

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol ar Atal iechyd gwael - gordewdra](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Prevention of ill health - obesity](#)

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Cancer Research UK Response

Health and Social Care Committee: Inquiry into the prevention of ill health- obesity.

About Us

Cancer Research UK is the world's leading cancer charity dedicated to saving and improving lives through research. We fund research into the prevention, detection and treatment of more than 200 types of cancer through the work of over 4,000 scientists, doctors and nurses. In the last 50 years, we've helped double cancer survival in the UK and our research has played a role in around half of the world's essential cancer drugs. Our vision is a world where everybody lives longer, better lives, free from the fear of cancer.

As well as working towards a smokefree generation to end cancers caused by smoking, our prevention priorities include significantly reducing the number of children who are overweight or obese. For the past decade, we have conducted research and policy development on the need for, and implementation, of TV and online advertising restrictions to reduce the exposure of less healthy food and drink products to children. To this end, Cancer Research UK welcomes the opportunity to continue to engage with the Welsh Government's action on overweight and obesity.

Cancer Research UK is a registered charity England and Wales (1089464), Scotland (SC041666), the Isle of Man (1103) and Jersey (247).

For more information on our response, please contact Simon Scheeres (Public Affairs Manager (Wales)) by email: [REDACTED]

Context

Overweight and obesity is the second biggest cause of cancer in the UK, after smoking [1]. CRUK analysis estimates over 21 million UK adults will be obese by 2040 [2]. Excess weight does not show the full picture as diet can also directly affect cancer risk. Eating plenty of foods high in fibre, such as wholegrains, fruit and vegetables, can reduce the risk of bowel cancer; whereas eating too much processed and red meat can increase the risk of bowel cancer. Often intersecting with areas of deprivation, there are also diet and weight-linked inequalities across age, geographical areas, genders, ethnic groups and for those living with mental and/or physical disabilities [3]. Public Health Wales reported that in 2020, 61% of adults in Wales were classified as living with overweight or obesity and estimated that obesity costs the Welsh NHS £73 million a year, increasing to £86 million when including overweight [4]. Tackling obesity is therefore central to improving health for everyone across Wales.

A child who is obese is around five times more likely to be obese in adulthood [5] and the likelihood is greater for children from more disadvantaged groups [5] [6]; acting early is critical. The greater availability of fast food in deprived areas [7] and higher density of advertising and promotions of foods high in fat, salt and sugar (HFSS) are likely to be a contributing factor to the socio-economic inequalities seen across obesity levels.

For the past decade, Cancer Research UK has conducted research and policy development on the need for, and implementation, of TV and online advertising restrictions to reduce the exposure of less healthy food and drink products to children [8]. We know there is no silver bullet to reduce obesity, and there are many things that need to change in the food environment so that healthy habits are easier to maintain. We strongly support measures to restrict HFSS price promotions and to protect our young people from junk food advertising to help address the unhealthy environmental factors that lead to poor diets and excessive weight. Multi-buy or volume-based price promotions increase the amount people buy and their unplanned spend; which is especially pertinent at a time when people have less money in their pockets.

We recognise and acknowledge that the rising cost of living is a significant concern. However, the evidence is clear that marketing promotions are designed to encourage consumers to spend more money on products that they were not intending to buy, not to save people money. Regulations to the promotion of less healthful food and drinks are essential to ensuring healthier options are accessible and affordable options for all. Increased regulation also needs to be backed with sufficient funding for the enforcement and evaluation of these new measures.

Cancer Research UK is a member of the Obesity Alliance Cymru (OAC): a coalition of leading national charities, professional bodies, campaign groups and membership bodies collaborating to influence policy on preventing and reducing obesity in Wales. We endorse the recommendations in the OAC's response, which echo the calls across the public health community to ensure comprehensive action to improve health outcomes related to weight and diet in Wales.

1. Gaps/areas for improvement in existing policy and the current regulatory framework (including in relation to food/nutrition and physical activity).

The world around us makes it hard for people to be healthy. Consumer-facing messages of 'everything in moderation' are overshadowed by an abundance of marketing on alcohol and HFSS food and drink, unhelpfully shaping consumer perceptions and practices. The well-established marketing practices and big budgets of major brands have made less healthy behaviours the social norm. This is hard to counteract. It's taken concerted government effort over decades to change this for tobacco. And even then, the job is not complete. In 2022, according to Cancer Research UK-funded analysis, the tobacco, alcohol and food industries (and associated intermediaries such as retailers and distributors of each product) derived around £52.7bn of revenue from high-risk consumption [9]. Industry expends significant efforts to maintain these revenues, including trying to influence public policy and limit appropriate regulatory measures via a 'common playbook' of tactics. This can even include discrediting evidence, informing opinion through public relations activities and threatening litigation [10]. The Welsh Government, regulators and civil society have roles to play in redressing this imbalance by protecting public health policymaking from these vested interests, and in protecting consumers.

We have two priority policy calls for Government action across the UK:

- **Implementation of the legislation restricting volume-based and location-based price promotions on HFSS products by the Welsh Government.**
- **Implementation of the 2022 legislation on TV and online advertising restrictions on HFSS foods across the UK no later than October 2025.**

In addition to these two policy calls, we endorse the Obesity Alliance Cymru (OAC)'s submission to this inquiry.

