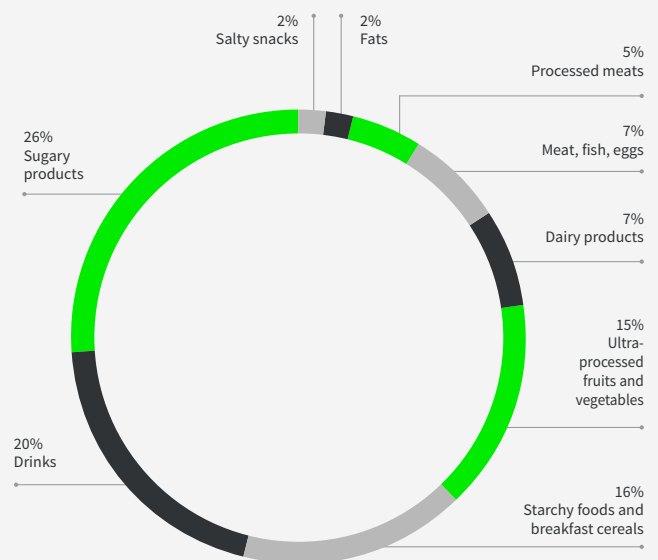


Ultra-processed foods: an EU health crisis

Many European countries have seen a dramatic increase in the consumption of ultra-processed foods in recent decades, with research estimating that these food products contribute to up to half of total daily energy intake¹.

Ultra-processed foods often go through multiple processes and modifications prior to consumption and have a high content of saturated fat, added sugar and salt. Studies have demonstrated a link between ultra-processed food consumption and a range of chronic digestive diseases, such as non-alcoholic fatty liver disease², liver cancer³ and colorectal cancer⁴. In addition, a 10% increase in the proportion of ultra-processed foods in the diet is associated with a > 10% increase in risk of all cancers.

Consumption of Ultra-processed food in Europeⁱ



Fuelling the Obesity Epidemic

As well as increasing the risk of chronic digestive diseases, the rising intake of ultra-processed foods is fuelling the obesity crisis across Europe. Over half of the adult EU population, and one in every three children aged 6-9, is either overweight or obese⁵, leading to huge increases in cardiovascular disease and mortality^{6,7,8}. These rates are only set to rise in the foreseeable future, leading to one of the greatest and most significant public health challenges we face today.



Obesity-related costs drain **€81 billion** from European economies per year⁹



33% of Europe's school-aged children are estimated to be overweight¹⁰



52% of the adult EU population is overweight or obese¹¹

Addressing unhealthy dietary patterns through mandatory front-of-pack labelling

To promote optimal digestive health and to reduce the burden inflicted by obesity and chronic digestive diseases, United European Gastroenterology (UEG) calls for the adoption of mandatory front-of-pack labelling (FOPL) across the EU.

Voluntary food labelling schemes are currently present in many EU Member States, resulting in a lack of adherence from food manufacturers who are able to direct and control what people eat. Countries that do have food labelling policies employ different schemes and regulations, resulting in a fragmented and inconsistent approach across the continent.

It is vital that dietary control is placed into the hands of consumers through the effective adoption of EU-wide mandatory food labelling policy.

The implementation of a simple, informative and uniform FOPL approach could help to educate the public, improve dietary patterns and promote healthy lifestyles.

In accordance with WHO guidelines¹², UEG recommends:

- Policy development that is led by government and based on the latest scientific research and guidelines
- Labelling that utilises interpretational visual aides to help swift decision making
- Supporting initiatives to aid implementation, such as the development of guidance documents for industry to facilitate label adoption and public education programmes to stimulate consumer knowledge and demand
- A formal and comprehensive FOPL policy monitoring and evaluation programme to assess implementation and impact, such as purchasing and consumption changes, nutritional knowledge in consumers and potential health benefits

A consistent government-led FOPL system will:



- Provide consumers with improved and credible evaluative judgements about the nutritional content within food products



- Aid consumer understanding of nutritional information



- Support consumers to make informed purchasing decisions and choose nutritionally favourable products



- Encourage consumers to reduce their intake of ultra-processed foods (and in turn saturated fat, sugar and salt)



- Help drive food manufacturers to reformulate their products to ensure they are healthier and avoid unfavourable nutritional content

¹ Fiolet, T., Srour, B., Sellem, L., Kesse-Guyot, E., Allès, B., Méjean, C., ... & Hercberg, S. (2018) Consumption of ultra-processed foods and cancer risk: results from NutriNet-Santé prospective cohort. *bmj*, 360, k322.

² Zelber-Sagi S., (2018). High red and processed meat consumption is associated with non alcoholic fatty liver disease and insulin resistance. *Journal of Hepatology*, vol 68.

³ Ma Y, Yang W, Simon TG, Smith-Warner SA, Fung TT, Sui J, Chong D, et al. Dietary Patterns and Risk of Hepatocellular Carcinoma Among U.S. Men and Women. *Hepatology* 2019;70:577-86.

⁴ Tabung FK (2017). Dietary Patterns and Colorectal Cancer Risk: a Review of 17 Years of Evidence (2000–2016). *Colorectal Cancer Reports* 6.

⁵ EuropeanCommission. (2015) Rewarding initiatives of cities, NGOs and schools seeking to prevent and reduce obesity in children and young people (6-18 years). Available at: https://ec.europa.eu/health/ngo_award/home_en

⁶ Srour B., (2019). Ultra-processed food intake and risk of cardiovascular disease: prospective cohort study (NutriNet-Santé). *BMJ*.

⁷ Fiolet T.(2018). Consumption of ultra-processed foods and cancer risk: results from NutriNet-Santé prospective cohort *BMJ*.

⁸ Schnabel L., (2019) *JAMA Internal Medicine*.

⁹ Cuschieri, S., & Mamo, J. (2016). Getting to grips with the obesity epidemic in Europe. *SAGE Open Medicine*, 4, 2050312116670406.

¹⁰ EuropeanCommission. (2015) Rewarding initiatives of cities, NGOs and schools seeking to prevent and reduce obesity in children and young people (6-18 years). Available at: https://ec.europa.eu/health/ngo_award/home_en

¹¹ Eurostat. (2019). Overweight and obesity - BMI statistics. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php/Overweight_and_obesity_-_BMI_statistics

¹² Guiding principles and framework manual for front-of-pack labelling for promoting healthy diet, Available at: <https://www.who.int/nutrition/publications/policies/guidingprinciples-labelling-promoting-healthydiet.pdf?ua=1>