It is time to act against drug-foods, for the health of the population and the planet.

The BMJ 'Food for thought' collection, including Spector and Gardner's more recent paper, have tended to focus on individual actions and the doctor-patient dyad. We however suggest that a root cause approach which not only asks 'Why is my patient obese?' but also 'What factors have resulted in the increase in obesity?' would lead us to consider the role of what Mintz termed 'drug-foods [1]. Once we as doctors start to think of these substances in the way we think of drugs, our perspective changes. But what do we mean by 'drug-foods'? Sugar, cocoa and caffeine were first termed drug-foods but the definition we use here also includes products containing non-sugar sweeteners, and those, such as savoury snacks, which are specifically formulated to be 'moreish', to stimulate pleasure responses above and beyond the natural pleasure derived from eating. Indeed, recent RCT evidence shows that ultra-processed foods (which themselves contain drug-foods) are associated with weight gain when directly compared with non-processed food.

The health consequences of over-consumption of these drug-foods are now, in the middle of the covid-19 pandemic, even more obvious to us all, and they come at a huge financial and social cost in the burden of obesity, pre-natal and infant malnutrition, alcohol harm, and diet-related dental and mental health care.

As well as the health effects of drug-foods, it is less well-recognised that their production uses a substantial proportion of our increasingly stretched natural resources. PepsiCo, for example, sent 6% of the 2018 UK potato crop to their Walkers crisp factory in Leicester. Coca Cola's water consumption in 2012 was enough to meet the annual needs of over two billion people, [2] a figure greater than the UN Food and Agriculture Organization (FAO) estimate that, by 2025, 1.8 billion people will be living in regions with absolute water scarcity.

It is widely accepted that human health and planetary health are intrinsically interlinked: both are threatened by climate change, resource depletion and population pressures. The Rockefeller-Lancet Commission on Planetary Health recognised the role of powerful vested interests as a significant barrier to action and the former UK Chief Medical Officer in her final Annual Report [Ch 8, p16] also reminded us of the power of vested interests: in a section titled *The lessons of history,* she says: *Early on it was recognised that the key driver of smoking was the existence of an industry with highly sophisticated strategies to maximise reach and sales*.

In the UK, both drug-foods and the producers and promoters of them can be identified through an aspect of the UK fiscal system, namely Value Added Tax (VAT). The use of the VAT system precisely and systematically identifies *both* the drug-food products *and* their manufacturers at the point of sale. We therefore suggest that for food and drink products upon which UK VAT is levied, advertising and product placement should be prohibited and, as with cigarette products, strict controls placed on branding and packaging design. It is of note that there are similar point of sale taxes in other jurisdictions, e.g. the Good and Services Tax (GST) in Australia.

We therefore suggest the following strategies: (i) that corporations making and promoting **any** food and drink products upon which VAT (and similar taxes in other jurisdictions) is levied are prohibited forthwith from sponsorship and/or partnership (including commercial

partnerships such as vending machines) with national and local government bodies, nurseries, schools, colleges, universities, research organisations and health systems; (ii) these corporations are charged a levy to offset societal costs and the fiscal costs borne by the health system; (iii). limits are placed on their use of land, soil, water and energy, as well as consideration given to charging a proportion of agricultural land subsidies received directly or indirectly; (iv) the monies collected be used to support agricultural products and practices supportive of both human and planetary health.

The UK Government's new obesity strategy appears to depend largely on individual behavior change and nudge strategy, rather than being an effective population level strategy. Just as the tobacco companies have in the past endeavoured to subvert public health messages, so today we must take radical action to curb corporations producing drug-foods. We must not, however, underestimate corporate power lobbying governments. Indeed, the individual power of one company, Coca Cola, has been recognised in two recent BMJ papers. Seeking any means by which any of these corporations would *voluntarily* curb their commercial activities runs counter to their raison d'être and is therefore futile. As John Naughton eloquently describes, we can regard corporations as *artificial superintelligences*, thus amoral rather than immoral entities, blindly seeking to extend their power and reach, indifferent to human and planetary interests.

Our urgent challenge is to speak truth to this truly sociopathic power and act both individually and collectively against it. And if doctors won't act, then who will?

References

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15th September 2020