

# **SUSTAIN RESPONSE TO THE CONSULTATION DOCUMENT ON A FOOD AND HEALTH PROBLEM ANALYSIS, LEADING TO A FOOD AND HEALTH ACTION PLAN**

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## **THE STATUS OF THIS RESPONSE**

Sustain: The alliance for better food and farming advocates food and agriculture policies and practices that enhance the health and welfare of people and animals, improve the living and working environment, enrich society and culture and promote equity. We represent around 100 national public interest organisations working at international, national, regional and local level (listed on our website [www.sustainweb.org](http://www.sustainweb.org)).

Much of this submission has already been published, in one form or another, individually or collectively by organisations in our membership. However, it has been agreed that Sustain should prepare a response to the consultation that would integrate these proposals into a single document, and add new or updated material as appropriate: hence this paper.

A process of obtaining contributions and endorsements from Sustain's membership has been undertaken and, at the end of this document, is a list of those who wish, explicitly, to endorse its general principles below.

## **GENERAL PRINCIPLES**

A food and health action plan should incorporate:

- ❖ Sustainability, by which we mean, in Brundtland's definition<sup>1</sup>, the capacity to provide for the needs of the current generation without compromising the ability to provide adequately for future generations. This holistic approach encompasses social and economic goals (see below) alongside environmental imperatives.
- ❖ Health, by which we mean, using the World Health Organisation's definition<sup>2</sup>, physical and mental well-being, not merely the absence of disease, both for humans and animals.
- ❖ Livelihoods, by which we mean, jobs that provide a living wage, with good working conditions, rights to protection and opportunities for development.

In providing this for UK citizens, a food and health action plan should, at worst, not undermine the provision of the same for other countries and, at best, contribute to achieving these goals for other countries, particularly for the poorest.

Elements of these three key requirements, which are inter-related, include:

- ❖ Environmental quality:
  - clean air and water to support human, animal and plant life;

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<sup>1</sup>World Commission on Environment and Development, *Our Common Future*, (1987). Oxford University Press. This concept, and its application to the farming and food sector, is explored in more detail in Sustain's response to DEFRA's consultation document, *A new department – a new agenda*. 2001. Unpublished,

<sup>2</sup> *Health21 – Health for All in the 21<sup>st</sup> Century* (1999). World Health Organisation Regional Office for Europe

- rich natural habitats (both land and water-based) that will support abundant and diverse wildlife;
- natural genetic diversity in farmed plants and animals, to reduce vulnerability to diseases, preserve our heritage and enrich our diets;
- high animal welfare standards, to preserve their, and our dignity and improve animals' resistance to diseases, some of which are zoonotic;
- careful husbandry of non-renewable natural resources, including the soil, to reduce waste and pollution, and allow time to switch to renewable alternatives.

❖ Health:

- food uncontaminated by microbiological poisons or toxic residues;
- food that does not compromise our resistance to infection, or render ineffective medical treatments;
- a food supply that is micronutrient-dense, fibre-rich and provides essential fats to reduce the risks of developing cardiovascular diseases, some cancers and other diet-related illnesses. (This largely comprises a variety of whole-grain cereals and other starchy staples, plentiful and varied vegetables and fruit, diverse nuts, seeds and pulses, some dairy produce and, for non-vegetarians, occasional fish and meat);
- access to the best quality food (as outlined above) for the most vulnerable in society, particularly low income groups and, especially, babies and children, elderly people, and those who are ill.

❖ Livelihoods:

- jobs in the farming and food sector, whether private or public, that provide a living wage;
- working conditions that do not endanger health or well-being;
- on and/or off-the-job training that offers opportunities for personal development and acquiring flexible skills.

Underpinning what citizens expect are the following rights and responsibilities:

- to receive adequate food knowledge and skills from the education system, and to use these to make choices that will optimise sustainability;
- to be thoroughly protected from information about farming and food which is dishonest, illegal and untrue;
- to have a choice of ways to obtain food, and to use these choices to retain diversity;
- to have democratic control over decisions that will affect the farming and food sector, and to take the opportunities offered to participate in these decisions.

## **ANSWERS TO THE “QUESTIONS TO FOR DISCUSSION”**

*1. Are these policy drivers (described in Chapter 1) consistent with the goal of improving health through better diet?*

The government policy initiatives described in the Department of Health (DH) document are consistent with improving health through better diet. However, other government policies are arguably more powerful determinants of people's diets than, say, a number of disease-focused National Service Frameworks, but these other policies areas are merely listed in the DH document without explanation. This response cannot explore in detail each of the 21 policy areas listed in the document at paragraphs 25 and 28, nor those not listed which are also relevant (e.g. education, and culture, media and sport).

In this section our response will focus on the Common Agricultural Policy (CAP), as it absorbs around half of the European Union (EU)'s entire budget and is almost completely inconsistent with improving health through better diet, as well as failing to meet the criteria of sustainability outlined above.

- **The Common Agricultural Policy**

A recent report from the Swedish National Institute of Public Health<sup>3</sup> concludes that a number of CAP measures violate Articles 152 and 153 of the Amsterdam Treaty which, respectively, call for "...a high level of human health protection...in the definition and implementation of all Community policies and activities..." and policies for "...protecting the health, safety and economic interests of consumers...". Although the CAP is highly complex, and its effects on volumes, prices and consumption of particular foods and drinks are open to interpretation, it is clear that the vast majority of CAP funding is spent directly or indirectly encouraging production and consumption of fat - in the form of meat, dairy products and oils - and sugar, precisely those foods we should eat less of to reduce our risk of several chronic diseases.

**European Commission figures for 2000, in millions of Euros**

		% of total budget
Arable crops	16,663	41.2
Beef and veal	4,919	12.2
Rural development	4,176	10.3
Milk	2,544	6.3
Olive oil	2,210	5.5
Sugar	1,910	4.7
Sheep and goats	1,735	4.3
Fruit and vegetables	1,551	3.8
Tobacco	989	2.4
Wine	765	1.9
Pigs, chickens, eggs	435	1.1
Miscellaneous	2,569	6.3
<b>TOTAL</b>	<b>40,466</b>	

*Figures cited in "A CAP on nutritional gains", Food Magazine 60, Jan/March 2003. The Food Commission: London*

The table above shows almost one quarter of the CAP budget is spent directly on meat and dairy products<sup>4</sup>, but this underestimates support for this sector. A major proportion of the arable crops (which absorb over 40% of the CAP budget) are used for animal feed rather than for human consumption. It has been estimated that only around 40% of the cereals used in the EU go directly into human food, and that 70% of European farmland is used for livestock production<sup>5</sup>.

<sup>3</sup> Shafer Elinder, L et al. (2003) *Public health aspects of the EU Common Agricultural Policy: Developments and recommendations for change in four sectors: Fruit and vegetables, dairy, wine and tobacco*. National Institute of Public Health: Stockholm. [www.fhi.se](http://www.fhi.se)

<sup>4</sup> Beef and veal 12.2% + Milk 6.3% + Sheep and goats 4.3% + Pigs, chickens, eggs 1.1% = 23.9%

<sup>5</sup> Lobstein, T. *When meat means madness*. Food Magazine 57, April/June 2002

The EU even contrives to put back into the food chain the dairy fat that consumers have chosen not to eat. Public money is given to food manufacturers to use substantial quantities of surplus butter which consumers are not buying, as a cheap ingredient in manufactured foods, so consumers end up eating it anyway<sup>6</sup> (probably unknowingly, due to poor labelling<sup>7</sup>).

Perversely, less than 4% of the CAP budget is spent on fruit and vegetables and the amount destroyed in 2000/2001 was around 3.3kg per person – enough for some 40 portions of fruit and vegetables for every person in Europe that year<sup>8</sup>. And this when governments across the EU, including the UK, are trying to encourage people to eat at least five portions of a variety of fruit and vegetables every day.

- **Other policy drivers**

Sustain's response, in January 2002, to the consultation document issued by the Policy Commission on the Future of Farming and Food also articulated a number of other policy drivers for the farming and food system as follows:

Those factors driving positive aspects of the system include:

- Changes in consumer demand towards, for example, buying more organic products, locally distinctive food and drink, and healthier options;
- Political and institutional changes e.g. the establishment of the Food Standards Agency, and the abolition of the Ministry of Agriculture Fisheries and Food;
- Demand for, and the technical possibility of full traceability throughout the food chain, which, although mainly a response to food safety crises, has also been a spur for shortening and simplifying some aspects of the food chain and raising standards;
- The flexibility and power of retailers that have no particular attachment to the type of food they sell, allowing them to respond to public opinion, most notably on GM food;
- The resilience and innovation of the organic sector and other sustainable approaches to the farming and food sector.

Those factors driving negative aspects of the system include:

- Treating trade liberalisation as an end in itself, rather than a means to an end and, as a result, resisting measures that would improve sustainability because they restrict trade;
- Inadequately tackling the “uneven playing field” in trade, thereby allowing a “race to the bottom” between countries in terms of sustainability standards;
- Treating the farming and food sector as a linear system, with no incentives to internalise costs, such as pollution and poor health, that are “external” to that system;
- Failing to tackle resistance to change by vested interests;
- Leaving citizens, particularly the most vulnerable, at the mercy of misleading and exploitative food labelling and marketing;
- Failing to develop a coherent farming and food strategy (see question 2 below).