2. The impact of social and commercial determinants on obesity.

Social determinants

We know that overweight and obesity prevalence is high in Wales and increasing, but obesity rates also differ across the nation, contributing to health inequalities such as cancer risk and cancer treatment outcomes. There are inequalities across age, geographical areas, genders, ethnic groups and for those living with mental and/or physical disabilities [3]. Taking the example of health disparities that impact more deprived groups, rates of children with obesity in England are increasing significantly faster in communities with high deprivation levels, compared to those living in areas experiencing less deprivation [11]. The Child Measurement Programme (2022- 2023) reported that there remains a disparity in the likelihood of children having a healthy weight: it was shown to vary by their socioeconomic group [12]. Children in the most deprived fifth were statistically significantly less likely to have a healthy weight compared with those in the middle to least deprived fifths [12].

Because obesity prevalence is higher amongst children from lower socioeconomic groups [12], it is those who live in deprived areas who stand to gain proportionally the most from public health interventions [13].

Commercial determinants

There is strong evidence linking increased marketing, promotion and availability of HFSS with increased consumption of these products [14], Welsh Government should prioritise addressing the marketing, promotion and availability of HFSS foods.

Even a one-off exposure to food advertising can potentially increase children's food intake by around 30 calories during or shortly after the exposure [15]. Research has also suggested that an energy gap of only 69-77 kcal per day over a number of years can make the difference between normal weight and overweight in young children [16]. Therefore, Cancer Research UK strongly supports measures to restrict price promotions on less healthy food and drink and measures to protect our young people from junk food advertising. These are two essential measures to address the unhealthy environmental factors that lead to poor diets and excessive weight that effect the most deprived parts of the Wales the greatest.

Price promotions on HFSS products

Implementing restrictions on volume-based price promotions would positively influence food purchasing choices in Wales [17]. As HFSS products are more commonly on offer than

healthier products [18], volume-based promotions can normalise the purchasing of unhealthy food and drink categories, contributing to an obesogenic environment for consumers [19].

There is strong evidence that promotions lead families to spend more money overall, not less, increase the consumption of unhealthy foods, decrease the consumption of fruit and vegetables and are associated with higher rates of overweight and obesity, regardless of demographics factors such as age and income [20]. Our 2023 report, Trolley Trends: Shifting the nation towards healthier shopping [21], used anonymised Tesco Clubcard data to show that people intend to make healthier choices when they shop, but they struggle in practice. Price promotions lead to higher consumption of unhealthy food and drink and are associated with higher rates of overweight and obesity [21].

In 2022, regulations came into force to restrict the placement of HFSS food and drinks in stores in England. Thanks to this and the expectation of (the delayed) restrictions to volume-based promotions on HFSS foods across the UK, industry has already started to reformulate some of its unhealthier products or bring in new products [22]. Companies have a choice as to which products they advertise and/or place on promotion. These regulations would incentivise industry to rebalance their product ranges and offers in favour of healthier options.

HFSS product advertising

Our research has shown that exposure to junk food marketing can influence young people's food choices [23]. These findings align with evidence from systematic reviews and wider research, which show advertising increases food intake in children [24][25]. There is also a strong link between advertising and health inequalities, with children and families from more deprived backgrounds being more exposed to junk food advertising than their less deprived peers [26]. Even a one-off exposure to food advertising can potentially increase children's food intake by around 30 calories during or shortly after the exposure [15]. As stated above, research also suggests that an energy gap of only 69–77 kcal per day over several years can make the difference between normal weight and overweight in young children [16].

We strongly urge Senedd Cymru to publicly call for the UK Government to implement the UK-wide TV and online advertising restrictions on HFSS foods, which were passed into law in 2022 but which the UK Government delayed coming into force until October 2025. The implementation of these restrictions requires minimal effort and no further primary legislation. The UK Government's own figures suggest that implementing the HFSS advertising restrictions could reduce the number of children living with obesity by around 20,000 in the UK over the coming years [27]. The policy also garners consistently high public support, with 8

out of 10 UK adults supporting the government banning advertising of unhealthy food on TV and online to children [28].

Inequalities in the food environment

Eating a healthy diet (as defined by the UK Government's Eatwell Guide) can be expensive and there is a disparity in how much it costs people to follow a healthy diet. According to one study, the most deprived fifth of the UK's population would need to spend 50% of their disposable income on food to meet the cost of the UK Government's recommended healthy diet [7]. This compares to just 11% for the least deprived fifth. Junk food outlets are also more prevalent in more deprived areas [7]. This means it is harder for some people to eat a healthy diet than others. The latest figures from the Child Measurement Programme (2022-2023) show that children aged 4-5 years residing in the least deprived 'deprivation fifth' were statistically significantly less likely to have obesity compared with all other deprivation fifths [12].

When a healthy balanced diet isn't an option, the alternative is high-calorie, highly processed, less nutritious food that makes it much harder to keep a healthy weight. Addressing deep-seated inequalities in health outcomes needs action to reduce poverty and increase household incomes. But efforts to support people to maintain a healthy weight would make a genuine contribution. Government action to directly reduce poverty and increase household incomes might make it easier for people to afford to eat a healthy diet [7], as well as separately help speed up the pace of becoming smokefree.

3. Interventions in pregnancy and early childhood to promote good nutrition and prevent obesity.

Cancer Research UK supports OAC's submission for this question on interventions targeted towards pregnancy and early childhood. The data shows that a child who is obese is around five times more likely to be obese in adulthood [5] – so acting early is critical. Actions that can help reduce childhood obesity are vital.

4. & 5. The stigma and discrimination experienced by people who are overweight/obese and the relationship between obesity and mental health.

Cancer Research UK supports OAC's submission for this question.

6. People's ability to access appropriate support and treatment services for obesity.

Cancer Research UK supports OAC's submission for this question.

7. International examples of success (including potential applicability to the Welsh context).

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