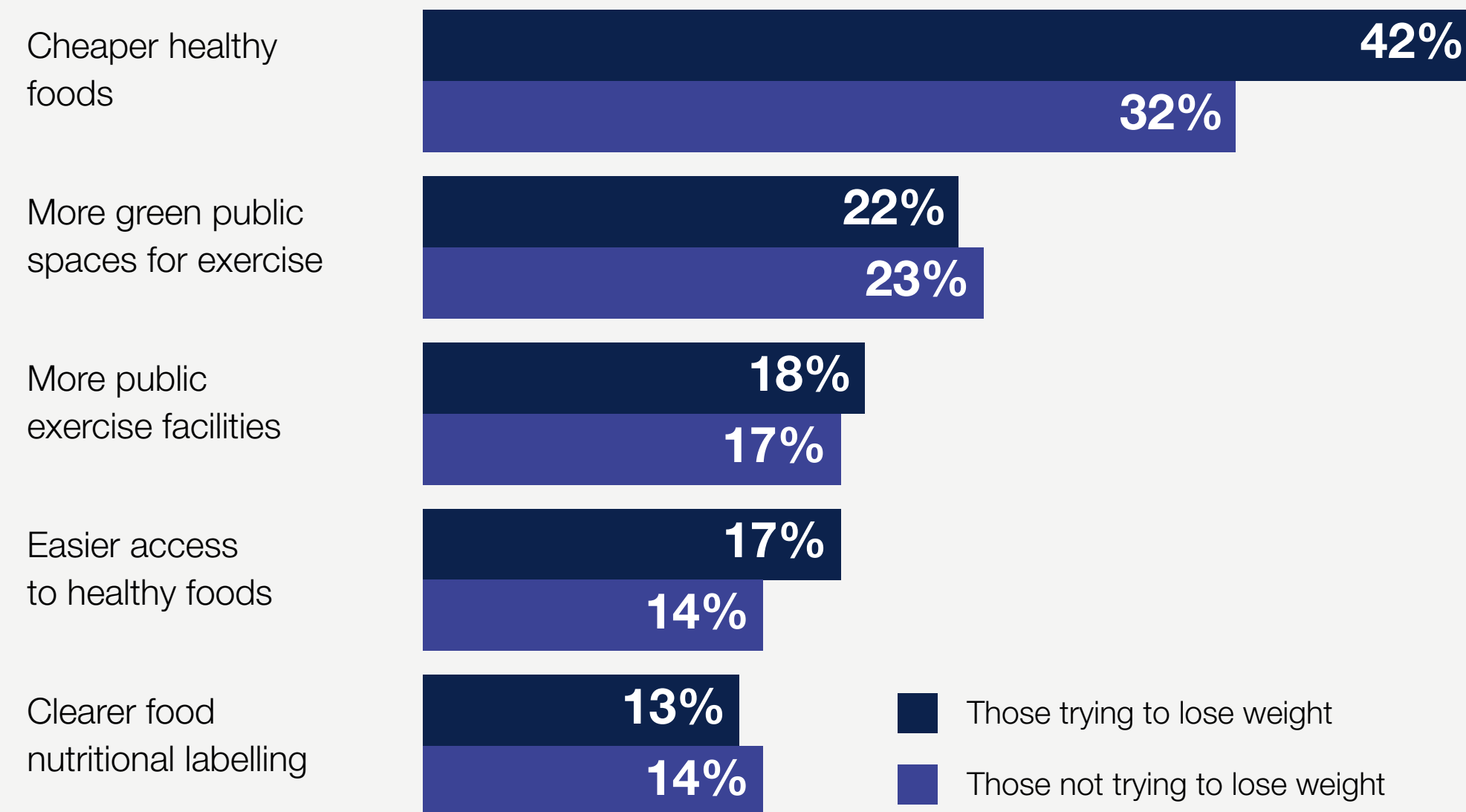
In this chapter we explore public and expert views on the individual drivers of obesity, showing what the public say they want to help them lead healthier lives and highlighting scientific arguments that focus on individualised solutions to our expanding waistlines.

As the fats message has been more complex it is hard to get the traction of sugar. Sugar is simple so it's a good way into wider conversations



How can companies and governments help people lose weight?

Which one or two of the following, if any, do you believe would be most likely to help with your weight loss?



Source

Global Advisor

Base

22,008 adults aged 16-74, online, in 30 markets, 23 October – 6 November 2020

[Click here to view all markets](#)



What help does the public want?

Universally, people agree that all of the things companies and governments could do to support weight loss, the best initiatives were providing cheaper healthy foods and access to more exercise spaces and facilities. This is true for both people who are trying to lose weight and those who are not.¹⁵

While cheaper healthy food is the highest-ranked need among both groups with differing weight goals, it holds greater significance for those trying to lose weight. The ideas of easier access to healthy foods or new products which are designed to be healthier have less support, which suggests that this isn't potentially an issue about availability of healthy food per se, but rather the financial issues associated with accessing a healthier diet.

The desire for cheaper healthy foods also cuts across both developed and emerging economies, showing that

this is wanted globally. Separate research conducted among supermarket shoppers in the UK also found that the top two actions that people say supermarkets could take to help people eat more healthily are promotions on healthier choices and make healthier options cheaper.¹⁶

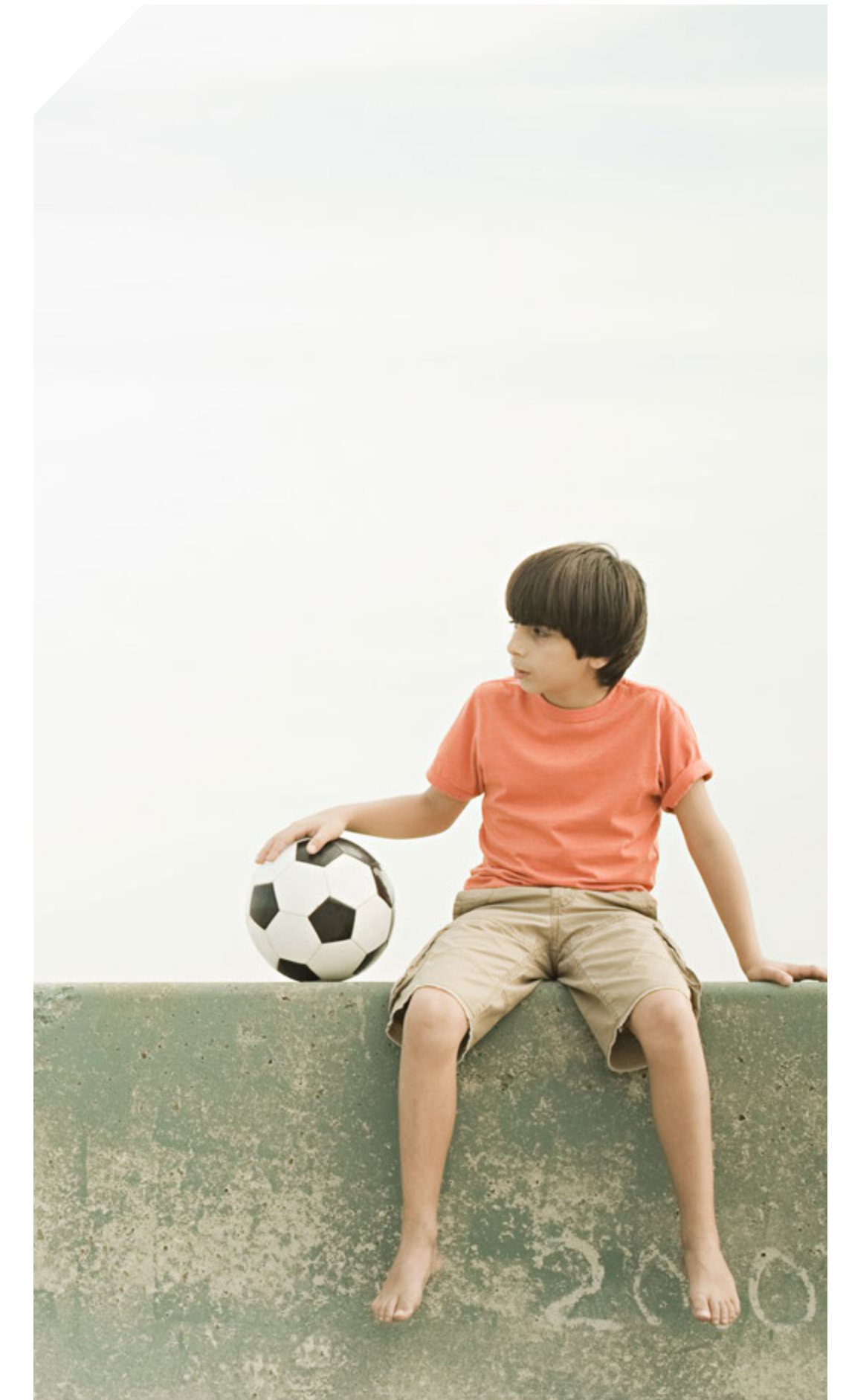
Government and retail interventions have primarily focused on making unhealthy foods less accessible and more expensive rather than looking at how to make healthy foods more accessible cheaply. These include initiatives such as sugar taxes to provide financial penalties to purchase, restricting promotion of food and drinks high in sugar and fat via advertising sanctions, reducing physical availability of these products in retail/supermarket spaces, and removing high-sugar and fat foods from school cafeteria menus.


Taxation and specifically tax on sugar is an intervention already introduced in many markets. Currently, some form of sugar tax has been applied in 28 countries around the

globe.¹⁷ The opposing strategy of subsidising the cost of healthy foods has also been trialled, albeit usually as part of controlled intervention studies. A meta-analysis of results from across more than 20 such studies found that, overall, a 10% reduction in the price of more healthy foods increased the consumption by 12% (14% for fruit and vegetables).¹⁸

Exercising willpower

The WHO estimates that one in four adults do not meet the recommended levels of physical activity to maintain a healthy lifestyle. Those living in high-income countries are more prone to inactivity, and the proportion of those not exercising enough has increased in recent years (36.8% in 2016 vs 31.6% in 2001 in high-income countries).¹⁹ This lends credibility to the argument that changes in lifestyle, for example more office work and less manual labour, is creating increasingly sedentary younger generations relative to previous generations. More bluntly: 'Sitting is the new smoking.'²⁰ The new post-pandemic





‘hybrid’ working arrangements of office and home working, with less commuting, could imply even less physical activity for millions of people globally.

