



Situation Report:

The Scottish Diet: It needs to change.

Our diet – at a glance



as a nation, we in Scotland have a diet that's too high in calories, fats, sugar and salt, and too low in fibre, fruit and veg, and other healthy foods like oil-rich fish.



our poor diet is deep-rooted and hasn't changed significantly in the last fifteen years.



poor diet exists across all socio-economic groups but the most deprived tend to have the poorest diets.



discretionary foods are items of food and drink which are high in calories and/or salt, low in nutritional value, and which aren't required for our health. They tend to be heavily promoted and represent an unhealthy proportion of our overall diet.



it's essential that we reduce the consumption of discretionary foods and drinks if we are to make significant and measurable improvements to diet and health.

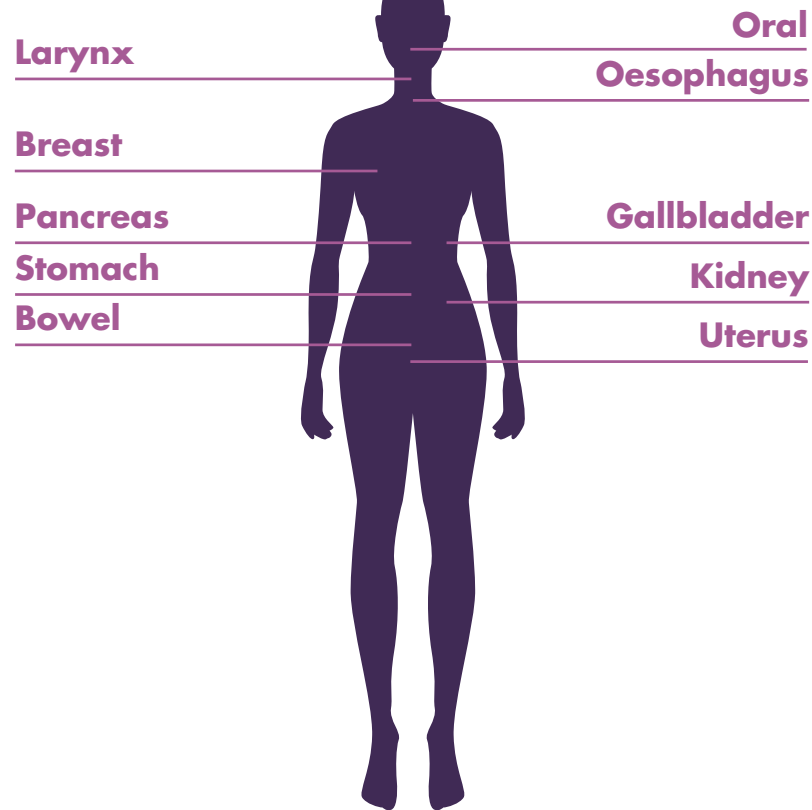
How our diet is making us ill

Our poor national diet is contributing to health problems. This puts an increased burden on individuals and families in Scotland as well as on our healthcare services, costing us all in the long run. That's money which could be better spent elsewhere.

There are a number of different types of cancer that are affected by the poor Scottish diet. Too much fat and insufficient fruit and vegetables contributes to coronary heart disease and stroke. Too much salt contributes to high blood pressure and the risk of developing heart disease and stroke. Too much sugar can cause tooth decay, which is a particular problem in children.

14,418

Cancer cases where risk factors include poor diet and overweight (2013)



7,239

deaths from coronary heart disease in 2013



2,483

deaths from stroke in 2013



32%

of primary 1 children had obvious dental decay in 2014



29%

of the adult population have high blood pressure



Poor diet contributes to many health problems.

[Find out more](#)

Continued on next page



The health costs of obesity and diabetes

In Scotland a key dietary concern is the consumption of too many calories – leading to weight gain – especially from foods and drinks high in energy density, fat and/or sugar. Today approximately two out of three adults living in Scotland are overweight or obese and around three in ten children are at risk of overweight or obesity. Being overweight or obese increases the risk of type II diabetes, heart disease, stroke and some cancers, and can negatively affect the quality of life.