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<sup>6</sup> Hird, V and Lobstein, T. (2003) *Land of Milk and Money? A briefing on the dairy system and reform of dairy policies*. Sustain: London

<sup>7</sup> *Lie of the Label II: Why dishonest labelling is past its sell-by date*. (2002). The Co-operative Group: Manchester.

<sup>8</sup> Hird, V. *A CAP on nutritional gains*. The Food Magazine 60 Jan/march 2003

2. *Is there a need for new mechanisms to ensure better co-ordination on food and health policy initiatives?*

National Food Policy Councils, and similar bodies at regional and local level, have been successful in several Scandinavian countries<sup>9</sup>. There are several agencies that could take on this role. One possibility is the Commission on Sustainable Development. Another is the Implementation Group, chaired by Sir Don Curry. Unfortunately, the latter suffers from under-representation of nutrition and consumer interests and, currently, has no permanent status. Moreover, it is very discouraging to note that the Consumer Health Needs sub-group (which is overseeing the development of, among other things, this Food and Health Action Plan), has only one member not from a government or quasi-government body, namely the Food and Drink Federation, representing the food industry.

Food Standards Agency, by contrast, has a number of advantages since it:

- engages with consumer organisations and other non-government bodies at all levels, from its governing Board, through all its advisory committees, and including regular contact with officials;
- is an independent agency, so is better able than departments to withstand changes of government;
- has a UK remit (other relevant government departments' powers are devolved to new administrations)
- has remit to link to all policy levels – local government, devolved administrations, EU and global (via Codex Alimentarius);
- focuses solely on food (other departments have other, often major responsibilities);
- should be able to avoid “departmentalitis” and have integrated overview, so that nutrition, safety, environmental and ethical concerns, and economic development are mutually reinforcing.

On the other hand, the FSA's “arms length” relationship to government means it has less power than a department, e.g. smaller budget and no Cabinet level position. Moreover, in its first three years, it has shown no desire to take on such a role and appears to have failed to grasp the concept of sustainability. It has focused mainly on food safety, paying scant attention (until recently) to nutrition, and denying it has any role in environmental aspects of the farming and food system.

Whatever the pros and cons of the various options for a UK Food Policy Council or similar body, Sustain is clear that there is a long-overdue and pressing need for a food policy co-ordination mechanism. The following takes simply one example, at random, from each of three levels of governance – European, national and local – to illustrate policy incoherence:

- The Common Fisheries Policy is struggling, and largely failing, to conserve rapidly dwindling fish stocks<sup>10</sup>. At the same time, many EU member states, including the UK, recommend that their populations eat more fish, particularly oily fish, for health reasons<sup>11</sup>.
- The *Free fruit for schools* initiative by the Department of Health, while entirely laudable in its attempt to increase consumption among children, has focused solely on fruit. Scientific opinion is clear that British people should double, approximately, their

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<sup>9</sup> Lang, T. (2001). *Intersectoral Food and Nutrition Policy Development: A Manual for Decision Makers*. Centre for Food Policy. Thames Valley University. Now available from City University: London

<sup>10</sup> <http://www.wwf-uk.org/fishforthefuture/index.asp>

<sup>11</sup> <http://www.food.gov.uk/healthiereating/dailydiet/meatfisheseggs/>

consumption of fruit and vegetables<sup>12</sup>. The UK currently imports around 95% of its fruit and 50% of vegetables<sup>13</sup>, so a scheme focusing solely on fruit is likely to worsen this trade deficit. This is particularly the case as two of the four fruit specified in the scheme – bananas, satsumas, apples and pears – cannot be grown in the UK. Yet this scheme was devised at a time of economic crisis for the British farming industry, including horticulture.

- We are aware of no local authority sports and leisure facility that has a food policy to encourage consumption of water, fruit and other low fat, high fibre, micronutrient-rich snacks. Indeed, anecdotal evidence suggests that the majority of such facilities provide mainly sweetened carbonated drinks, fatty/salty snacks and confectionery. It is hard to imagine less appropriate food and drink in an establishment promoting health, particularly at a time when many are at pains to link physical activity with obesity prevention.

Thus, despite the very wide range of initiatives to try to improve the sustainability of the farming and food system by the public, private and voluntary sectors, at present the whole of these efforts amounts to very much less than the sum of the parts.

### 3. *Does this section (Chapter 2) correctly identify the major health problems attributable to diet?*

We are deeply disappointed to note that, despite the fact that the UK Government is a long-standing signatory of the major initiatives by the World Health Organisation (WHO) the consultation document fails entirely in two critical respects: First, food and health is not examined in the context of sustainable development (see *General Principles* above). Second, it does not treat health as “physical and mental well-being, not merely the absence of disease”<sup>14</sup>. Instead it focuses solely on a small number of nutrition-related diseases.

Sustain agrees that cancer, coronary heart disease, diabetes and obesity are very significant public health problems. However, the following food-related illnesses and conditions (these appear in alphabetical order) should also be included in any Food and Health Action Plan worthy of the name. This list is intended to be indicative rather than comprehensive:

#### *Allergies*

A recent report from the Royal College of Physicians<sup>15</sup> notes that “allergy services in the NHS are totally inadequate and cannot cope with the rising amount and increasing severity of allergy in the UK”. One in three people is expected to develop allergy at some time in their lives, and more children are affected, particularly by peanut allergy. A significant proportion of allergies are food-related.

#### *Asthma*

Salt consumption has been shown to be associated with increased rates of asthma and many children’s foods are high in salt.<sup>16</sup> Some countries, such as Sweden, have restricted the use of AZO dyes because in some vulnerable people they can trigger asthma attacks, rashes and

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<sup>12</sup> *Nutritional Aspects of Cardiovascular Disease* (1994). Report 46. Committee on the Medical Aspects of Food and Nutrition Policy. Department of Health: London.

<sup>13</sup> Jones, A (2001). *Eating Oil: Food supply in a changing climate*. Sustain/Elm Farm Research Centre: London

<sup>14</sup> *Health21 – Health for All in the 21<sup>st</sup> Century* (1999). World Health Organisation Regional Office for Europe

<sup>15</sup> *Allergy: The Unmet Need. A blueprint for better patient care*. (2003) Royal College of Physicians: London

<sup>16</sup> Weiss, ST and Schwartz, J (1990). *Dietary factors and their relation to respiratory symptoms. The Second National Health and Nutrition Examination Survey American Journal of Epidemiology, Vol 132, Issue 1 67-76.*

hyperactivity. Some preservatives and flavourings can also cause adverse reactions such as asthma in sensitive people.<sup>17</sup> However, they continue to be used in the UK. Conversely, a diet high in fruit and vegetables has been shown to reduce the symptoms of asthma.<sup>18</sup>

### *Behaviour*

A recent government sponsored study found that children's disruptive behaviour was significantly reduced when certain food colourings (AZO dyes) and the preservative sodium benzoate were removed from the diet<sup>19</sup>. Other studies have also shown that by removing food additives from children's diet hyperactive behaviour improved considerably<sup>20, 21</sup>.

Significantly, a recent study has found that improving young offenders' diets, by adding vitamins and other supplements, led to a 25% drop in offences committed in the institution, and this was particularly marked for violent offences<sup>22</sup>.

### *Digestive disorders*

These diseases include coeliac disease, constipation, diverticulitis and diverticular disease, gallstones, indigestion, irritable bowel syndrome, ulcerative colitis and crohn's disease. We have been unable to locate statistics on the incidence of all of these conditions but, collectively, they are likely to cause considerable distress to those suffering from them, and significant costs to the NHS (an estimated one in six hospital admissions<sup>23</sup>). Diet is implicated both in the causation and treatment of many of these conditions.

### *Eating disorders*

A recent report by the Eating Disorders Association notes that there are no current statistics on the incidence or prevalence of eating disorders, though research in the 1990s indicates that around one million people may be affected<sup>24</sup>. The direct costs of treating a patient on the NHS are estimated by the Association to be around £25,000 for a basic 12 weeks of specialist, in-patient care. As with all other disorders, indirect costs to sufferers' families and friends, and to society as a whole, will be much greater than this.

### *Food poisoning*

Children are among the groups (including elderly people and those who are ill) with weaker immune systems than adults. As a result, they are more likely to suffer long-term illness (and sometimes, tragically, death) from food poisoning. Over the last ten years reported cases of E.coli 0157:H7 in the UK have nearly doubled from 585 in 1992 to 1003 in 2001<sup>25</sup>. While

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<sup>17</sup> Millstone, E. (1988) Additives: a Guide for Everyone. Penguin Books.

<sup>18</sup> Forastiere, F et al (2000). Consumption of fresh fruit rich in vitamin C and wheezing symptoms in children (Italian studies on respiratory disorders in children and the environment), Thorax; 55 102-108.