Among children the problem is more acute: 80% of the adolescent population around the world is deemed ‘insufficiently active’ by the WHO. The bar for ‘sufficiently active’ does not appear especially high: 150 minutes of moderate exercise or 75 minutes of vigorous exercise per week. This translates as roughly 20 minutes of walking or a ten-minute jog a day. As we often see in research, there is a clear say-do gap. The WHO reported no improvement in levels of physical activity between 2001 and 2016.

To lose weight (as 45% of the world’s population say they want to) people need to exercise more, but they must consume fewer calories, too. The nutritional makeup of those calories is of course important for health in general, but the equation is otherwise a simple one. People do not always follow their general intentions and ambitions when

presented with an immediate choice. For example, they may be influenced by their surroundings, or perhaps by the people they are with at the time of deciding whether to go for a run or to meet friends for drinks. These social factors interact with general intentions and, at times, help to explain the say-do discrepancy.

Single-ingredient solutions

For those focusing on individual-level solutions to the obesity crisis, diet is perhaps the single most important factor. It is also an area where we have seen significant recent shifts in emphasis between two important food groups – fats and sugars.

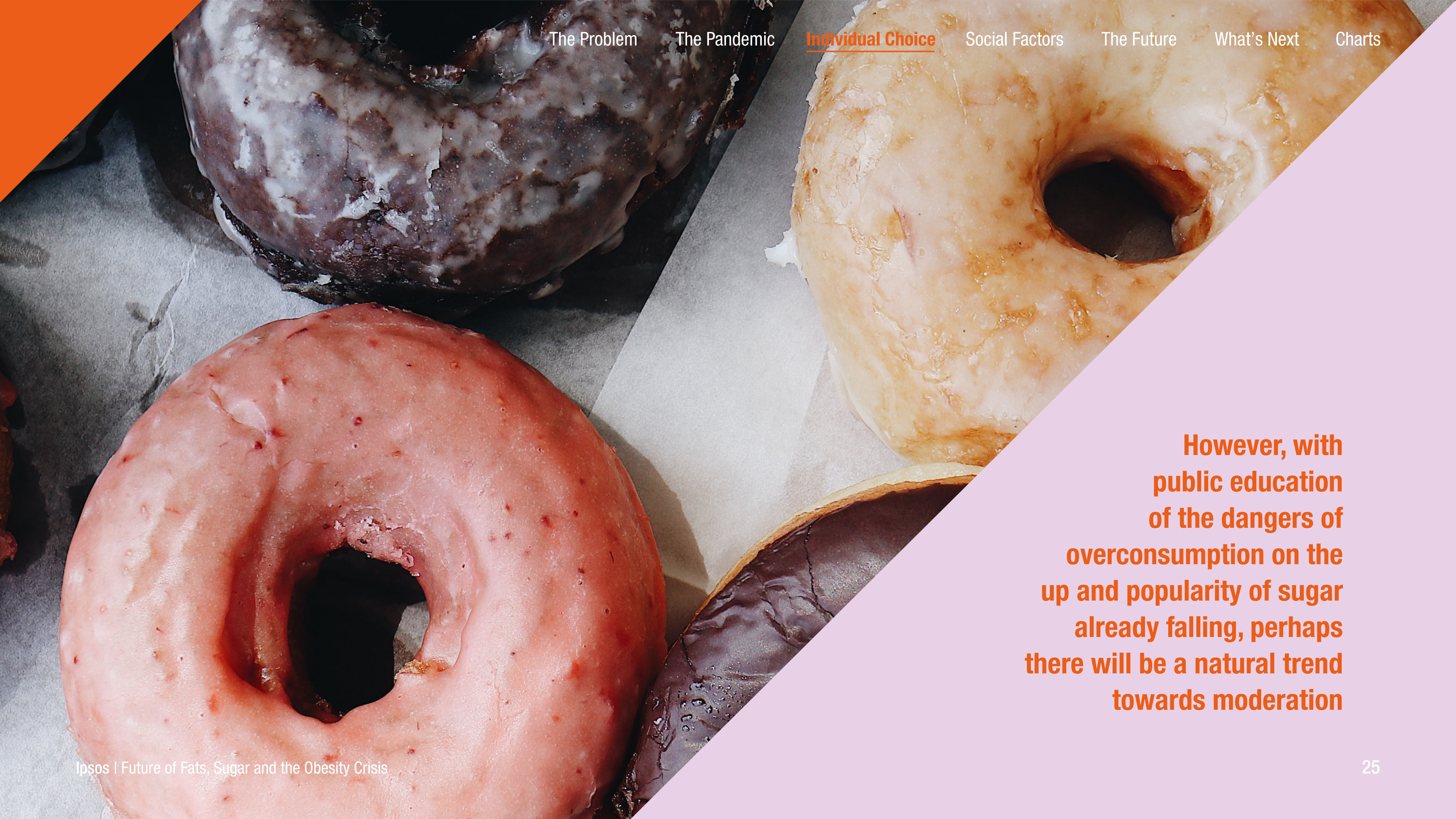
Our scientific understanding of both has been evolving and this has impacted policy and dietary focus in recent years. Expert understanding of fats has become increasingly nuanced, with a detailed hierarchy of ‘good’ and ‘bad’ fats emerging. This has ruptured a previous



consensus that fat was the most important nutrient to control in diet, which drove the production of many low-fat and no-fat alternatives in the 80s and 90s.²¹ The theory behind these ideas – that calorie reduction is key to weight loss, and fat should be controlled as it has twice the calorie-density of carbohydrates or protein – has been countered by writers such as Gary Taubes and Robert Lustig, who argue that fats are more satiating than carbohydrates, and therefore we can eat less of them.

The focus is now on sugar. Emerging scientific evidence has indicated a possible relationship between sugar and a variety of diseases, including metabolic syndrome. At the same time, global sugar consumption has tripled in the last 50 years.²² Professor Lustig claims sugar is an ‘independent primary-risk factor’ for a variety of health conditions, including obesity.²³ Globally, the problem of ‘empty calories’ in carbonated drinks and the health cost of type-2 diabetes, which has an established link to sugar consumption, has led to a legislative focus on sugar.

80% of the adolescent population around the world is deemed ‘insufficiently active’ by the WHO



However, with public education of the dangers of overconsumption on the up and popularity of sugar already falling, perhaps there will be a natural trend towards moderation



Sugar

'Legalised Poison'?

A small but combative group of experts are convinced sugar poses a major threat to public health. This perspective, however, is contested and not fully supported by current scientific evidence. Despite the widespread popularity of reduced carbohydrate and ketogenic diets,

most advice on sugar consumption is not to avoid it at all costs but rather moderate its consumption. This is because the settled science on sugar is relatively limited. Researchers note that the connection between increased sugar consumption and rising obesity levels only represents correlations.²⁴ Consequently, while healthcare services such as the NHS say that too much sugar causes weight gain and leads to dental decay, they usually stop short of linking sugar to graver outcomes than bad teeth.²⁵ This group of experts firmly believe that new science is already demonstrating that sugar must be restricted significantly in our diets. They are only a minority but have a very clear position:

“After decades of ‘a-calorie-is-a-calorie discourse’, and the low-fat trend of the ‘90s, it is becoming more accepted that sugar is a key driver of obesity due to its link to insulin resistance and metabolic syndrome.”

Gary Taubes, author of ‘The Case Against Sugar’, ‘Why We Get Fat’ and ‘Good Calories, Bad Calories’

Some have linked high amounts of excess sugar consumption to type-2 diabetes and increased cardiovascular mortality. Sugar-sweetened beverages have been of particular interest, in part because they lack fibre, which reduces the impact of sugar on the body by disseminating it over a longer timeframe. A 2018 study found evidence to suggest sugar-sweetened beverages increased cardiometabolic risk factors, and there is evidence excess sugar helps some types of cancer to grow more rapidly.^{26,27} Indeed, some of the experts we spoke to indicated sugar may even have addictive properties or have a role in inflammation and changing gut flora.²⁸

“Rapidly absorbed carbohydrates (including sugar) should be the focus for reduction. There is a link with chronic low-level inflammation. Lots of chronic diseases (non-communicable) tie back to chronic low-level inflammation. Diabetes, heart disease, arthritis, etc, can be linked to poor metabolic

control of blood glucose.” *Dr Richard Black, Chief Science Officer, Quadrant Consulting*

Yet even before sugar was linked to a wider variety of negative health outcomes, the anti-sugar stance had gained traction and a great deal of influence over public opinion and policy. In the west, sugar intake has plateaued. The popular public view that sugar intake should be lowered for health and weight issues may have caught hold because of the simplicity of the message. Sugar – on the face of it, for the average consumer – is a simple, measurable ingredient. However, the behavioural barriers to sugar reduction are complicated. Sugar is associated with celebration, indulgence and pleasure.

Some of the experts we spoke to indicated sugar may even have addictive properties or have a role in inflammation and changing gut flora

“I believe sugar is detrimental beyond just calories – we have the data – this is not about calories. Will the industry have got the message one way or the other that sugar is toxic in excess – like alcohol is dangerous in excess?” *Professor Robert Lustig, Professor emeritus of Paediatrics, Division of Endocrinology at the University of California, San Francisco*