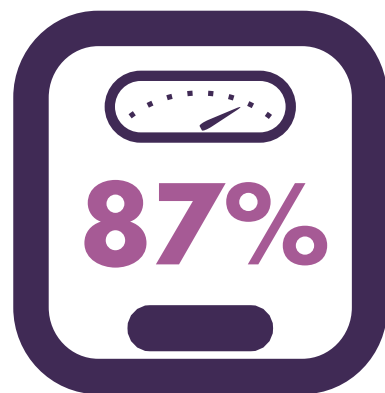
Around half a million people in Scotland are at high risk of developing diabetes and this number is increasing every year. Diabetes can have serious consequences including kidney damage, eye damage, foot damage, hearing impairment, heart and blood vessel disease which can result in limb amputations. Although the complications develop gradually they can be disabling or even life-threatening.



2 out of 3 people
are either overweight
or obese



31%
of children overweight
or obese



87%
of type-II diabetics are
overweight or obese



75%
of people recognise
obesity to be a big
problem in Scotland*

*<http://www.foodstandards.gov.scot/attitudes-diet-and-health-scotland-2015>

Find out more 



The consequences of being overweight, obese or having diabetes should not be ignored.



Scottish dietary goals: where we are now

Because our diets contain too much sugar and fat, the calories we consume per gram of food and drink is high. This means we are eating a high energy-dense diet, which is likely to lead to overweight and obesity. To reduce the energy density of the diet, we need to eat fewer sugary and fatty foods and replace these with low energy dense foods (such as fruit and veg). We also need to reduce the amount of salt we eat to help us get the balance of the diet right.

At the moment, the energy density of the average diet in Scotland is much too high – 40% over the goal.



The energy density of the average diet in Scotland is 40% over the Scottish Dietary Goal

[Find out more](#)

What we should be eating more of

In Scotland, dietary goals are used to benchmark the national diet and to show where we are now and where we need to be.

The Scottish diet falls a long way short of recommendations, and has done so for many years, with very little change. We eat too many calories, too much fat, sugar and salt, and not enough fruit, vegetables, oil-rich fish and high-fibre foods.

Fruit & Veg Goal:

Goal **5 portions** of fruit or vegetables a day



Current intake **3.4 portions** of fruit or vegetables a day



We are 1.6 portions away from meeting the fruit and veg goal.

Despite the need for change towards a healthy balanced diet, most Scots believe their diet is healthier than it actually is, with over 77% of those surveyed* saying they thought the food they ate was fairly healthy or even very healthy.

Fibre Goal**:

Goal **18g** of fibre a day

Current intake **11.8g** of fibre a day



Find out more

* <http://www.foodstandards.gov.scot/attitudes-diet-and-health-scotland-2015>

** The dietary goal for fibre is currently under-review following new stricter recommendations from the Scientific Advisory Committee on Nutrition (SACN) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf

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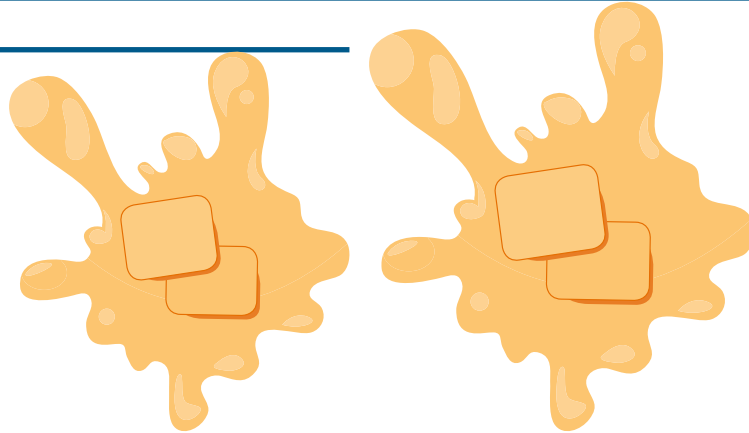


What we should be eating less of

Total fat goal:

Current intake **39.4%** of food energy

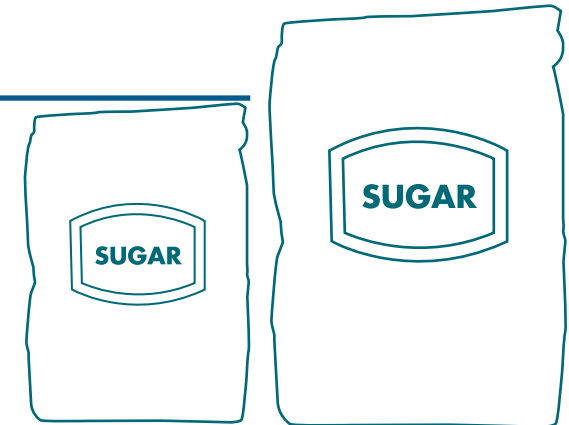
Goal **35%**
of food energy



Sugar goal**:

Current intake **14.4%** of food energy

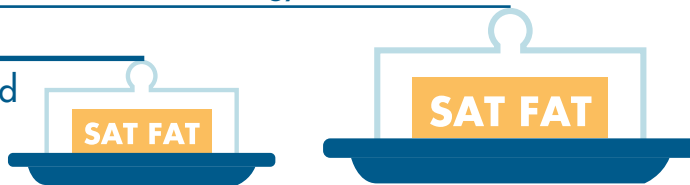
Goal **11%** of
food energy



Saturated fat goal:

Current intake **15.5%** of food energy

Goal **11%** of food
energy



30% of adults and parents recognise the need to reduce sugar and a quarter the need to cut back on fats*.

* <http://www.foodstandards.gov.scot/attitudes-diet-and-health-scotland-2015>

** The dietary goal for sugar is currently under-review following new stricter recommendations from the Scientific Advisory Committee on Nutrition (SACN) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf

Find out more 



Diet is poor overall, but inequalities exist

Poor diet exists across the population but the most deprived tend to have the poorest diets (containing more sugar and less fruit, vegetables and fibre). Higher sugar intakes in deprived groups are partly due to consumption of sugary drinks.

As a nation we have too much fat and saturated fat in our diet. Although total fat intakes generally don't differ by deprivation, saturated fat intakes tend to be higher in less deprived groups.



Least deprived eat:

More fibre and fruit and veg
Less sugar and sugary drinks
But more sat fat



Most deprived eat:

Less fibre and fruit and veg
More sugar and sugary drinks
But less sat fat



Poor diet exists across all the population but the most deprived tend to have the poorest diets.

¹The Scottish Index of Multiple Deprivation identifies the level of multiple deprivation in small areas across all of Scotland in a consistent way. These areas can then be grouped into deciles or quintiles. Quintile 1 refers to the fifth most deprived areas, and quintile 5 refers to the least deprived fifth.

[Find out more](#)



Discretionary foods and drinks in the diet

Too much of the Scottish diet today is made up of discretionary foods. These tend to be energy dense foods with lots of calories and little nutritional value.

20%

of all calories and fat we eat comes from discretionary foods



50%

of the sugar we consume comes from discretionary foods



A high proportion of our calories, fats, sugars and in some cases salt, comes from these 'discretionary' foods. These are foods and drinks that we don't really need for a healthy diet and includes confectionery, cakes, biscuits, pastries and, savoury snacks, and sugary drinks. They should be only eaten occasionally and in small amounts.



of sugar intake comes from sugary drinks



Discretionary foods may be seen as treats, in which case too many of us are treating ourselves too often.

Find out more 



Promotion of discretionary foods and drinks



We know that a high proportion of food and drink bought in supermarkets and other shops falls into the discretionary category, with many of these products being purchased on promotion. This needs to change. Discretionary foods are, by proportion, more frequently sold on promotion than fruit, veg, oil-rich fish, starchy carbs and bread.



[Find out more](#)

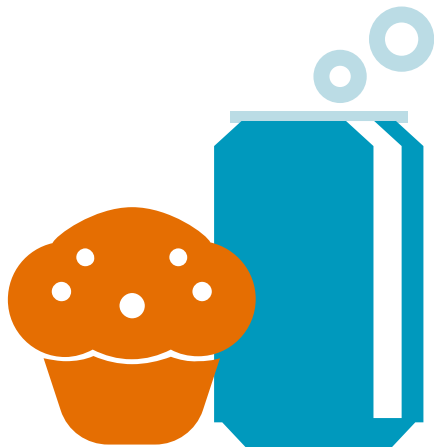
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Purchase of discretionary foods and drinks away from home

Data also shows that when we buy food and drinks away from home – from cafés, restaurants, takeaways and other outlets – we tend to choose a lot of discretionary foods. Most drinks bought away from home are regular, full-sugar soft drinks. Around 50% of people think that it is quite or very difficult to eat healthily outside of the home*.