<sup>19</sup> Asthma & Allergy Research Centre: Do food additives cause hyperactivity and behaviour problems in a geographically defined population of 3-year-olds?(2002) (Project: T07004) Food Standards Agency library

<sup>20</sup> Rowe, KS and Jowe, JK (1994). Synthetic food colouring and behaviour: a dose response effect in a double-blind, placebo-controlled repeated measures study. The Journal of Paediatrics, 125: 691-8.

<sup>21</sup> Boris, M and Mandel, S (1994) Foods and Additives are common causes of Attention Deficit / Hyperactive disorder in Children. Annals of Allergy, Vol 72.

<sup>22</sup> Gesch CB, Hammond SM et al, (2002). Influence of supplementary vitamins, minerals and essential fatty acids on the antisocial behaviour of young adult prisoners, British Journal of Psychiatry 181,22-28.

<sup>23</sup> Leaflet from the Digestive Disorders Foundation – [www.digestivedisorders.org.uk](http://www.digestivedisorders.org.uk)

<sup>24</sup> *The Hidden Cost of Eating Disorders* (2003). The Eating Disorders Association: Norwich.

<sup>25</sup> Public Health Laboratory Service for England and Wales

[http://www.phls.org.uk/topics\\_az/ecoli/ecoli\\_facts.htm#ARE%20INFECTIONS%20INCREASING](http://www.phls.org.uk/topics_az/ecoli/ecoli_facts.htm#ARE%20INFECTIONS%20INCREASING)

For Scotland, see the Scottish Centre for Infection and Environmental Health

<http://www.show.scot.nhs.uk/scieh/>

this figure is relatively small it is just “the tip of the iceberg” as many cases of infection either show no symptoms at all or result in diarrhoea, stomach cramps and vomiting which last a few days. Of those cases that are reported to GPs, often a stool sample was not taken, so the bacterium cannot be identified. The E.coli 0157:H7 infection is therefore often misdiagnosed<sup>26</sup>.

The most common sources of food-borne infectious organisms capable of affecting human health are animals and their products, since human biology is more similar to animals than to plants. Hence meat and animal products are the most commonly cited source of food poisoning organisms<sup>27</sup>.

### *Oral health*

The National Diet and Nutrition Survey found that more than half (53%) of 4 to 18 year olds have dental decay in their primary or permanent teeth.<sup>28</sup> A major cause of this alarming prevalence of decay is the frequent consumption of ‘Non-Milk Extrinsic’ (NME) sugars – those which are not found in milk nor intrinsically bound up in the cells of unprocessed fruit. Large amounts of NME sugars are commonly added to the processed foods and soft drinks which are marketed to children. The greatest tooth decay is found among those who consume sugar most frequently. The use of refined starches in foods such as biscuits and breakfast cereals may also play a part in dental decay, as they form a sticky paste around the teeth. The combination of NME sugars and refined starches may be especially damaging<sup>29, 30</sup>.

Oral health is also an inequalities issue, and the incidence of tooth decay is reported to have risen by 50% in some parts of the country<sup>31</sup>, due not only to dietary differences between income groups (as mentioned in the consultation document), but also to the unavailability of NHS services in some areas, and the inability of those on low incomes to afford private dentistry services.

### *Peri-natal nutrition, breastfeeding and weaning*

In their teens, girls have begun to lay the nutritional foundations for future pregnancies, which will affect the foetus and the long-term health of their children. For girls and women on a low income it is clear that benefit levels are inadequate to support a healthy diet that will increase the chances of a healthy pregnancy<sup>32, 33</sup>. In addition, women at all income levels are not given sufficient help and encouragement to breastfeed for the recommended six months and, as a result, breastfeeding rates fall far below the impressive 90% or so achieved in Norway.

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<sup>26</sup> See the website of H.U.S.H. The UK E.Coli Support Group – [www.ecoli-uk.co.uk](http://www.ecoli-uk.co.uk)

<sup>27</sup> Tirado, C and Schmidt, K (2000a) WHO surveillance programme for control of foodborne infections and intoxications: Organization and Management Programme Report, Federal Institute for Consumers Protection and Veterinary Medicine (BgVV): Berlin. Also, (2000b) same authors and series, 7<sup>th</sup> report – 1993-1998.

<sup>28</sup> Gregory, J et al (2000). National Diet and Nutrition Survey: Young people aged 4 to 18 years. Vol 1, Report of the diet and nutrition survey. London: The Stationery Office.

<sup>29</sup> Department of Health. (1989). Dietary sugars and human disease. Committee on Medical Aspects of Food Policy. The Stationery Office: London

<sup>30</sup> Rugg-Gunn, A. (1993). Nutrition and dental health. Oxford University Press: Oxford

<sup>31</sup> Clark, N (2003). *Open wide, please! (Your wallet, that is)*. New Statesman, 11 August 2003: London

<sup>32</sup> Dallison, J; Lobstein, T (1995). *Poor Expectations: Poverty and undernourishment in pregnancy*. London: NCH Action for Children/The Maternity Alliance.

<sup>33</sup> *Low benefit levels threaten babies’ health*, Food Magazine issue 61, April/June 2003. Food Commission: London

### *Risks from agrichemical residues*

Recent government surveys have shown one third of all pears and 16% of apples tested contained a pesticide called Carbendazim, while apricots, green beans and yams exceeded legal limits. This pesticide has been shown to disrupt sperm production in laboratory studies. 35% of apples contained Chlorpyrifos (an organophosphate) and apricots were found to have over the legal limit of this pesticide. In the US, Chlorpyrifos use has been severely restricted to protect children's health, indeed, laboratory studies, have linked it with brain damage in young rats. Some scientists believe that organophosphate exposure at a young age can lead to behavioural problems in children. Unpeeled potatoes were found to contain Chlorpropham at 21 times the Acute Reference Dose, or safety level for toddlers (4 times for adults). 63% of pears contained multiple residues while 48% had multiple pesticide residues and 90% of bananas contained pesticide residues. Imazalil was most commonly found, which has been described as "*Likely to be carcinogenic in humans*" by the US Environmental Protection Agency. Overall 41% of fruit and vegetables contained residues, and of these 20% contained multiple residues.<sup>34, 35, 36, 37</sup>

The use of pesticides is not only linked to increased health risks for those consuming "cocktails" of residues, but also damages the health of farmers and farm workers who apply them, and the natural environments and biodiversity on which we depend. This is particularly problematic in low-income countries where health and environmental protection standards may be low and/or poorly enforced<sup>38</sup>.

As noted above under *Food poisoning*, meat and animal products are the most commonly cited source of food poisoning organisms. Treating some food poisoning cases is becoming increasingly difficult due to the development of antibiotic resistance. Routine use of antibiotics in intensive animal farming systems is contributing, alongside over-use in human medicine, to this grave, world-wide problem<sup>39 40</sup>.

### *Stroke*

According to the Stroke Association<sup>41</sup>, around 100,000 people have a first stroke every year, a figure that seems comparable with rates of coronary heart disease, although stroke does not seem to have received the same level of policy attention as heart disease<sup>42</sup>. The same dietary factors that increase the risk of coronary heart disease – fat, saturated fat, and salt – also increase the risk of stroke. Asians, Africans or African-Caribbeans are at greater risk from stroke, which is partly linked to factors like diabetes, which is more common in Asians, and high blood pressure, which is more common in people of African descent.

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<sup>34</sup> Pesticide Residue Committee (PRC) (2000) Quarterly Report.

<sup>35</sup> Annual Report of the Working Party on Pesticide Residues (1997).

<sup>36</sup> Friends of the Earth (2002). Briefing: The Pesticides in our Food.

<sup>37</sup> Pesticide Residues Committee (PRC) Second Quarter 2002 Monitoring results (April – June 2002).

<http://www.pesticides.gov.uk/committees/PRC/2002.htm#Q2>

<sup>38</sup> *The Dependency Syndrome* (2003) Pesticides Action Network-UK: London. [www.pan-uk.org](http://www.pan-uk.org). See also [www.pan-europe.net](http://www.pan-europe.net).

<sup>39</sup> Young, R, Craig, A, *Too hard to swallow - the truth about drugs and poultry: The use and misuse of antibiotics in agriculture*. 2001. Soil Association: Bristol

<sup>40</sup> Fookes, C, Dalmeny, K, *Organic food and farming – myth and reality. Organic vs non-organic: the facts*. 2001. Soil Association: Bristol and Sustain: London

<sup>41</sup> *Stroke – questions and answers*. (2003) The Stroke Association. <http://www.stroke.org.uk/qndatext.htm>

<sup>42</sup> For example, there is a National Service Framework for Coronary Heart Disease, but not for cardiovascular diseases as a whole, or for stroke separately.

Unlike cardiovascular diseases (CVD), cancer and other chronic diseases, links between food and some of the conditions summarised above offer the possibility that people can eat a better diet and feel an immediate improvement. This may prove to be a more powerful incentive for change than preventing a disease that someone may, or may not get years hence. Such links are likely to be particularly important for children and young people, for whom diseases like CVD and cancer are impossibly distant prospects.