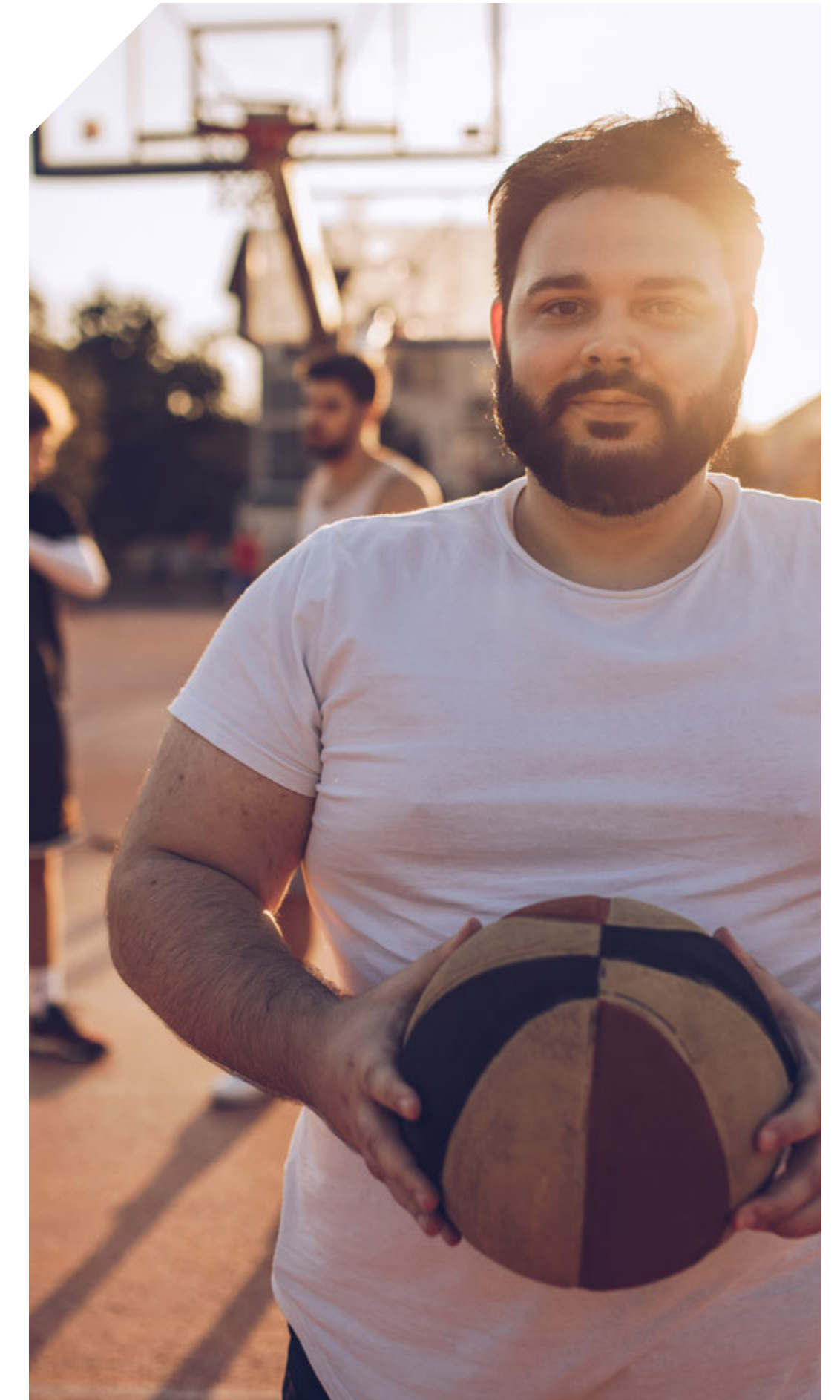
What's next for sugar?

Unless the evidence base develops, our research suggests sugar reduction will be a continuing trend, but sugar will remain in people's diets. The ketogenic movement created momentum behind the idea of sugar reduction, a message which resonates in our current media environment. While the popularity of low-carb diets has faded, the desire to reduce added sugar in our diets has proved stickier. Due to this and the recent popularity of sugar taxes, lobbyists against sugar hope this trend

goes mainstream and we find ourselves in a world where sugar consumption is a rarity.

More comprehensive sugar reduction is likely to appeal to – and be achieved by – wealthier people, who have the time and money to devote to low-carbohydrate food, which often has a shorter shelf-life and tends to be more expensive. Indeed, while Europeans consumed around 17m tonnes of sugar in 2018 (and per person consume more than those in China or India), forecasts are that this will reduce over time. As in so many other industries, the growth markets for sugar are in the east.²⁹

From a policy perspective, as sugar reduction is already identified as a priority, we might expect to find it tightening and evolving in the future. Enthusiasm for new policies or taxes may be buoyed by the success of existing soft-drink taxes. In the USA, Philadelphia introduced a tax in 2017 which saw a 51% reduction in sales.³⁰ However, soft drinks are low-hanging fruit for



policymakers due to their lack of nutritional benefits and the ease of classification, and manufacturers as it is much easier to reformulate ingredients in a drink than it is food.

“The US population consumes 12.6% of their calories from added sugars. Since we started collecting data, in the early 1900s, they have never gone below 10% of calories from sugar. So, while it may get close to 10% of calories, which is the recommendation here, it won’t go much further below because of all of the functional roles that sugar plays in foods. People still want indulgences so sugar by itself in foods will be pretty steady. There is a sugar-fat seesaw. Ideally, people will eat both in moderation and these extremes will die down.” *Dr P. Courtney Gaine, President and CEO, the Sugar Association, Washington, DC*

While the anti-sugar stance may lack concrete scientific evidence to support it, public opinion, current policies and

the views of many influential thinkers remain steadfast in their belief it is a key challenge. Assuming the weight of evidence does not shift dramatically in the coming years, sugar regulation is likely to become more widespread worldwide, although it is less likely that we will see measures going beyond the regulation of soft drinks and other ‘lightweight’ targets.

Overall, neither nutritional nor behavioural science currently suggest a future world in which sugar alone is targeted for reduction. However, with public education of the dangers of overconsumption on the up and popularity of the ingredient already falling, perhaps there will be a natural trend towards moderation.

Broadly, mono and polyunsaturated fats are healthy, while omega-3 is actively desirable. On the other end of the scale, trans fat is acknowledged to be unhealthy, with some describing it as ‘consumable poison’



Fats

The good, the bad and the unknown

As we have already noted, scientific understanding of the role fats play in diet has become increasingly nuanced. There are many different types of fats and experts and policymakers have access to the evidence that some of these are actively good for people while others are damaging. Research continues too, with some evidence suggesting that the context in which food is consumed

affects how good (or bad) for you it is. In particular, dairy may be a healthier ‘vehicle’ for saturated fats than others.³¹ The thinking behind this ‘Food Matrix’ may hold the key to a completely different style of dieting to curb obesity.

“We see very different views from different people. There remains a consensus among researchers that saturated fats are undesirable, however there is a much greater push to stop thinking about saturated fats and think about the food matrix in which they occur. There is evidence that saturated fat in milk doesn’t have the same effect as saturated fat in butter, where you’ve stripped out some nutrients.”

Dr Rosemary Stanton, Australian nutritionist and dietician

The variety of different fats makes it difficult to establish a sharp policy position. Moreover, the emerging science is not often seen as robust enough to base guidelines on. Many countries’ dietary advice still suggests restricting saturated fat, although many continue to overeat it.³²

“As the fats message has been more complex it is hard to get the traction of sugar. Sugar is simple so it's a good way into wider conversations.” *Dr Katie Cuming, Consultant Public Health, Brighton and Hove City Council*

In contrast to sugar, the science on the role fat plays in the human diet has become steadily more nuanced. We found consensus among experts that fats can be easily sorted into a hierarchy of good to bad – or in other words, helpful to harmful. Broadly, mono and polyunsaturated fats are healthy, while omega-3 is actively desirable. On the other end of the scale, trans fat is acknowledged to be unhealthy, with one of our experts describing it as ‘consumable poison’.

The science, in this regard, is relatively settled. Monounsaturated fats, often found in the ‘Mediterranean diet’ (e.g. in ingredients such as olive oil), are liquid at room temperature and correlate with lower rates of heart disease.³³ Equally, polyunsaturated fats (which

include omega-3 and omega-6) offer health benefits.³⁴ Meanwhile, the evidence against trans fat is so comprehensive that Denmark regulated the sale of foods that contained it in 2003, and the EU swiftly followed in 2004. Even the USA, which is traditionally anti-regulation, banned trans fats from June 2018.³⁵ Emerging science is concentrated around saturated fat. Many of our experts who were most vehemently anti-sugar were also invested in this emerging science around fat.

“Sugars and fats, they’re opposite sides of the same coin. It’s hard to move the amount of protein you eat, so high-carb means low-fat, and vice versa.” *Professor of Epidemiology and Nutrition*

What’s next for fat?

There is agreement that fats can be either bad or good for human health, and that most fats fall somewhere between these extremes. This means there is likely to be limited government steer on the topic, so trends in this

space are more likely to be consumer or industry-led. One particular area of contention among our experts was plant-based versus animal-based fats.

“We know we need fats in our bodies now and consumers understand that the natural, plant fats are just better.” *Ailsa Claxton, consultant*

For many, mono and polyunsaturated plant-based fats are better from a health perspective. Veganism is also shifting the dial, creating a health halo around plant-based fats. However, other experts think butter is seeing a renaissance, citing new science that indicates it might be healthier than previously believed coupled with the ‘natural’ factor.

“Types of fats are changing and the natural-ness piece, reverting to butter not margarine. People like the taste of butter: it’s seen as good and natural.”

Dr Rosemary Stanton, Australian nutritionist and dietician





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THE ROLE OF SOCIAL FACTORS



Chapter 4

The role of social factors

The other key perspective from experts focuses on the extent to which individuals are subject to wider social factors. Weight gain can be viewed as the result of the environmental factors which shape our choices just as much as the decisions we might make.

Inactive by design

Context plays a big part in the extent to which we do enough exercise. This context can be socio-cultural as well as physical. The US National Institute of Health published a study in 2017 examining activity inequality and its correlation with obesity.³⁶ One of the key findings was that activity inequality (wider distribution of levels of activity in the observed data – in this case compared

between countries) is a better predictor of the prevalence of obesity than the average level of activity. The data in this case was the number of steps people take, as measured by their smartphones.

In the case of high activity inequality, as exhibited in Saudi Arabia and USA for example, there are parts of the population which display an unexpectedly low number of steps given the national average. In other words, pockets of the population are especially sedentary. One of the key factors is the extent to which the place in which they reside is 'walkable' (i.e. conducive to walking, such as green space, the extent to which amenities can be accessed on foot, etc) versus other cities in the country. As walkability decreases, activity inequality increases.

Importantly, this finding remains consistent when considering other variables such as average income, age and ethnicity. This suggests that the variable most influential in determining obesity is the neighbourhood

walkability score. Interestingly, this relationship (less-walkable areas leading to low levels of activity among some groups) has a disproportionate effect on females, which may be due to additional factors, including relative safety. This is a reminder that simple regulation on packaging and product formulation alone may have less impact than broader 'liveability' factors of individual neighbourhoods and that population health solutions will be needed. Governments have a major challenge in urban planning, in encouraging walking, cycling and public transport and creating less car-dependent communities.

No time to choose

Scarcity of time, money, education or a host of other resources amounts to less attention when trying to process information, and in turn more erroneous and poor decision-making. Anuj Shah, Eldar Shafir and Sendhil Mullainathan coined the term 'bandwidth' to describe the cognitive resource that humans have to



reason, focus, make decisions and resist immediate impulses. They showed how bandwidth scarcity can draw us into a 'cognitive tunnel', forcing us to focus on near-term tasks (this month's rent, for example) and, as such, erodes the freedom and ability to consider our long-term objectives and needs, including our health.