Unhealthy choices away from home:



182 million servings of cakes, biscuits and pastries

and

338 million servings of soft drinks with added sugar bought in cafes, takeaways and restaurants



Eating out can cost more than money, it can also cost your health.

Find out more 



* <http://www.foodstandards.gov.scot/attitudes-diet-and-health-scotland-2015>

Cutting back on discretionary foods and drinks

We need to reduce the amount of discretionary products we consume in Scotland – that's high-calorie, low-nutritional value foods and drinks.

A key step in improving the diet would be to reduce consumption of confectionery, biscuits, cakes, pastries and savoury snacks by around a half. We also need to reduce our consumption of sugary drinks by at least half.

Switching from sugary drinks to water or sugar-free alternatives for even part of the time could help cut calorie and sugar intake quickly and easily. Replacing some discretionary foods with additional fruit and veg, would also improve the balance of our diet.

Over half of people in a recent survey said they would like to reduce the amount of discretionary foods that they eat*.



50%

We need to reduce our intake of discretionary foods by half and replace with healthier alternatives



50%

We need to reduce our intake of sugary drinks by half



* <http://www.foodstandards.gov.scot/attitudes-diet-and-health-scotland-2015>

Find out more 

In conclusion

Our poor diet is not getting better and now spans generations. The question is really becoming how many more generations need to be affected before we listen to the evidence and change our current course?

Being overweight and chronically unwell is our “norm”. It is not down to individuals, nor retailers nor manufacturers alone to address this problem. Everyone has to shift their mindset and be willing to act differently to what is done today. Condemning future generations to a population that is overweight and obese should not be the legacy of our generation. We must change if we are to be a healthy and successful nation.

Changing current habits is a huge challenge but making reductions in discretionary foods, that have little nutritional value, makes sense. If these reductions could be achieved together with increases in fruit, veg and fibre we would have a legacy of a slimmer, healthier Scotland and that is something worth aiming for.

“We need to recognise the problem: there is still resistance to change but everyone, including consumers, the food and drink industry, media and government has a part to play in the solution.”

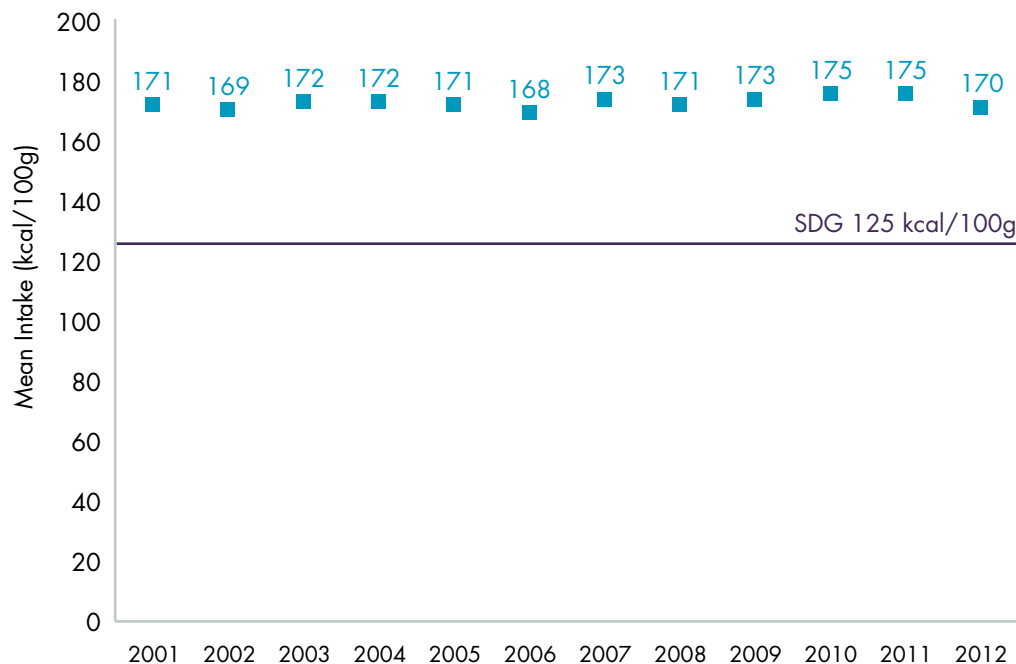
Geoff Ogle, Chief Executive Officer,
Food Standards Scotland