Moreover, dealing with food-related diseases and conditions as a whole, rather than on a disease by disease basis, will encourage any strategy to exploit the under-publicised fact that the same dietary pattern is likely to reduce the risks of most, if not all, the conditions outlined above, as well as those – cancers, coronary heart disease, diabetes and obesity – that are covered in the DH consultation document. This dietary pattern has been established as a healthy, low risk approach to reducing the risks of several chronic diseases for over 40 years<sup>43</sup>. Compared to current patterns, in nutrient terms a healthy diet is:

- lower in fat and saturated fat,
- lower in sugar and salt,
- higher in complex carbohydrate and fibre, and
- higher in vitamins, minerals and other micronutrients.

In food terms it contains:

- significantly more fruit and vegetables (including more pulses, nuts and seeds),
- more wholegrain cereals and other less processed starchy foods,
- less meat and meat products,
- fewer dairy products and eggs, and
- significantly fewer sweetened soft drinks, fatty and salty snacks, confectionery, cakes, biscuits, sugary/salty breakfast cereals.

The only area of conflict arises over fish (see section 2 above) where, for health reasons we should eat more fish, particularly oily fish, but to conserve fish stocks and reduce the damage caused by some forms of fish farming we should eat less. This conflict requires urgent resolution. One possibility is that through substantially improved labelling, perhaps accompanied by other types of marketing and fiscal measures, people are encouraged to eat only those fish with sufficient stocks or that are harvested sustainably<sup>44</sup>. However, in other respects, the healthy diet described above places less strain on the natural environment (see question 6 below).

#### *4. What additional research would help to identify the scale of the problem, and give a sense of emerging trends?*

Although official government figures used in the DH consultation document indicate that energy and fat consumption may be falling, it is also widely acknowledged that these figures underestimate actual consumption for two reasons. First, the data do not adequately capture the volume and type of food and drink eaten outside the home. This is becoming increasingly problematic as it is broadly agreed that the proportion of a person's daily diet eaten outside the home is high and rising. The DH note the evidence that the type of food eaten outside the home is higher in fat (and, therefore, higher in energy) than that eaten at home, compounding

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<sup>43</sup> Cannon, G.(1992) *Food and Health: The Experts Agree. An analysis of one hundred authoritative scientific reports on food, nutrition and public health published throughout the world in thirty years, between 1961 and 1991*. Consumers Association: London

<sup>44</sup> *The Good Fish Guide* (2002). Marine Conservation Society: Ross on Wye

the problem of this “missing” evidence. The DH also notes that people routinely under-report their consumption in surveys, and that this under-reporting may be as high as 25%<sup>45</sup> of their total energy intake.

A further indication of the scale of this problem comes from data analysed by the Food Commission<sup>46</sup>. Industry sales data for confectionery in the mid-1990s indicated some 250 grams sold per person per week, whereas adults’ reported consumption was only around 80 grams per person per week. Similarly, industry sales data for soft drinks showed consumption at 2,300ml per person per week in the mid-1980s, but self-reported consumption at 800ml.

Thus energy and fat consumption may not be declining and may actually be rising, so further research to confirm or refute this possibility would be helpful. However, we do not recommend that action be delayed pending the results of such research (see question 5 below).

5. *What general conclusions can be drawn from this evidence about the state of the nation’s diet?*

Whatever the limitations of the data, the inescapable conclusion is that the nation’s diet is poor, has been so for decades, and such signs of improvement that there are, are counterbalanced by negative developments. Action to tackle this state of affairs is scandalously overdue.

6. *What are the main dietary problem areas on which action needs to be taken?*

We have argued in our answer to question two that food and health-related problems should be dealt with as an integrated whole, and noted in our introduction that this should be in the context of sustainable development. In a study looking at the implications of reducing the environmental impact of the farming and food system the Swedish Environmental Protection Agency noted that the simplest policy option, and one that would also benefit public health, would be to increase the production of plant-based foods for human consumption, and reduce the high level of meat and dairy production<sup>47</sup>. The table below shows the dietary changes needed in Sweden which, if attained, would reduce energy consumption in the farming and food system by 30%, reduce artificial fertilizer use by between 20 and 40%, and reduce the acreage needed to produce food.

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<sup>45</sup> Henderson L, Gregory J, Irving K. (2003) *The National Diet and Nutrition Survey: adults aged 19-64 years*. Vol 2. The Stationery Office: London

<sup>46</sup> “Are the calorie counters getting it wrong?” *The Food Magazine*, Issue 62, July/September 2003. Food Commission: London

<sup>47</sup> Swedish Environmental Protection Agency (1999) *A sustainable food supply chain*. Report 4966. SEPA: Stockholm.

*Current food intake and a healthier and more sustainable diet for Sweden  
(Swedish Environmental Protection Agency, 1999)*

	Current daily intake (g per person per day)	Improved diet (g per person per day)	% change
Dried legumes	5	50	+1000
Root vegetables	25	100	+400
Cereals	15	45	+300
Potatoes	140	270	+193
Bread	100	200	+100
Vegetables	150	190	+27
Fruit	150	175	+17
Fish	30	30	0
Margarine/butter/oil	50	50	0
Milk products	400	300	-25
Snacks/sweets	200	140	-30
Soft drinks	150	80	-47
Cheese	45	20	-56
Eggs	25	10	-60
Meat, poultry, sausage	145	35	-76

Although the dietary pattern does not entirely match that in the UK (and the “improved diet” does not meet the 800g daily target for fruit and vegetable consumption), the direction of the changes needed is clear. Similar dietary recommendations have been made in Greece<sup>48</sup>, as follows:

- Monthly - 4 servings of red meat
- Weekly - 5-6 servings of fish
  - 4 servings of poultry
  - 3-4 servings of olives, pulses, nuts
  - 3 servings of potatoes
  - 3 servings of eggs
  - 3 servings of sweets
- Daily - 8 servings of non-refined cereals and products
  - 6 servings of vegetables (including wild greens)
  - 3 servings of fruit
  - 2 servings of dairy products
  - olive oil as the main added lipid
- Additional recommendations
  - drink plenty of water
  - avoid salt and replace it with herbs
  - wine in moderation
  - regular physical activity

<sup>48</sup> Mediterranean Diet (1999). Supreme Scientific Health Council, Hellenic Ministry of Health. Cited in *Food Based Dietary Guidelines*, School of Medicine, Department of Hygiene and Epidemiology, Public Health Nutrition and Nutritional Epidemiology Unit. [www.nut.uoa.gr/english/MenuEN.htm](http://www.nut.uoa.gr/english/MenuEN.htm)

As well as the obvious cultural differences (e.g. more olive oil in the Greek diet and a focus on root vegetables in Sweden) both sets of recommendations clearly point towards increasing consumption of plant-based foods, and decreasing consumption of meat and dairy products.

In 1998 the Department of Health published a report from the then Committee on the Medical Aspects of Food Policy (COMA)<sup>49</sup> on diet and cancer that concluded, *inter alia*, that:

“lower consumption of red and processed meat would probably reduce the risk of colorectal cancer...” and that “...individuals’ consumption of red and processed meat should not rise; ...from around 90g/day cooked weight...”

A similar report<sup>50</sup> was published at the same time by the World Cancer Research Fund, recommending that:

“If eaten at all, limit intake of red meat to less than 80g daily...”

The publication of both reports was highly controversial, and there were accusations in the media at the time that the government had bowed to meat industry pressure to increase the daily upper limit for meat consumption from 80 to 90 grams. A number of reports before and since have linked meat consumption to a wide range of cancer sites, including breast, pancreas and prostate, but the link to colorectal cancer remains the strongest. Other diet-related conditions showing direct or indirect association with meat and/or dairy consumption include: cardiovascular diseases, osteoporosis, diabetes, gallstones, kidney disease, rheumatoid arthritis, diverticular disease, and appendicitis<sup>51</sup>.

Interestingly, the DH document makes no reference to the 1998 COMA report and its recommendations and, indeed, in table 2 appears to be recommending a much higher level of consumption (730g per week, or a little over 104g per day) of meat and meat products. This contrasts sharply with both the Swedish recommendation of 35g per day, and the Greek recommendation of four servings per month of red meat, and four servings per week of poultry.

We are not aware of any evidence which suggests that the English population has a higher requirement for meat and dairy products than other European populations, nor are we aware that the recommendations of the 1998 COMA report are no longer valid. Given the current and emerging evidence on the public health and environmental benefits of a more plant-based diet we would hope to see this reflected in the next phase of the development of the action plan.