In many countries, obesity affects less-affluent people, who also typically have less time and resource to engage in activities that would improve their health and wellbeing. As such, a key task is to help manage the way in which healthy eating is prioritised within the narrow bandwidth available.

'Perfect to share' – why portion size is not just personal choice

Another often overlooked but very significant factor in overconsumption is portion size, both in and out of home. When considering consumption at home there

are several factors that come into play, all of which are likely to contribute to consuming more of some products than we should. There is firstly the serving size that is often provided on packaging. The purpose of this is to provide a weight/measure against which to provide the nutritional information rather than necessarily being an indication of a suggested portion size. This can be confusing – particularly when both serving and portion sizes are stated on the same packaging. While some of the weights used for serving sizes are relevant to suggested portion sizes, acceptable portion sizing is generally considered to be very inconsistent, confusing and poorly understood.³⁷

There is also the fact that many products which are provided as a single portion (i.e. for one person) have seen an increase in unit size, which has been the case for many ready meals and bread-based products.^{38,39,40} An area of pack sizing which has drawn most attention is that of larger 'sharing' packs, family packs and snacking



packs in these product categories. The concern about these now popular formats is that larger servings and pack sizes can directly drive increased portion size in consumption.^{41,42} This tendency is due to an effect known as ‘unit bias’ – the desire to finish the portion that is put in front of you, irrespective of its size.

However, Ipsos’s Global Trends Survey clearly shows that in developed economies, people were willing to eat less of a foodstuff if it is of a higher quality. For example, 50-60% said: ‘I eat less chocolate and candy these days, but when I do I want them to be higher quality as they’re a special treat or indulgence.’⁴³ With that in mind, brands’ careful reformulation and delivering new pack sizes are real opportunities to meet consumer needs while – if surreptitiously – introducing some much-needed moderation. The importance of changing the industry standard to alter the eating habits of the world, particularly poorer people in wealthier countries, cannot be overemphasised.

An obesogenic environment

In the early 2000s, the US Centres of Disease Control and Prevention announced that a fifth of counties in the US state of Texas were ‘food deserts’ – areas without easy access to large grocery stores.⁴⁴ In these locations, poorer residents’ diets were limited to the food they could buy locally, often from gas stations, which (perhaps unsurprisingly) did not tend to focus on healthy or fresh food. For those without a car, maintaining a healthy diet was almost impossible.

This example highlights another important line of thought among some experts, that it is the environments we live in are responsible for making us fat. These experts tend to view food itself as a neutral factor, instead holding that we live in a toxic food environment, where personal choice and willpower will always struggle to overcome societal pressures like poverty, easy junk food availability, stress and habit.

More than half of Ipsos Global Trends Survey respondents said they ‘eat less chocolate and candy these days, but when I do I want them to be higher quality’

“Education doesn’t work. We live in an obesogenic environment. It’s not just about energy in, energy out. We are more influenced by the wider environment we live in, not just the biological environment, but also, for example, the urban environment, i.e. living where there are not enough open spaces or lots of junk food stores where convenient and cheaper food is rife. That’s hard to change.” *Dr Daniel Cauchi, specialist in Public Health Medicine, Health Promotion and Disease Prevention Directorate*

Physical environment: support through availability and access

For many there is a tension between what is asked of them and their living environment. When we asked consumers what they wanted government and companies to do to help them lose weight, the dominant answer is ‘cheaper healthy foods’. However, the same

people will be bombarded by advertising for, a ready availability of and – crucially – relatively lower costs of unhealthy options on a day-to-day basis.

There is a dissonance between the injunctive to eat healthily and the immediate environment, not least in less affluent areas, locally and nationally. Similarly, governments’ pleas for people to walk more are less attractive, realistic and sometimes simply less safe for those living in built environments not conducive to walking or other forms of exercise.

Immediately, we can see that there are at least two pre-existing barriers to the success of campaigns that no amount of nudging can solve. In these instances, there is a limit to the agency of individuals to effect change in their lives, which means that governments, brands and other institutions have an important role to play through regulation, industry guidelines and investment in infrastructure.

“It’s class stratified. Upper-income people take advantage of knowledge and have the resources to act on that. Their life expectancy is up and there’s a gap getting greater as poor life expectancy is going down. The solution has to recognise that it’s related to income inequality and education opportunities.”

Professor of Epidemiology and Nutrition

As we have seen, there are a huge range of environmental and structural influences that need to be addressed to ensure that individuals are in an environment that supports good behaviour. From looking at the general availability of healthy foods, activity-friendly spaces and reducing the costs incurred when engaging in these good behaviours, we can easily see how the current environment, at a broad level, isn’t supportive. While making large policy and infrastructure changes will take time, we can see how more immediate changes in packaging and labels can be more supportive of good behaviours, providing a shorter-term avenue through which more supportive environments can be created.

Committing to a strategy

Experts support a robust policy approach to rework the environmental conditions that they believe drive obesity. The policy response to this would need to be multivariate, focusing on changing people’s relationship with food rather than demonising a single ingredient. On a national scale, Chile is the poster child for this future. It has introduced a raft of measures to tackle their obesity crisis, starting with a sugar tax but also including advertising restrictions, bans on promotional toys, and even introduced warning labels on particularly unhealthy foods.⁴⁵

This multifaceted approach aims to decrease the consumption of sugar – but also change demand and consumer behaviour, particularly among children. Many of the nutritionists and policy experts we spoke to believe a similar approach should be modelled elsewhere, using better labelling, developing public understanding of calories, and moderating price, availability and portion size.

There are a huge range of environmental and structural influences that need to be addressed to ensure that individuals are in an environment that supports good behaviour

“It has to be a whole systems approach. You can work on information, providing point-of-sale information or nudges, but you have to work on the broader environment too, on all parts of the system simultaneously. You have to change the environment to change people’s behaviours.”

Katie Cuming, Consultant Public Health, Brighton and Hove City Council

Few countries are willing to commit so wholeheartedly, particularly in places such as the UK or US which take a more individualistic view to regulation and the role of the state. Whatever the future holds, shifting the policy environment will be made difficult due to industry resistance and the difficulty of proving any single action has actually succeeded in stymying the crisis.

More complex messaging surrounding nutrition and diet has existed for decades, but these are harder to deliver than simple messages – or a focus on single ingredients

– that resonate with the public and can be easily turned into policy. This means that industry is likely to need to continue to adapt to new individual regulations, rather than a wholesale shift in the environment in which they operate.

“The problem is that people want things simple, but the science isn’t simple.” *Dr Richard Black, Chief Science Officer, Quadrant Consulting*





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THE FUTURE – FINDING A PALATABLE SOLUTION

Chapter 5

The future – finding a palatable solution

Can COVID-19 kickstart a weight revolution?

COVID-19 has the potential to change opinions around government intervention in public diet. Obesity is a major risk factor for severe cases of COVID-19. Our current data suggests that a disproportionate percentage of coronavirus patients that required hospitalisation have been overweight or obese. The UK's Prime Minister, Boris Johnson, believes his obesity may have contributed to the severity of his own COVID-19 infection, for which he required treatment in intensive care. Perhaps as a result, his stance on interventionist policy around weight and diet has shifted.⁴⁶

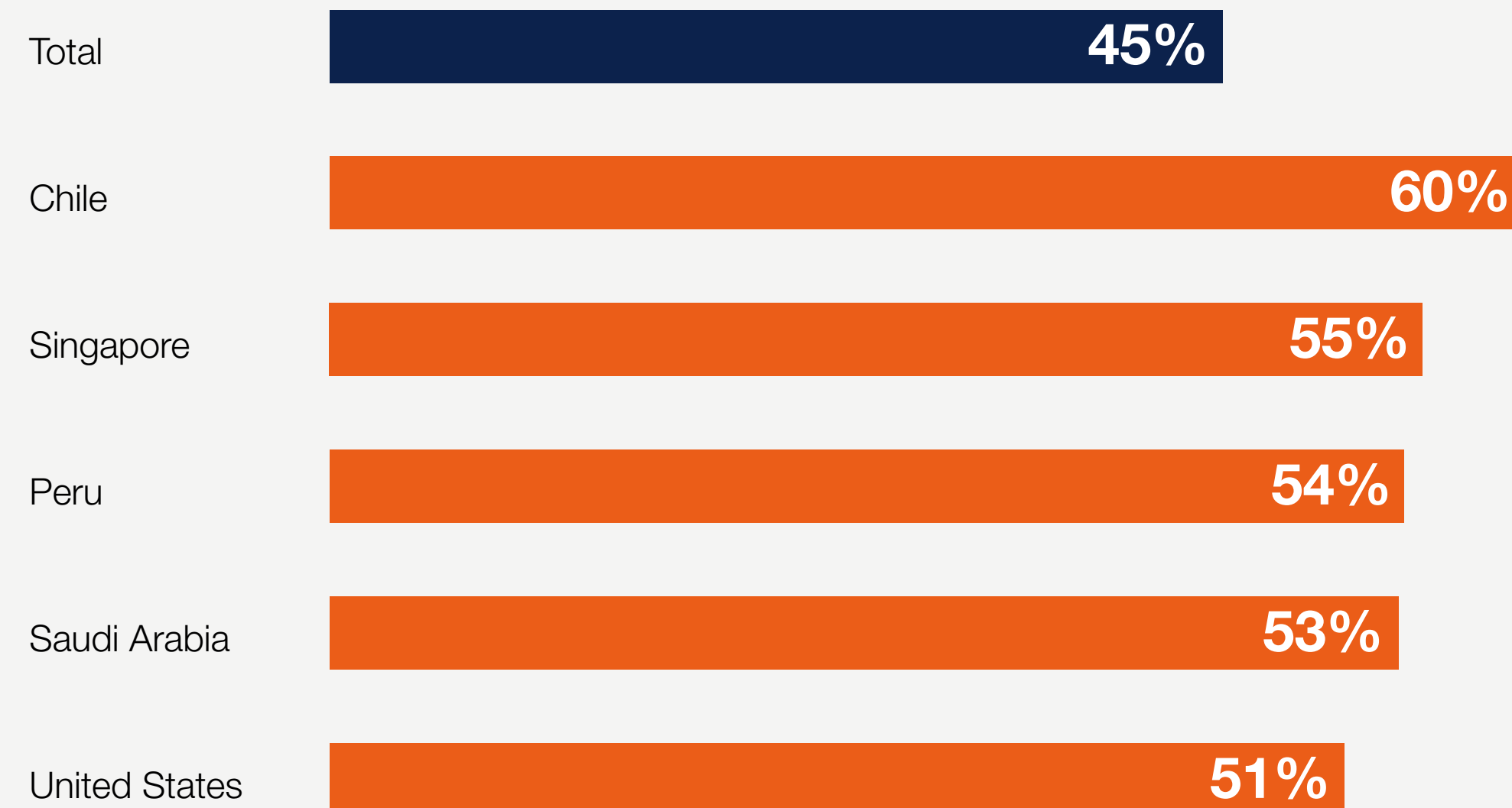
The UK's health department have submitted proposals

for future initiatives including family exercise schemes, mandated calorie labelling, outdoor gyms, and bans on promotions such as 'buy one, get one free' or unlimited refills on unhealthy items. None of these on their own will shift the choice architecture of millions of people but are indicative of an overall direction of travel that is the consensus of global experts of where Europe and America are likely to be heading.