#### 7. *Have we correctly identified the different facets of today’s consumers?*

Significantly, the Greek dietary recommendations also add “Eat slowly, preferably at regular times during the day and in a pleasant environment”, thereby acknowledging the importance of a food culture that values the social elements of eating. Arguably, levels of awareness about the effects of the farming and food sector on the environment, health and livelihoods

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<sup>49</sup> *Nutritional Aspects of the Development of Cancer. Report of the Working Group on diet and cancer of the Committee on Medical Aspects of Food and Nutrition Policy.* Department of Health 1998 HMSO: London

<sup>50</sup> *Food, Nutrition and the Prevention of Cancer: a global perspective.* 1998, World Cancer Research Fund: London

<sup>51</sup> References for each disease are included in *Health and Vegetarians*, a factsheet available from the Vegetarian Society – [www.vegsoc.org](http://www.vegsoc.org)

are higher now than at any point since industrialisation (i.e. since the majority of people ceased to have direct contact with the sector). This is reflected in:

- Surveys. A Food Standards Agency's survey<sup>52</sup> revealed a number of issues that respondents considered very/quite important, e.g.:
  - you and your family's health 98%
  - conditions in which animals are raised 88%
  - environmental concerns 88%
  - locally produced food 65%
  - seasonal choices 56%
- Purchasing patterns. The market for organic produce, for example, has been growing at around 40% per year<sup>53</sup>, despite higher prices. Clearly purchasers are making the links between their concerns outlined above, and organic food which can address many of their concerns. In particular, there is clear evidence that organic production methods are beneficial for the environment and animal welfare and, obviously, organic products contain fewer agrichemical residues<sup>54</sup>;
- An increasing number and diversity of direct links between primary food producers and purchasers e.g.
  - farmers' markets (from a handful in the mid-1990s to several hundred today<sup>55</sup>)
  - local organic suppliers for school meals services<sup>56</sup>
  - food co-operatives and other local food projects (membership of Sustain's Food Poverty Network grew from 95 in 1997 to over 300 today<sup>57</sup>)
  - allotments and other urban agriculture initiatives<sup>58</sup>
- High levels of interest in food culture, manifested in sales of cookery books and other food-related titles, in ratings for TV programmes on cookery and food, and in the burgeoning of good quality restaurants across the country.

At the same time, it could be argued that there is a crisis in English food culture, since we spend a smaller and smaller proportion of our available budgets on food, and appear unwilling to allocate time to buying, preparing and eating food. While it is acknowledged that the UK is said to have the longest working hours in the EU, it should also be noted that most adults spend several hours each day watching TV. Thus while the English watch TV programmes about food, other Europeans seem willing to spend time cooking and eating it!

In fairness, the English are not alone in their ambivalent attitude to food and it is not a coincidence that the Slow Food movement was born in Italy and is now an international phenomenon<sup>59</sup>. Nonetheless, it is difficult to see how healthy food can be embraced without the support of a healthy food culture.

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<sup>52</sup> Food Concerns Omnibus Survey, by COI Communications for the Food Standards Agency, 27 September 2001

<sup>53</sup> Soil Association, *Organic Food and Farming Report 2000*, Soil Association: Bristol.

<sup>54</sup> Organic Action Plan (2002). Department for Environment, Food and Rural Affairs: London  
[www.defra.gov.uk/farm/organic/actionplan/index.htm](http://www.defra.gov.uk/farm/organic/actionplan/index.htm)

<sup>55</sup> *Local Food Routes*. 2001. Soil Association: Bristol. See also National Association of Farmers' Markets – [www.farmersmarkets.net](http://www.farmersmarkets.net).

<sup>56</sup> Petts J and Peckham C, (2003) *Good Food on the Public Plate: A manual for sustainability in public sector food and catering*. Sustain: London

<sup>57</sup> Food Poverty Network, Sustain: London – [www.foodpovertyprojects.org.uk](http://www.foodpovertyprojects.org.uk)

<sup>58</sup> Garnett, T, Gillie, L, *CityHarvest: The feasibility of growing more food in London*, 1999, Sustain: London.

See also the Federation of City Farms and Community Gardens – [www.farmgarden.org.uk](http://www.farmgarden.org.uk)

<sup>59</sup> [www.slowfood.com](http://www.slowfood.com)

8. *How can healthy eating policies meet the needs of time-poor, convenience-focused consumers?*

We have argued in our answer to question seven above that consumers may not be as “time-poor” as is commonly accepted. Moreover, given the DH document itself notes that low income citizens have poorer diets (and, therefore, poorer health) and that government has committed itself to reducing inequalities in health, it is surely cash poor citizens who should receive the most assistance in a food and health action plan. Over 100 policy options to tackle food poverty are outlined in a report from Sustain’s Food Poverty Project<sup>60</sup>.

9. *How can the food chain contribute to healthy eating?*

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10. *How can different sectors contribute to healthy eating?*

As we have argued for an integrated approach, this response integrates the private sector food chain’s possible contribution alongside the respective roles of the public and voluntary sectors. The following list of policies is indicative rather than comprehensive and we intend to respond more fully in the next phase of this consultation process. However, these policy proposals show the range and type of action needed, including by a wide range of government departments and agencies.

- ❖ **Major and sustained investment is required in the home production of fruit, vegetables and wholegrain cereals.** This programme should be accompanied by a similar level of investment in promoting fruit and vegetable consumption, particularly to low income groups. Experience in Finland<sup>61</sup> indicates that this could create jobs as well as improve health. For environmental reasons (and to reduce health risks to farm workers – from applying pesticides - and to consumers – from eating “cocktails” of residues), targets should be set for existing growers to convert to organic methods<sup>62</sup>, and new entrants should consider being organic from the start<sup>63</sup>. Cosmetic standards for fresh produce, set either by the European Commission or retailers should be abandoned in favour of a focus on nutritional quality and biodiversity<sup>64</sup>.
- ❖ **Budget standards**, which are used successfully in countries such as Australia and Sweden, **should be used as the basis for setting benefit/tax credit levels**, so that healthy food is affordable to everyone.<sup>65</sup>
- ❖ **Catering funded by the public sector**, whether or not provided by it, **should be used to pursue public policy on sustainability.** Thus, food should be supplied by local producers, to high nutrition and microbiological safety standards (particularly for

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<sup>60</sup> Watson A (2001). *Food Poverty: Policy Options for the New Millennium*. Sustain: London

<sup>61</sup> *Nutrition in Finland*. 2000. National Public Health Institute: Helsinki. [www.helsinki.fi](http://www.helsinki.fi)

<sup>62</sup> Fookes, C, *Outline Organic Action Plan for England and Wales: A discussion document*. 2001. Organic Targets Campaign, Sustain: London.

<sup>63</sup> See research and information services provided by Elm Farm Research Centre ([www.efrc.com](http://www.efrc.com)) and HDRA – the Organic Organisation ([www.hdra.org.uk](http://www.hdra.org.uk))

<sup>64</sup> *Green and Pleasant Land: How hungry are we for safe, sustainable food?* 2001. The Co-operative Group: Manchester

<sup>65</sup> Family Budget Unit, *Low Cost but Acceptable: A minimum income standard for the UK: Families with young children*. 1998. The Policy Press: Bristol. Cited in Watson, A (2001) *Food Poverty: Policy options for the new Millennium*, Sustain: London

nutritionally vulnerable groups such as children, elderly people<sup>66</sup> and those suffering from illness), and produced organically whenever possible. Such initiatives have been successfully introduced in France and Italy, and are developing in the UK<sup>67</sup>. Sustain has demonstrated that changes to EU and national rules on public procurement contracts, though helpful in the longer term, may not be needed immediately. What will certainly be needed is increased funding for public sector catering contracts.

- ❖ **A planned and rapid reduction in the farming and food sector's dependence on oil** should begin with the re-introduction of the fuel tax escalator and the opening of negotiations with other states on the urgent introduction of a similar tax regime for aviation fuel (the most environmentally damaging form of food transport<sup>68</sup>). This should reduce oil consumption (and associated environmental damage), increase incentives to locate food production as near as possible to consumers<sup>69</sup>, and thereby increase employment in local farming and food industries<sup>70</sup>.
- ❖ Consumer, environmental and other public interest organisations should be involved in **improving the content and implementation of the Office of Fair Trading Code of Practice between supermarkets and their suppliers**<sup>71</sup>. This would help address the 27 practices which the Competition Commission found operating “against the public interest” in its inquiry. Predatory pricing should be made illegal, as it has been in Spain (1996 Trade Law Regulations), France (1997 Loi Galland), Ireland and several States in North America<sup>72</sup>.
- ❖ **The use of antibiotics as growth promoters in animal production should be prohibited immediately** and routine prophylactic use should be phased out as soon as possible.<sup>73</sup> Experience from Sweden shows that this is entirely feasible<sup>74</sup>. Antibiotics to treat sick animals should be used under veterinary supervision only. This would reduce the incidence of antibiotic resistance in humans and allow food poisoning cases to be more effectively treated. It would also require much improved animal welfare standards, as an alternative method of preventing illness in livestock. It is possible (though not inevitable<sup>75</sup>) that these proposals would increase the cost of meat and dairy production to the point where demand declines. This is likely to be beneficial for human health (see above) and for the environment<sup>76</sup>. Jobs lost in this sector should be absorbed by new employment opportunities in horticulture and cereals (see above), and by adding value at the farm end of the food chain.

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<sup>66</sup> See the series of nutritional guidelines for catering for vulnerable groups produced by the Caroline Walker Trust. [www.cwt.org.uk](http://www.cwt.org.uk)

<sup>67</sup> Petts J and Peckham C, (2003) *Good Food on the Public Plate: A manual for sustainability in public sector food and catering*. Sustain: London.

<sup>68</sup> Jones, A, (2001) *Eating Oil: Food supply in a changing climate*. Sustain/Elm Farm Research Centre: London

<sup>69</sup> *A sustainable food supply chain*. Report 4966. 1999. Swedish Environmental Protection Agency: Stockholm.

<sup>70</sup> *Plugging the leaks*. 2001. New Economics Foundation: London

<sup>71</sup> Competition Commission. *Supermarkets: A report on the supply of groceries from multiple stores in the UK. Vol I, II, and III*. 2000. Competition Commission: London

<sup>72</sup> Laws cited in the submission to the Curry Commission by the National Federation of Women's Institutes

<sup>73</sup> Young, R, Craig, A, *Too hard to swallow - the truth about drugs and poultry: The use and misuse of antibiotics in agriculture*. 2001. Soil Association: Bristol

<sup>74</sup> *Today we defeat bacteria. What about tomorrow? Documentation from a conference in Brussels, 13 November 1997*. Ministry of Agriculture Food and Fisheries, Sweden: Stockholm

<sup>75</sup> See figures provided by Compassion in World Farming in Annex I to this document.

<sup>76</sup> See references on waste from intensive livestock systems in Annex I to this document.

- ❖ **All farm and food premises, and the key food handlers who work in them, should be subject to prior approval** before they can operate, and regularly checked thereafter<sup>77</sup>. This should ensure that farm and food workers are adequately trained in the principles of Hazard Analysis and Critical Control Points (the internationally accepted approach to improving food safety), that premises are suitable for food preparation and that, as a consequence, the incidence of microbiological contamination of food declines. However, it is important, particularly for small and specialist businesses that this process should avoid burdensome paperwork and disproportionate expense. For organic farmers, existing inspection and certification procedures already fulfil this role, so no further checking should be required.

There is a delicate balance to be struck, however, between ensuring food is safe (which is desirable) and producing food which is sterile (which is not desirable). Evidence is accumulating that diseases of the immune system, such as asthma, may be increasing because of the failure to expose ourselves (from food and other sources) to non-lethal doses of bacteria<sup>78</sup>. Much more **research** needs to be undertaken **into how people acquire and maintain robust immune systems**.

- ❖ Long distance transport of live animals should be prohibited<sup>79</sup>. This alone would be a major step towards **improving animal welfare**. Investment in infrastructure such as abattoirs, coupled with disincentives for oil-based transport (see above) should further encourage a localised food chain where meat is consumed as close as possible to where animals were reared. Reduced stocking densities, opportunities to display natural behaviour, and less mixing between animals from different groups (as in organic systems) should further improve animal welfare, reduce the risk of diseases, and limit the spread of those diseases (including zoonoses) when they occur. Additional investment, including research, into traditional and rare breeds of animals may reveal beneficial traits such as disease resistance and nutritional benefits for humans<sup>80</sup>. Reintroducing such breeds should further reduce the spread of disease through genetically similar (or identical) stock.
- ❖ **Fiscal measures (such as taxes and tax-breaks) should be introduced to discourage the use of pesticides**<sup>81</sup>, artificial fertilisers and non-essential veterinary drugs, and to encourage the preservation and reintroduction of wildlife-friendly features such as hedges and headlands<sup>82</sup>. More research and investment is required to increase the number of varieties of cereals that can be grown domestically, that have both nutritional and environmental benefits.
- ❖ Fiscal measures (such as taxes and tax-breaks) should also be introduced (or, in the case of landfill tax, enhanced) to **encourage the sector to reduce the amount of waste it**

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<sup>77</sup> This is the policy of Consumers Association, the Chartered Institute for Environmental Health, Local Authorities Co-ordinators of Regulatory Services, the Royal Environmental Health Institute of Scotland and the Trading Standards Institute.

<sup>78</sup> *How bogus hygiene regulations are killing real food*. June 2001. The Ecologist Report: London

<sup>79</sup> Compassion in World Farming (2000) *Live Exports: a cruel and archaic trade*. CIWF Trust: Petersfield

<sup>80</sup> Crawford, M A, *Fat animals – fat people*. July-August 1991. *World Health*.

<sup>81</sup> *Pesticide risk reduction in Sweden*. Presentation by Peter Bergkvist at Pesticides Action Network (PAN) Europe meeting, Hamburg, 1999. PAN, UK : London

<sup>82</sup> Lowe, P, Buller, H, Ward, N, *Setting the next agenda? British and French approaches to the second pillar of the Common Agricultural Policy*. Working paper 53, 2001. University of Newcastle, Centre for Rural Economy.

**produces**, re-use what cannot be eliminated<sup>83</sup>, and recycle what cannot be re-used. Recycling compostable waste is particularly important for returning nutrients to the farming and food system which are currently inappropriately treated and become a source of pollution<sup>84</sup>.

- ❖ We welcome the **Organic Action Plan**, but note the need for regular monitoring to ensure that the targets set are reached within the agreed timetable. In particular, supermarkets should make a binding commitment to buy a greater proportion of their organic produce from the UK to meet the government target of 70% of the organic food sold in the UK being produced here, by 2010. Clear country of origin labelling would also help consumers to act on their stated preference to buy more UK produced food.
- ❖ A **five year moratorium**, at UK and EU level, **should be introduced on growing GM crops** for any commercial purpose, importing GM crops, and patenting genetic resources. In that five year breathing space government should fund research into the impact of this technology on health, the environment, animal welfare, consumer choice and the economic viability of all types of farming<sup>85</sup>.
- ❖ **The Food Standards Agency should increase financial and legal support for improved food law enforcement.** Proposals include a “fighting fund” for legal test cases, introducing improvement/prohibition notices for food labelling offences<sup>86</sup>, and higher fines for those found guilty of food law infringements. Additional funding will be required to recruit, train and retain additional food law enforcement officers to take on the additional work entailed in more vigorous food law enforcement and to implement the prior approval system proposed above.
- ❖ **The UK Government should increase its support for fair trade.** More funding and technical assistance is needed so that Southern countries can raise their health, employment and environmental standards in food production. Having done so, fresh and processed foods from the South should be allowed access to Northern markets.<sup>87</sup>
- ❖ **To help the farming and food sector attract and retain good quality employees**, the UK Government should increase the minimum wage<sup>88</sup> and ensure a wide range of high quality training courses are available, including in nutrition<sup>89</sup>, conservation, farming, and marketing as well as food hygiene. Much of this training will be privately provided, but government has a responsibility to ensure high standards, and to provide funding for, e.g., unemployed, older or low skilled workers, to ease the transition into better quality jobs.
- ❖ **The balance of publicly funded research should be shifted** out of areas underpinning the current farming and food sector and into areas that show greater promise in terms of their contribution to sustainability, health and livelihoods, such as organic food and

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<sup>83</sup> As, for example, with the Danish system for reusing glass containers.

<sup>84</sup> See Annex I to this document.

<sup>85</sup> *GM food – the Government’s record*, 2001. Five Year Freeze: London

<sup>86</sup> *Enforcement Options in Food Standards Enforcement*. 2001. Unpublished submission to the Food Standards Agency by the Local Authority Co-ordinators of Regulatory Services (LACORS): London

<sup>87</sup> Vaughan, A, *Sugar, trade and Europe: A discussion paper on the impact of European sugar policies on poor countries*. 2000. Sustain: London

<sup>88</sup> Boyle, M. *Winners and Losers: The National Minimum Wage in Tyne and Wear – the experience of CAB clients*, 2000, NACAB: Newcastle

<sup>89</sup> Food Standards Agency conference, February 2001 on nutrition standards in catering.

farming. Overall, government should increase public funding for research in the farming and food sector, and ensure that the results are widely publicised.

- ❖ The UK Government should continue to take the lead in the EU, and in negotiations with relevant international institutions, to **insist on citizens' right to compulsory, comprehensive and comprehensible food labelling**. This includes not only ingredients, nutrition and food safety information, and origins (which could also usefully incorporate details about the environmental impact of transport methods<sup>90</sup>), but also processing and production methods. It is helpful that the World Trade Organisation has recently overturned its previous two decisions, in the *shrimp-turtle* case, so that countries may indeed specify food methods that, say, protect wildlife so long as these are not applied in a discriminatory manner<sup>91</sup>.
- ❖ Legal controls, with realistic fines for those violating the law, should replace the current voluntary approach to regulating food advertising and marketing (including advertising on the internet, which is effectively unregulated). The UK Government should **introduce legislation to protect children from advertising and promotions**, targeted directly at children, which promote foods that contribute to an unhealthy diet. These include confectionery, crisps, savoury snacks, soft drinks and other processed products containing high levels of fat, sugar or salt, excessive consumption of which is known to be detrimental to children's health<sup>92</sup>.
- ❖ Government should place **a duty on all educational institutions to introduce**, as part of a sustainable development policy, **an integrated food policy**. For children this is known as the "whole school" approach and has been introduced in many UK schools by Schools Nutrition Action Groups which bring together teachers, pupils, parents, caterers, and relevant professionals. Together these groups plan and introduce food education and skills (including cooking and growing) across the curriculum, which is then complemented by the food provided in tuck shops, school meals, breakfast clubs and so on<sup>93</sup>. This approach has been used successfully by the Grab 5! Project to promote fruit and vegetable consumption in low income primary schools<sup>94</sup>. Suitably modified, the same approach should be used for food policies in all educational institutions, since if teachers, health professionals and other relevant actors in society do not have an adequate food education, they can scarcely be expected to educate others.