A desire to lose weight

These far-reaching proposals from governments are met with widespread public interest. More than one-third of people in all countries are actively trying to lose weight; those where this percentage is higher also tend to have higher levels of obesity.⁴⁷ This desire to lose weight means that people are recognising they need to take some action, the very first step in addressing the challenge, but the last few decades suggest this alone will not address the crisis.

Percentage of the population trying to lose weight

**Source**

Global Advisor

Base

22,008 adults aged 16-74, online, in 30 markets, 23 October – 6 November 2020

[Click here to view all markets](#)

Government messaging and public motivation

While the threat of COVID-19 may provide a stronger motivator for individuals who are overweight to act, just a fifth (19%) of those actively trying to lose weight say the risk of contracting the virus is their main motivation to lose weight.⁴⁸ It appears most of those looking to lose weight were already thinking about it irrespective of the increased risk, although the disease may be a trigger to act.

There is interesting research which suggests that, once people have already committed and are ready to make a change, there is more value in helping them to act (via education, advice, intervention) than to focus on the pros and cons of losing weight.⁴⁹ As we recover from the pandemic, governments and health professionals have the ideal opportunity to act.

Ethnographic research conducted in the UK for Public Health England in 2016 recognised that there was little

benefit in presenting unachievable goals, rather it is important to show empathy and present the challenge and possible route forward in a positive and realistic light. This insight acknowledges that while people mostly do know about the '5-a-day' guidance, how to calorie count, the dangers of eating too much sugar, saturated fat, salt and not exercising enough, this knowledge alone is not enough to make them act. This insight helped shape the subsequent ['One You'](#) campaign.

Individual solutions

Health, lifestyle and identity

An important motivational influence that can be drawn upon is identity. For example, to encourage the adoption of vegan diets there has been an increased interest in the context of a broader social trend towards people wanting to become fitter, healthier and live more environmentally sustainable lives. In this case, aligning the adoption of a vegan diet as part of good personal health (i.e. physical wellbeing) can

act as a catalyst, whereas in the past such non-personal motivations (i.e. protecting the welfare of animals) have failed to have the same effect on a large scale.

This evidence suggests that, rather than getting people to change or adopt a different identity, it may be easier and more effective to reframe or align the healthier behaviour as consistent with people's existing identities and strongly held values. To encourage healthy eating, therefore, finding different identities that matter (e.g. being a great parent, homemaker, active and smart friend), and showing the way these are associated with healthy eating behaviours, as articulated by people that look and sound like the target audience. These will, of course, need to be tailored to individual markets – and even within subsects of those markets themselves.

Healthy eating and bespoke diets

Some experts see a future where individuals' physical responses to food, for example their microbiome and

The desire to lose weight means people are recognising they need to take some action... but the last few decades suggest this alone will not address the crisis

gut health, underpin a new personalised approach to diet. Research indicates a potential link between the microbiome – the balance and range of bacteria in a person's gut – and their likelihood of becoming overweight.⁵⁰

These intestinal differences may explain why some people are prone to obesity and others are not, even if they have similar diets. Advances in the personalisation of medicine might make it possible for people to receive diet advice entirely tailored to their personal biology, reflecting their own ability to handle different unhealthy foods.

“It depends on the individual microbiome. If people get fibre from berries etc, they can better tolerate sugars and starch. Although some can tolerate sugars well and don't need to substitute. This is part of the future.” *Professor Arne Astrup, Head of Department of Nutrition, Exercise and Sports, University of Copenhagen*



However, this scenario is generally seen as not the most likely way out of the obesity crisis – it is a possibility with bio-tech developments, but for most experts is not their central scenario.

Healthy capabilities: education and skills

When complete consensus on healthy eating is lacking even in the scientific community, it is unrealistic to expect the average person to become a dietician overnight. Indeed, the demand to understand the science behind nutrition is off-putting in itself. However, some tangible skills and knowledge are necessary to help people master their environment and make healthier choices. People should be able to rely on simple rules of thumb to make decisions rather than requiring them to become 'everyday experts'. The 'five-a-day' campaign is a good example of this. While it has its limitations, the messaging and product labelling has arguably given it enough cut-through to show people at least know they should eat at least five pieces of fruit or vegetables every day.

By equipping people with simple skills they can better master their environment in a way that means they no longer need to operate in a deliberative manner when making food selections, and instead make easier, more automatic choices.

Fat-tech

Finally, as our engagement with food becomes increasingly mediated through digital apps and platforms, then there are possibilities for apps that help manage behavioural regulation in a more moment-to-moment basis to steer people in the right direction, monitoring their choices. These can be designed in a way to not only guide people in the right direction and provide feedback on their choices, but also to offer guidance and healthy choices in a personalised way.

Digital tools can also monitor and track healthy behaviours, meaning there are new opportunities that will allow individuals more easily allow people to make informed decisions, track their progress, and for healthy choices to



be reinforced in their environment, building new capabilities to support healthy behaviours. As an example, for one author of this report, digital scales linked to graphs on a smartphone lets them see to the nearest 100g the immediate impact of the previous day's diet and exercise (or lack thereof) on their weight, acting as a constant 'nudge'.

Social solutions

Behaviour change campaigns

So, we have an obesity crisis and it is a growing problem, people are wanting and willing to change, but fractured views from experts mean it is unlikely we will see a concerted effort or more holistic thinking around solutions and policy.

There is scope to do more, both in the public and private sector, and a greater understanding of the science behind behaviour change can provide a good foundation from which to work. Behaviour change is inevitably a multifaceted activity – there are some 'interventions' that

As we recover from the pandemic, governments and health professionals have the perfect opportunity to act

can deliver quick wins but others that may take time to build as they are working on deep-seated values and attitudes. Inevitably a range of approaches are needed but ideally these should be done in a coordinated way. Thinking in terms of behaviour change programmes rather than single intervention activities means that it is possible to create a 'virtuous spiral' of improved behaviours, with simple behaviour changes in one area starting to ladder into something more significant and holistic. This is exactly the way that the advertising industry operates, understanding that different channels are used to drive different outcomes. Some approaches are used for sales impact while others for brand building, and some are better for longer-term rather than short-term impacts.⁵¹

When designing a behaviour change campaign, it can be tempting to focus on telling people to simply 'do the behaviour' – believing the rational explanation as to why it's a good idea will be enough to bring about change. Then, failing that, using emotive arguments and 'scare tactics'

such as showing the potential adverse effects of not 'doing' said behaviour. While these campaigns have varying levels of success in health promotion, they also highlight the assumptions made about what shapes behaviour. The most common and probably the most flawed, is that there tends to be a single aspect of the problem which, if it could be fixed, would result in positive outcomes.

In our experience however, there are nearly always a range of factors at play that facilitate positive behaviour change, not least concerning the adoption of healthy diets. To avoid myopic analysis of behaviours, it is essential to use a behaviour change framework. Having a robust platform for designing behaviour change interventions that have a much greater likelihood of success.

Motivation: building enjoyment and reflecting social identities

Many people are motivated to be healthy but are unable or unwilling to maintain or act on their good intentions

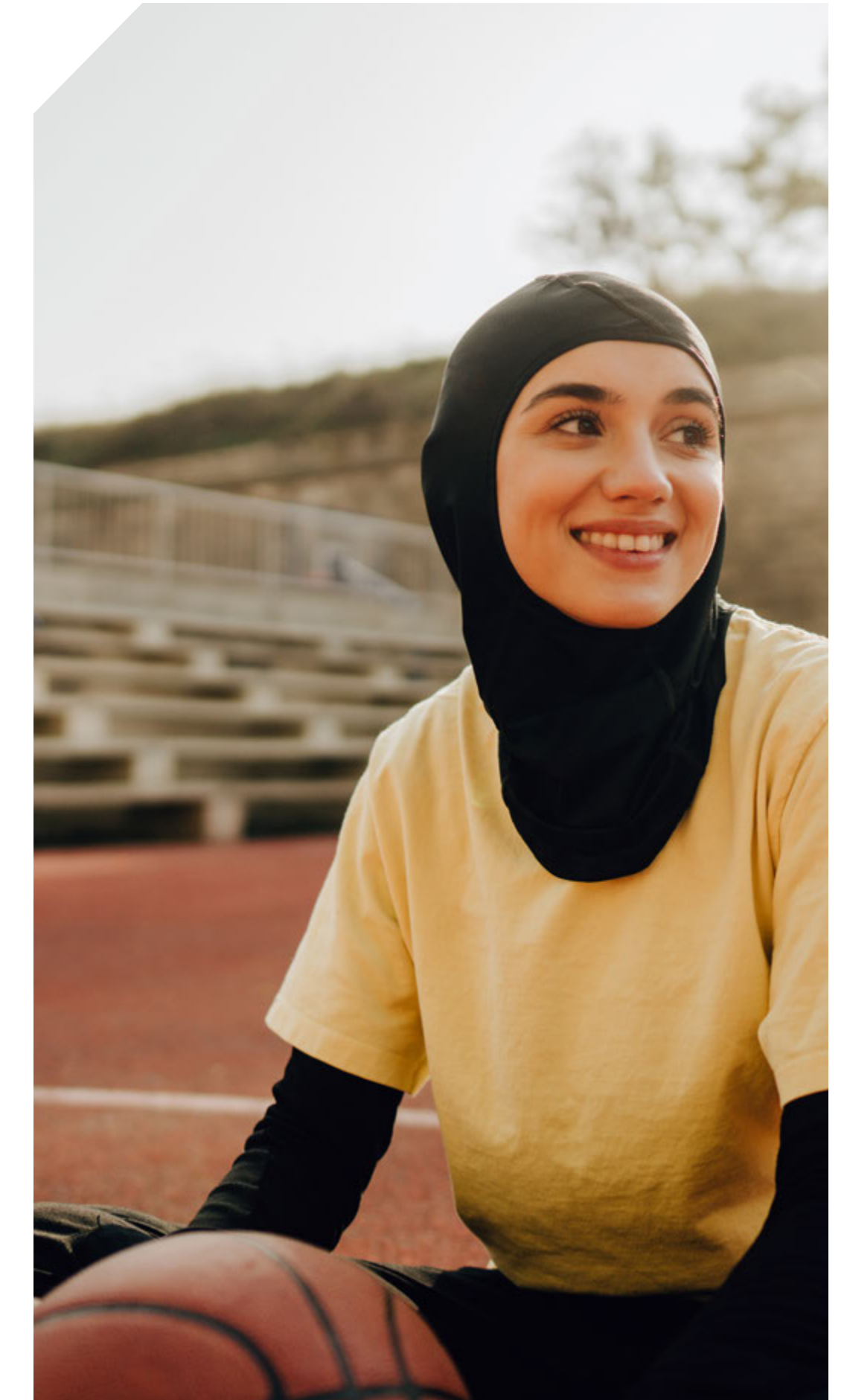
when faced with competing desires and priorities. In terms of obesity, health risks can be put to the back of one's mind when indulging in unhealthy – but enjoyable – food and drinks, as the long-term effects can take years to become apparent.

However, the current COVID-19 pandemic has shown that, even in the face of clear evidence that obesity makes symptoms and health outcomes of contracting the disease more severe, people fail to apply this to themselves to motivate healthy behaviours. This particular example highlights both people's need to find pleasure – or solace – in unhealthy foods, and also the dangerous tendency to suffer from optimism bias, where negative outcomes such as heart disease are wilfully ignored as something that will affect others while we will remain magically unharmed in spite of our habits.

The long-term challenge and benefit of losing weight permanently – as opposed to the immediate high and

short-term reward of another slice of cake – remains a major hurdle. Fear of the consequences of obesity alone typically isn't sufficient to produce a change in behaviour, as people need to feel able to actively engage in behaviours to protect themselves. This perhaps reflects the social nature of the way we evaluate risk. The Social Amplification of Risk Framework suggests that we collectively identify which features of our environment we consider to be risky and then work to mitigate them. The fears around obesity, particularly in some communities, are not considered sufficiently risky enough to motivate healthier behaviour, not least when the healthier option may be more expensive and less palatable.

This also points to why scare tactics are not very effective. If the risks aren't clearly defined or paired with clear actions to avoid them, such campaigns typically do not work. Hence, if the importance of a particular risk factor can't be universally understood and agreed on, there is even less chance of success.





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WHAT NEXT FOR OBESITY?



Chapter 6

What next for obesity?

Black swans and grey rhinos – the next key moment in the crisis

As 2020 demonstrated dramatically, accurately visioning the future is fraught with challenges. The coronavirus pandemic demonstrated just how quickly our world can be disrupted. It is possible that new unexpected paradigm shifts – dubbed ‘Black Swans’ – around diet might emerge, that could change our understanding of the food and drink landscape entirely.

However, we believe disruption is more likely to come in the form of ‘grey rhinos’ – large and known factors driving change. The cost of obesity to both individuals and public health systems is already high, and likely to get higher with an increasingly ageing population. Our

experts indicate a growing consensus around the need for targeted, multipronged interventions aimed at shifting the food climate and changing consumer behaviour. This could become a matter of urgency in the coming decade. A second grey rhino is the prospect of the food pendulum swinging from sugar to another ingredient or factor. Only a small minority of our experts believe the focus will return to fat.

“I do believe that another ingredient will pop up, and it might be a type of sugar or a fat will be the new bad boy. It’s going to happen, in part because it sells books and it sells media ... the single ingredient focus offers this to a lot of people.” *Dr Richard Black, Chief Science Officer, Quadrant Consulting*

Green issues

It is possible that the greatest impetus for change comes from climate change and pressures to act on all factors



driving global warming. Dairy and meat are potential targets here. Already, concern about climate change is one of the few things that unites the planet – even if the planet is not united over acting fast on solutions in the way it did to fight COVID-19.

“We will no longer be talking about sugar and personal health implications, but about the carbon footprint of the food we eat. We will recognise our health is entirely dependent on the health of the planet. We realise our production and distribution of food is a major contributor to climate change, greenhouse gases etc. We will start shifting towards using less energy, less water heavy methods of production, food not linked to deforestation.”

Dr Daniel Cauchi, specialist in Public Health Medicine, Health Promotion and Disease Prevention Directorate

Amid rising public concern and pressure for governments to meet steep carbon reduction targets, experts see

a possibility that the carbon or biodiversity impacts of food might become mainstream in the same way that ‘fast fashion’ has developed an increasingly negative association with environmental damage.

Our diets are being affected by environmental problems of our own making. Plastic contamination – especially microplastics which are already disturbingly prevalent – may become a critical health indicator in years to come. The plastic waste in our seas mean that microplastics are ingested by fish, which is then consumed by humans.⁵² Recent research shows that fruit and vegetables such as carrots and apples are also contaminated with microplastic. It has been theorised that the average person already consumes the equivalent of a credit card of plastic every week due to microplastics in our food and water.⁵³

The link between the novel coronavirus, and other zoonotic viruses (e.g. Swine Flu, Bird Flu, etc) and

Our experts indicate a growing consensus around the need for targeted, multipronged interventions aimed at shifting the food climate and changing consumer behaviour

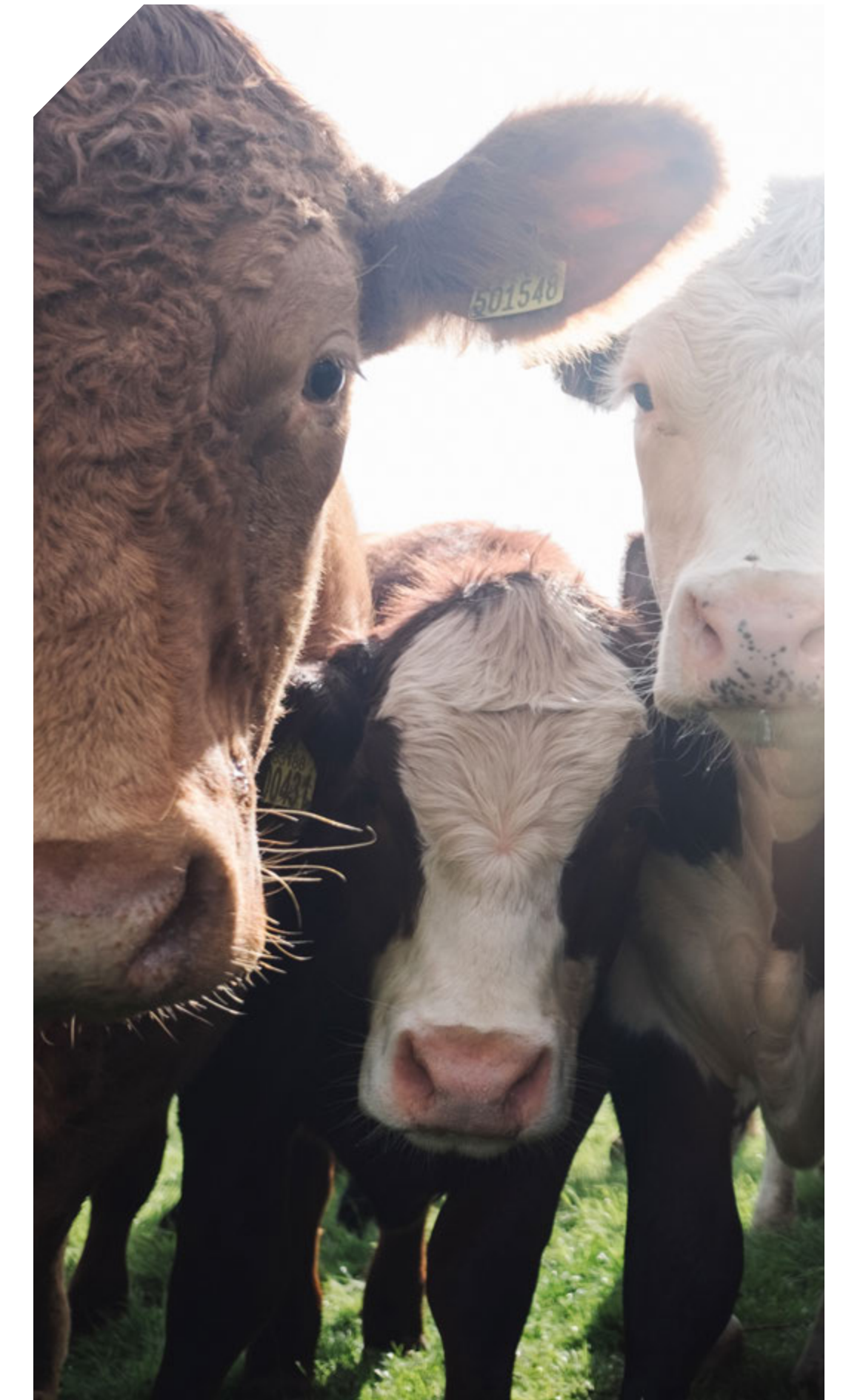
factory farming or other unsafe farming practices has highlighted the impact of human encroachment on animal habitats and, in some countries, reignited the debate around carbon taxes for meat.^{54.55} Meat has a social and environmental cost, which is currently being borne by the consumer rather than the producer. New Zealand is now including farm emissions in its Emissions Trading Scheme to attempt to reduce the environmental impact of farming, and countries like Denmark, Germany and Sweden are considering similar measures. This may signal a future in which the carbon cost of food is given equal weighting to the nutritional benefit, driving pressure on food manufacturers to switch to greener alternatives as well as lower calorie, and lower sugar alternatives.

Protecting the health of future generations

So, what does our research tell us? While the future is uncertain, we can clearly identify what to monitor to help vision future scenarios. There is clearly limited scientific

consensus on how to tackle obesity. Emerging science highlights the complexity of diet, which is deepened by its interactions with human behaviour. In this context the current pattern of rising and falling public concern about different ingredients and piecemeal government action on specific foods is most likely to continue.