12 September 2003

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<sup>90</sup> Jones, A (2001) *Eating Oil: Food supply in a changing climate*. Sustain/Elm Farm Research Centre: London

<sup>91</sup> Commission by Compassion in World Farming (2003) *WTO – the Greatest Threat Facing Animal Protection Today*. CIWF Trust: Petersfield

<sup>92</sup> See Annex II to this document for policy statement on this issue and list of supporting organisations.

<sup>93</sup> *The chips are down: A guide to food policy in schools*. 2000, Health Education Trust and The Design.Dimension Educational Trust

<sup>94</sup> British Heart Foundation Health Promotion Research Group (In press). Evaluation of the Sustain Grab 5! school fruit and vegetable project. BHFHPRG: Oxford. Summary available on [www.grab5.com](http://www.grab5.com)

*In supporting this document, each of the following organisations is indicating its formal agreement only in those areas where it has specific competence. At the same time, each acknowledges the expertise and authority of the other organisations in their respective fields. In addition, collectively the following organisations endorse the general principles outlined at the beginning of the document on the environmental, social and economic benefits that a food and health action plan should deliver.*

Allergy Alliance  
Association of School Health Education Co-ordinators  
Baby Milk Action  
Biodynamic Agriculture Association  
British Association for the Study of Community Dentistry  
British Dietetic Association  
British Heart Foundation Health Promotion Research Group  
Campaign for Real Ale  
Chartered Institute of Environmental Health  
Community Nutrition Group  
Compassion in World Farming  
Consensus Action on Salt and Health  
Department of Health Management and Food Policy, City University  
Ecological Foundation  
Elm Farm Research Centre  
Farmers Link  
Food Additives Campaign Team  
Food Commission  
Friends of the Earth  
Guild of Food Writers  
Health Education Trust  
HDRA – The Organic Organisation  
HUSH – The UK E.Coli Support Group  
Land Heritage  
National Consumer Council  
National Council of Women  
National Federation of Women’s Institutes  
National Heart Forum  
National Oral Health Promotion Group  
Northern Ireland Chest Heart and Stroke Association  
Permaculture Association  
Soil Association  
UK Public Health Association  
World Cancer Research Fund

## **ANNEX I: EXTRACTS FROM SUSTAIN RESPONSE TO THE DEFRA CONSULTATION DOCUMENT ON AN ANIMAL HEALTH AND WELFARE STRATEGY FOR GREAT BRITAIN, APRIL 2003**

### *Figures provided by Compassion in World Farming*

National Farmers Union figures show that a free-range egg costs just 1.54p more to produce than a battery egg, whereas a barn egg costs just 0.71p more to produce than a battery egg. UK consumers eat 180 eggs per person per year, including the eggs used in processed foods, etc.<sup>95</sup> On this basis, and provided that retailers charged no more than is needed to cover additional production costs, it has been calculated that the UK could change from battery to free-range eggs for just £2.77 per person per year (or £1.27 to change from battery to barn eggs).

For pigs, figures from France (Institut Technique du Porc), the Netherlands (Rosmalen Institute) and the UK (Meat and Livestock Commission) all show that even in the better group housing systems – ones giving reasonable space and ample straw – a kilo of pigmeat costs less than 2 pence extra to produce than in sow stalls.

Moreover, non-welfare factors can have a greater impact on on-farm production costs than welfare. The MLC reported in 1999 that the cost of feed varied between the major pig producing countries of Europe by 14 pence per kilo of pig produced, and the environmental costs varied by 8 pence per kilo.

### *Waste from intensive livestock systems*

Gaseous, liquid and solid waste from intensive livestock systems is too often inadequately disposed of or treated, and becomes a source of pollution. For example, waste from dairy farming is responsible for more water pollution incidents than any other industry<sup>96</sup>. Methane contributes almost half of the 10% of greenhouse gases generated by UK agriculture<sup>97</sup>, thereby exacerbating global warming<sup>98</sup>. In addition, if manure – one of the major sources of methane - was kept and distributed more effectively, it would reduce the need for artificial fertilisers, which themselves generate greenhouse gases. In addition, over-use of fertilizer (including manure, if not properly managed) can damage soil and biodiversity<sup>99</sup>.

Solid waste from fish faeces and excess feed contaminates the marine environment. In 2000, Scotland's fish farming industry produced an estimated 7,500 tonnes of nitrogen and 1,240 tonnes of phosphorous (comparable to the sewage output from 3.2 and 9.4 million people, respectively)<sup>100</sup>.

In addition, failure to deal adequately with waste in the meat sector has led to unsafe meat fraudulently re-entering the food chain<sup>101 102</sup>.

Reducing the numbers of animals farmed, and the intensity of the farming methods, will reduce the concentration of waste and, hence, disposal problems. Reducing the use of veterinary drugs will also cut the 500,000 tonnes of agricultural waste produced annually, by reducing container waste. At the same time, there should be further government research into and support for environmentally sustainable methods of composting animal waste and returning nutrients to the land.

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<sup>95</sup> Poultry World, September 2002

<sup>96</sup> Environment Agency 2001. Quoted in *Agriculture and Natural Resources*, May 2002, Environment Agency

<sup>97</sup> Duchateau, K. & Vidal C. 2003. Eurostat. <http://europa.eu.int/comm/eurostat/Public/datashop/print-catalogue/EN?catalogue=Eurostat&theme=8-Environment%20and%20Energy>

<sup>98</sup> Subak, S & Kelly, M. 1996 *The BSE Crisis and UK Greenhouse Gas Emissions. Policy Briefing No.1*. Centre for Social and Economic Research in the Global Environment

<sup>99</sup> *Junk food for plants*. 2002. Plantlife: London

<sup>100</sup> MacGarvin, M., 2000. Scotland's secret – aquaculture, nutrient pollution, eutrophication and toxic blooms. WWF Scotland: Aberfeldy. Cited in Lymbery, P. *In too deep – the welfare of intensively farmed fish*.

Compassion in World Farming Trust, 2002

<sup>101</sup> *The Report of the Waste Food Task Force*. 2003. Food Standards Agency: London

<sup>102</sup> *Meat not even suitable for pet food*. p.iii in Food Law Enforcement supplement in Food Standards News No.26 March 2003. Food Standards Agency: London

## ANNEX II: PROTECTING CHILDREN FROM UNHEALTHY FOOD ADVERTISING

“Children should be encouraged to eat fewer high fat snacks such as crisps and biscuits and to avoid consuming a large proportion of total energy from sweetened drinks.”

*Childhood obesity: time for action, not complacency, Editorial in the British Medical Journal, February 2000, vol. 320, p.328.*

### ❖ Children’s diet and health

The Government’s 2000 National Diet and Nutrition Survey confirms the poor state of children’s diets. British children eat less than half the recommended portions of fruit and vegetables a day, and the vast majority have intakes of saturated fat, sugar and salt which exceed the maximum adult recommendations.<sup>i</sup>

Population estimates indicate that 9% of boys and 13.5% of girls in England are overweight and the corresponding figures for Scotland are even higher (10% for boys and 15.8% for girls).<sup>ii</sup> The rate of increase in the proportion of overweight children is alarming and childhood levels of obesity in the UK have been described as ‘epidemic’.<sup>iii</sup> Between 1984 and 1994, the prevalence of obesity in English primary school children increased by 140%.<sup>ii</sup> Eating diets high in energy-dense fat is a major contributory factor in the rising trend in overweight and obese children.

More than half of 4 to 18 year olds have some dental decay, largely caused by frequent consumption of sugar-laden products.<sup>i</sup> Recent research has also identified links between the consumption of sugar sweetened drinks and obesity,<sup>iv,v</sup> and between low fruit and vegetable consumption and asthma.<sup>vi</sup> In the longer term, a diet high in fatty, sugary and/or salty foods increases the risk of developing coronary heart disease, some cancers, hypertension, diabetes and numerous other health disorders.<sup>vii, viii, ix, x</sup>

### ❖ **Advertising targeted at children**

It is estimated that the food industry spent in excess of £0.3 billion in 1999 promoting unhealthy food products.<sup>xi</sup> These are processed foods which contain high levels of fat and/or sugar and/or salt and include confectionery, crisps and savoury snacks, soft drinks and other so-called ‘fast’ or pre-prepared ‘convenience’ foods. Children are persistently exposed to commercial messages promoting these foods: on television and radio, on the internet, at the cinema, in comics and magazines, on packaging, and even at school.

In July 2001 Sustain published *TV Dinners*, a report which examines the nature and extent of food advertising during children’s TV programmes.<sup>xii</sup> The study shows that between 95% and 99% of the food advertising during children’s programming is for fatty and/or sugary and/or salty foods. Fatty and sugary foods are advertised in proportions up to 11 times higher than that recommended in official dietary guidelines, whilst fruit and vegetables are usually not advertised at all. In addition, adverts for unhealthy foods are shown with much greater frequency during children’s television compared with adult viewing periods.