The debate around fats and sugar overconsumption will not disappear, but it will likely continue to evolve to encompass other issues, not least the global climate emergency. Action may be focused on climate change but with a broader scope than the switch to greener energy production and consumption. It would likely include a more intense focus on the impact of our dietary choices and the carbon implications of food production and distribution. Beef and dairy, for example, are already coming under greater and more widespread scrutiny. One could see a world of successive climate events and another pandemic in the 2020s triggering global action on carbon in a way that currently seems unlikely.



The debate around fats and sugar overconsumption will not disappear, but it will likely continue to evolve to encompass other issues, not least the global climate emergency



Factors we will continue to monitor closely:

1.

Public awareness of the obesity crisis will continue to grow. As such it will continue to rise up governments' agenda. The COVID-19 pandemic may highlight obesity's less obvious dangers and turbocharge concern about its impact on public health, producing pressure on government and businesses alike to do something to help protect people against ill health.

2.

Sugar has a bad reputation, but few of the allegations against it have been proved. Dentists have a more robust case against sugar than nutritionists. If further evidence mounts to connect sugar to obesity or other conditions, we would expect to see stronger regulation against it.



3.

If research into microplastics indicates a link between ingestions and disease, consumer concern will similarly rapidly increase, leading to regulation and production changes.

4.

Health systems are currently under unprecedented strain. If we began to see systems fail, governments may introduce stronger regulation against preventable diseases such as obesity.

5.

Global food availability may become stretched. Supply chain disruption and the pandemic have already shown that they can be at risk. Countries unable to provide the range of food consumers expect, at a price they are comfortable with, may draw back from regulating cheap, 'junk food' or other treats.

6.

We expect concern about climate change to go on growing. We should watch for the carbon cost of food to keep rising, leading to future changes to diet with less meat and dairy consumption, and shorter, more local supply chains for food.

7.

Consumer attention tends to shift from industry to industry in terms of pushback against environmental damage. When media attention refocuses on carbon, it is possible that the attention may fall on to other polluting industries, including food production.

8.

The results of government policy changes will be monitored (e.g. the UK Government's ban on junk food deals) and successes may inspire further legislation.⁵⁶

The above suggests governments' policymaking will become more interventionist in nature. COVID-19 showed what dramatic changes governments could make – with voters' agreement – in a very short time, against a clear and present danger. As our obesity crisis rolls on in tandem with the climate emergency, neither will disappear without clear and present action.

Our research has shown that it will continue and even proliferate because of the multitude of financial, environmental, social and health contributing factors. Our diets must change to save the planet as well as our health and wellbeing. The question is how. An answer is out there, it is on us to help uncover it and industry and policymakers to work together in implementing effective, long-lasting and life-saving change.

If research into microplastics indicates a link between ingestions and disease, consumer concern will similarly rapidly increase, leading to regulation and production changes

End notes

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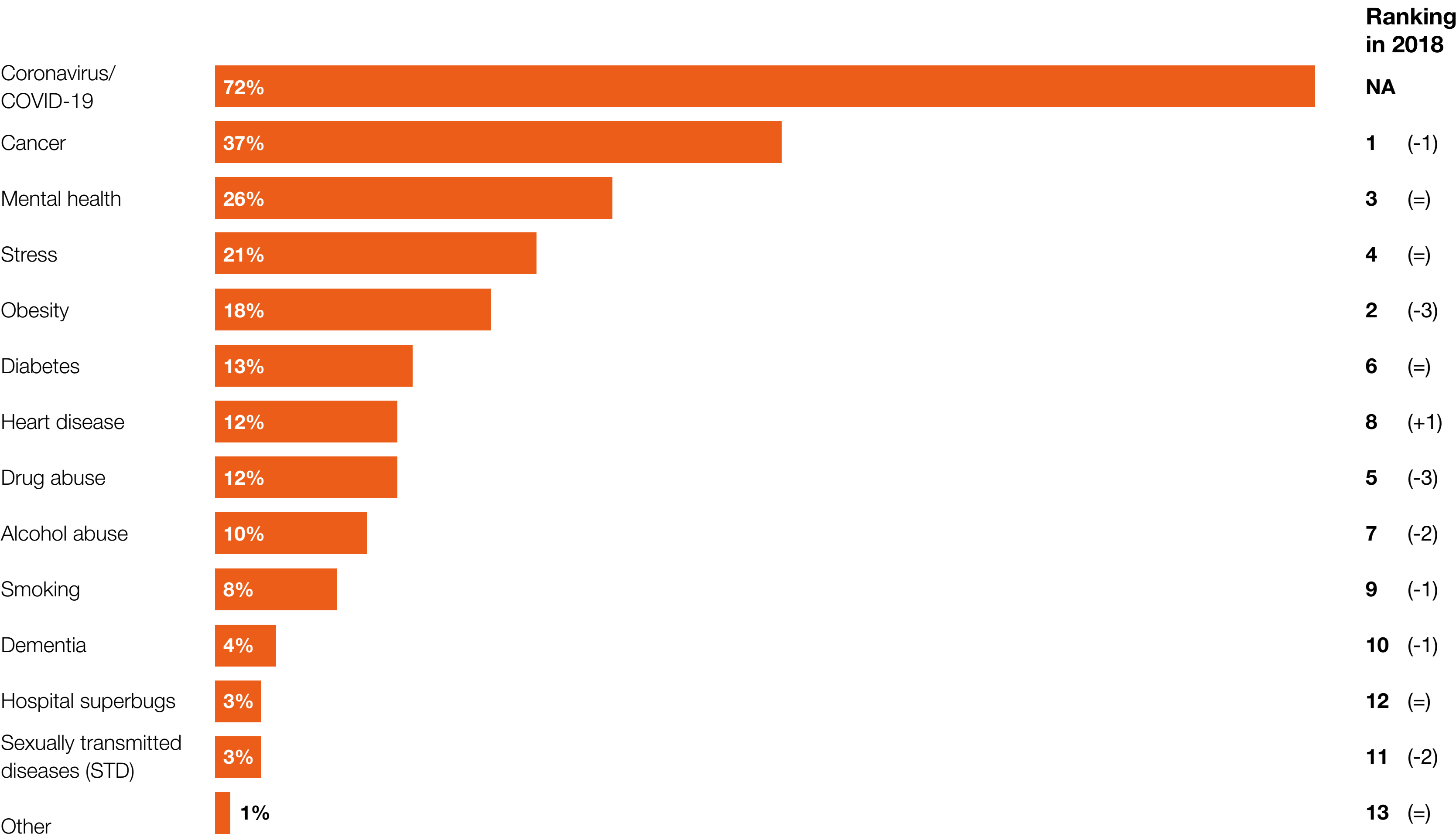


Global views on the health problems facing individual countries

Thinking generally, which of the following, if any, do you see as the biggest health problems facing people in your country today?

Source
Ipsos Global Health Service Monitor

Base
20,008 adults aged 16-74, online, in 27 markets, 25 September – 9 October 2020



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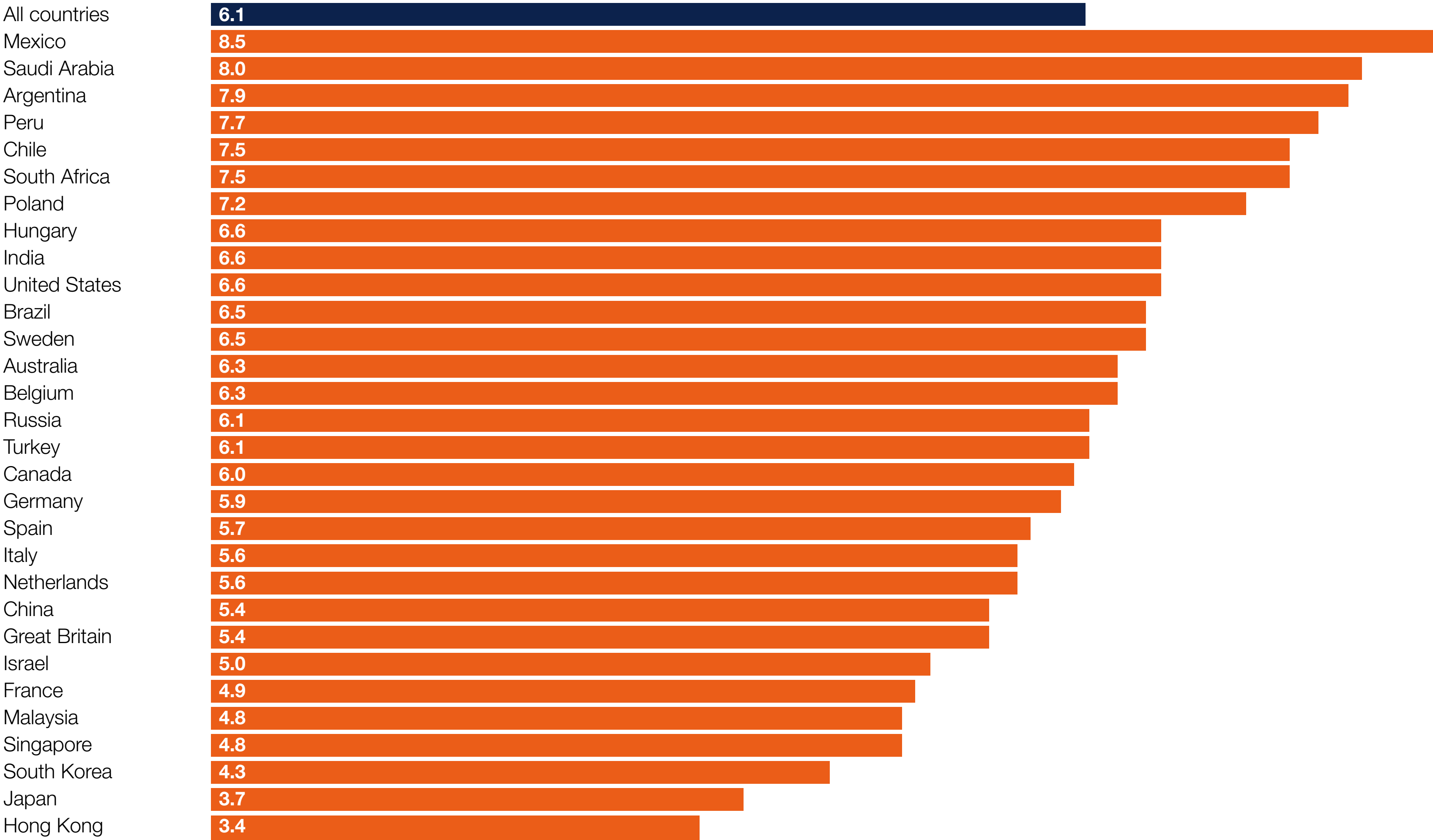


Average weight gain
(in kg) by country during the
COVID-19 pandemic

Earlier, you said that you gained weight during the COVID-19 pandemic. Roughly how much did you gain?

Source
Global Advisor

Base
6,296 adults aged 16-74, online,
in 30 markets, 23 October – 6 November 2020



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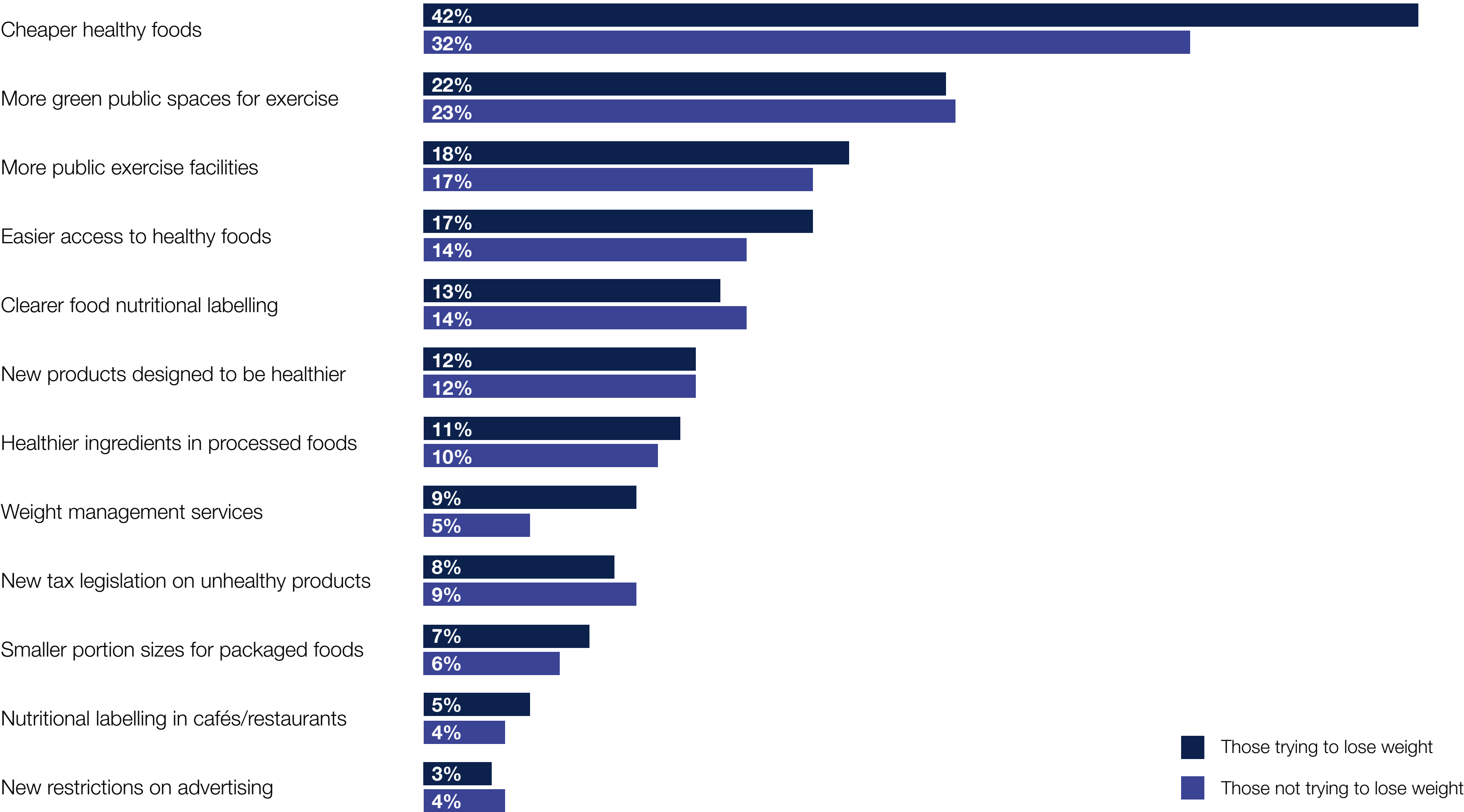


How companies and governments can help people to lose weight

Which one or two of the following, if any, do you believe would be most likely to help with your weight loss?

Source
Global Advisor survey

Base
22,008 adults aged 16-74, online,
in 30 markets, 23 October – 6 November 2020



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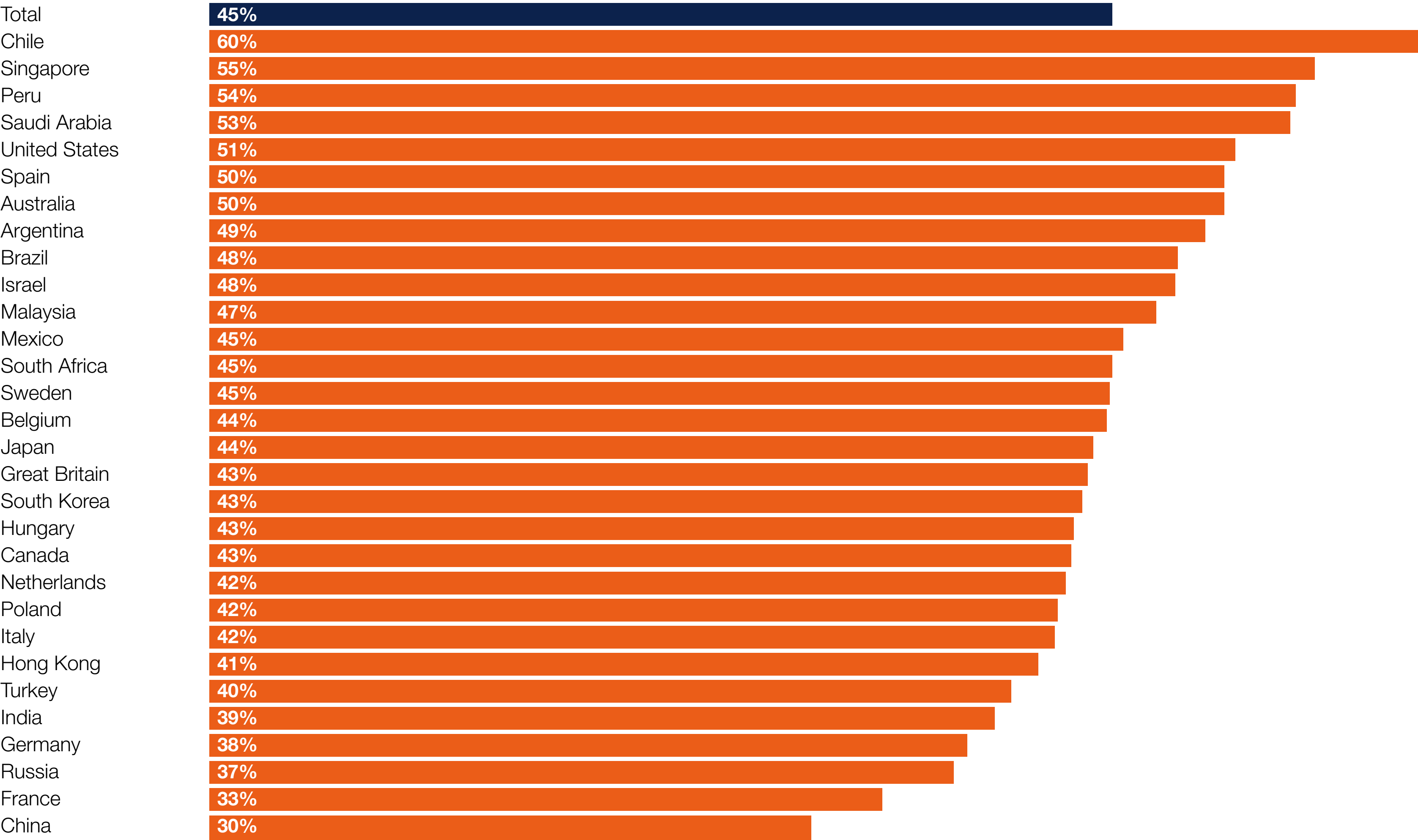


Percentage of the population trying to lose weight

Which of the following applies to your current situation?

Source
Global Advisor

Base
22,008 adults aged 16-74, online,
in 30 markets, 23 October – 6 November 2020



With thanks to our experts

Below are the experts from academia, policy, government and the private sector who took part and were willing to be named in the report. Some 35 others preferred to retain anonymity. Our thanks to all who took part for their time and insights.

Dr Richard Black, Chief Science Officer, Care4ward, Quadrant D Consulting

Dr Mattea Dallacker, Postdoctoral Fellow Center for Adaptive Rationality, Max Planck Institute for Human Development

Professor Glen D. Lawrence, Professor of Chemistry and Biochemistry

Dr Rosemary Stanton, Nutritionist and Dietician

Asst. Prof Kimberley Carlson, Assistant Professor, Department of Natural resources and Environmental Management, University of Hawai’i at Mānoa

Professor Robert Lustig, Professor emeritus of Paediatrics, Division of Endocrinology at the University of California, San Francisco (UCSF)

Neil Blomquist, Managing Director, Natural Habitats

Rhiannon Lambert, Harley Street Nutritionist and author

Chris White, Managing Director, Fruitnet Media International

Ms P. Courtney Gaine, President and CEO, Sugar Association

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DeromBangun, Chairman Indonesian Palm Oil Board (IPOB)

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Kawther Hashem, Registered Nutritionist for Consensus Action on Salt, Sugar and Health (CASSH) / Queen Marys

Chris Snowdon, Head of Lifestyle Economics, Institute of Economic Affairs

Kevin W. Smith, CEO, Fat Science Consulting / Board member of Euro Fed Lipid

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Professor Walter Willett, Professor of Epidemiology and Nutrition, Harvard, T.H. Chan School of Public Health

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Jack Roney, Director of Economics and Policy Analysis, American Sugar Alliance

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Adam Leyland, Editor, The Grocer

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