Sustain believes that the effect of this imbalance in advertising is to reinforce children’s consumption of less healthy foods and undermine the efforts of parents and health professionals to encourage healthier patterns of eating. In the context of scientific evidence that diets high in fats (especially saturated fats), sugar and salt have a detrimental effect on children’s current and future health, this selective targeting of children by food advertisers is unjustifiable.

### ❖ **The need for more protection**

Television content analyses undertaken by Leeds University have shown that child-orientated adverts are more frequently repeated and are more likely to use animation, pace and central characters, magic

and fantasy, together with a wide range of emotional appeals (fun, action, adventure and achievement). The researchers conclude that children's television adverts are designed in a manner to engage attention and emotional response.<sup>xiii</sup>

Reviews of related research confirm that young children, especially, do not grasp the motives behind advertising or realise that the products advertised may not be good for their immediate or long-term health.<sup>xiv,xv</sup> Advertising is often viewed as either entertainment or as a source of reliable information, or both.<sup>xvi</sup> Even when children develop a better understanding of its purpose, they remain very vulnerable to peer pressure, upon which advertising feeds.

These findings are not new. Indeed, in response to concerns expressed over a number of years, advertising codes of practice acknowledge that children deserve special protection, including from inducements to eat unhealthy diets. Why, then, does there continue to be a very high volume of advertising for fatty and/or sugary and/or salty foods, targeted specifically at children?

First, the codes apply only to individual adverts, and not to the cumulative effect of advertising and marketing as a whole. Second, the codes are voluntary, and call only for restraint, not full protection. So far, only the Co-op has agreed, voluntarily, not to promote fatty and/or sugary and/or salty foods to children at all.<sup>xvii</sup>

❖ Policy statement

We call upon the UK Government to introduce legislation which protects children from the advertising and promotion of foods that contribute to an unhealthy diet. These include confectionery, crisps, savoury snacks, soft drinks and other processed products containing high levels of fat and/or sugar and/or salt, excessive consumption of which is known to be detrimental to children's health. Voluntary approaches are not working, so statutory controls are needed to end commercial activities which promote these foods specifically to children, irrespective of the method used.

We fully acknowledge that advertising is not the only influence on children's diets and, thereby, their health. Family and friends, teachers and other professionals, government and private sector policies all have their role to play. However, advertising also affects all of these influences, as well as appealing directly to children, and it is designed to be powerfully persuasive. Sustain believes that children have a right to grow up free from commercial pressures to buy – or pester their families to buy – fatty and/or sugary and/or salty foods that put their current and future health at risk.

<sup>i</sup> Food Standards Agency, (June 2000), *The National Diet and Nutrition Survey of Young People aged 4 to 18 years*, HMSO, London.

<sup>ii</sup> Chinn S. & Rona R., (2001), Prevalence and trends in overweight and obesity in three cross sectional studies of British children, 1974-94, *British Medical Journal*, 322, 24-26 (6 January).

*See also:*

Bundred P., Kitchiner D. & Buchan I., (2001), Prevalence of overweight and obese children between 1989 and 1998: population based series of cross sectional studies, *British Medical Journal*, 322, 1-4 (10 February).

Rudolf M., Sahota P., Barth J. & Walker J., (2001), Increasing prevalence of obesity in primary school children: cohort study, *British Medical Journal*, 322, 1094-1095 (5 May)

<sup>iii</sup> Dietz W., (2001), The obesity epidemic in young children, *British Medical Journal*, 322, 313-314 (10 February).

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- <sup>iv</sup> Ludwig D., Peterson K., Gortmaker S., (2001), Relationship between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis, *The Lancet*, 357, 505-508 (17 February).
- <sup>v</sup> Bellisle F., Rolland-Cachera M., (2001), How sugar-containing drinks might increase adiposity in children, *The Lancet*, 357, 490 (17 February).
- <sup>vi</sup> Fogarty A. & Britton J., (2000), Nutritional issues and asthma, *Current opinion in pulmonary medicine*, 6, 86-89.
- See also:*
- Figuroa-Munoz J., Chinn S. & Rona R., (2001), Association between obesity and asthma in 4-11 year old children in the UK, *Thorax*, 56, 2, 133-37.
- Gillman M., (1996), Enjoy your fruit and vegetables, *British Medical Journal*, 313, 756-66 (28 September).
- <sup>vii</sup> Law M., (2000), Dietary fat and adult diseases and the implications for childhood nutrition: an epidemiological approach, *American Journal of Clinical Nutrition*, 72, 1291S-1296S.
- <sup>viii</sup> Must A. & Strauss R., (1999), Risks and consequences of childhood and adolescent obesity, *International Journal of Obesity*, 23, Suppl 2, S2-S11.
- <sup>ix</sup> Woutersen R., Appel M., van Garderen-Hoetmer A. & Wijnands M., (1999), Dietary fat and carcinogenesis, *Mutation Research*, 443, 1-2, 111-27.
- <sup>x</sup> Siani A., Guglielmucci F., Farinaro E. & Strazzullo P., (1999), Increasing evidence for the role of salt and salt-sensitivity in hypertension, *Nutrition, Metabolism and Cardiovascular Diseases*, 2, 93-100.
- <sup>xi</sup> It is very difficult to get accurate figures from the food and drink industry on advertising and promotion expenditure. This estimate is based on approximate figures which are presented in the Advertising Association's Yearbook 2000. However, market data from Haynet Marketing, ([www.marketing.haynet.com](http://www.marketing.haynet.com), original source AC Nielson) shows that in the year ending April 2000, industry spent £71m advertising the top ten selling soft drinks. The same source shows that £47m was expended on advertising the top ten selling confectionery lines and the advertising spend for the top ten selling crisps and snack products was £21m.
- <sup>xii</sup> Sustain, (2001), *TV Dinners – What's being served up by the advertisers?*, Sustain: The alliance for better food and farming, London.
- <sup>xiii</sup> Lewis M. & Hill A., (1998), Food advertising on British children's television: a content analysis and experimental study with nine-year olds, *International Journal of Obesity*, 22, 206-14.
- <sup>xiv</sup> Bjurnstrom E., (1994), *Children and Television Advertising: a critical study of international research concerning the effects of TV commercials on children*, The National Swedish Board for Consumer Policy.
- <sup>xv</sup> Jarlbro G., (2001), *Children and television advertising – the players, the arguments and the research during 1994-2000*, Swedish Consumer Agency.
- <sup>xvi</sup> Young B., (1998), *Emulation, Fears and Understanding: A review of recent research on children and television advertising*, ITC, London.
- <sup>xvii</sup> Co-operative Wholesale Society Ltd., (2000), *Blackmail – The first in a series of inquiries into consumer concerns about the ethics of modern food production and advertising*, CWS Ltd., Manchester.

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## List of organisations supporting the statement to protect children from unhealthy food advertising

List correct as at 15 September 2003

Action Against Allergy

Allergy Alliance

### **Arid Lands Initiative**

Autism Unravelling

Baby Milk Action

### **Biodynamic Agricultural Association**

Blood Pressure Association

British Allergy Foundation

British Association for Community Child Health

British Association for the Study of Community Dentistry

British Cardiac Society

British Dental Association

British Dietetic Association

British Heart Foundation

### **British Heart Foundation Health Promotion Research Group**

British Hypertension Society

British Institute for Allergy & Environmental Therapy

British Society for Cardiovascular Research

Centre for Food Policy

Chartered Institute of Environmental Health

### **Child Growth Foundation**

Child Poverty Action Group

### **Children's Society**

Coeliac UK

Co-operative Group (CWS) Ltd

Community Health UK

### **Community Nutrition Group**

Community Practitioners' and Health Visitors' Association

### **Consensus Action on Salt and Health (CASH)**

Coronary Artery Disease Research Association

Coronary Prevention Group

Day Care Trust

Diabetes UK

Digestive Disorders Foundation

Elm Farm Research Centre

Faculty of Public Health Medicine

Family Heart Association

Family Welfare Association

Federation of City Farms and Community Gardens

Food and Chemical Allergy Association

Food Commission

Food and Health Research Foundation for Local Food Initiatives

General Consumer Council for Northern Ireland

Gingerbread

Guild of Food Writers

Haemolytic Uraemic Syndrome Help (HUSH)

Health Education Trust

Human Scale Education

Hyperactive Children's Support Group

International Society for Food Ecology and Culture

Land Heritage

Latex Allergy Support Group

Maternity Alliance

McCarrison Society for Nutrition and Health

Migraine Action Association

National Children's Bureau

National Council of Women

National Consumer Council

National Consumer Federation

National Federation of Women's Institutes

National Heart Forum

National Obesity Forum

National Oral Health Promotion Group

National Union of Teachers

Northern Ireland Chest, Heart and Stroke Association

Positive Parenting

Royal College of General Practitioners

Royal College of Physicians

Royal College of Surgeons

Royal Institute of Public Health

Royal Society for the Promotion of Health

Scottish Consumer Council

Scottish Heart and Arterial Disease Risk Prevention

Soil Association

Soroptimist International of Great Britain

Stroke Association

TOAST (The Obesity Awareness & Solutions Trust)

UK Public Health Association

UNISON

Vega Research

Weight Concern

Welsh Food Alliance

World Cancer Research Fund

Young Minds

(85)