Appendix

Figure 1:
Mean energy density¹ (food and milk) by year 2001 - 2012 compared to Scottish Dietary Goal (125kcal/100g)²

Scottish Dietary Goal for Energy Density	Current intake (2012)	Progress made since 2001?
Decrease to 125kcal/100g per day	170kcal/100g	No

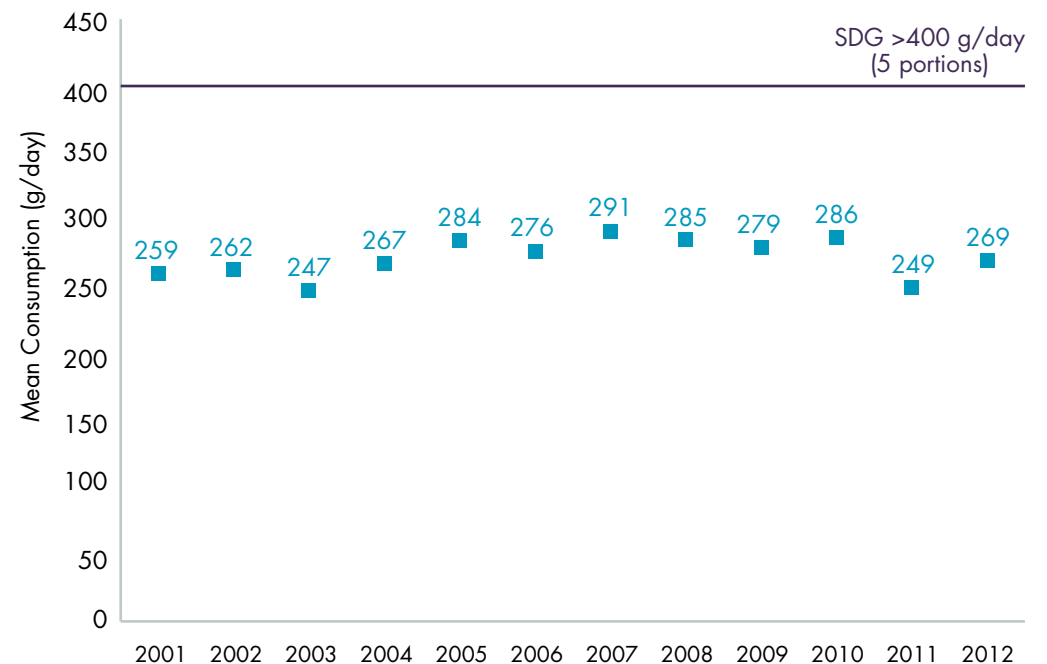


¹ Energy density, also known as calorie density, is the amount of calories in a specific weight of food, e.g. kcals per gram or per 100g. Eating an energy dense diet increases the risk of overweight and obesity.

² Estimation of Food and Nutrient intakes from food purchase data in Scotland 2001 to 2012: <http://www.foodstandards.gov.scot/monitoring-progress-towards-scottish-dietary-goals-2001-2012-report-1>

Figure 2:
Mean fruit and vegetable consumption by year 2001 - 2012 compared to Scottish Dietary Goal (>400g/day)²

Scottish Dietary Goals for fruit and vegetables	Current intake (2012)	Progress made since 2001?
Intake to increase to 5 portions per day	3.4 portions	No



- Fruit = Fruit including fruit (and vegetable) juice; Vegetables = Vegetables including baked beans
- 80g fruits or vegetables = 1 portion

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Figure 3:
Mean NSP³ intake by year 2001 - 2012 compared to Scottish Dietary Goal (18 g/day)²

Scottish Dietary Goal for Fibre (NSP)	Current intake (2012)	Progress made since 2001?
Intake to increase to 18g per day	11.8g	No

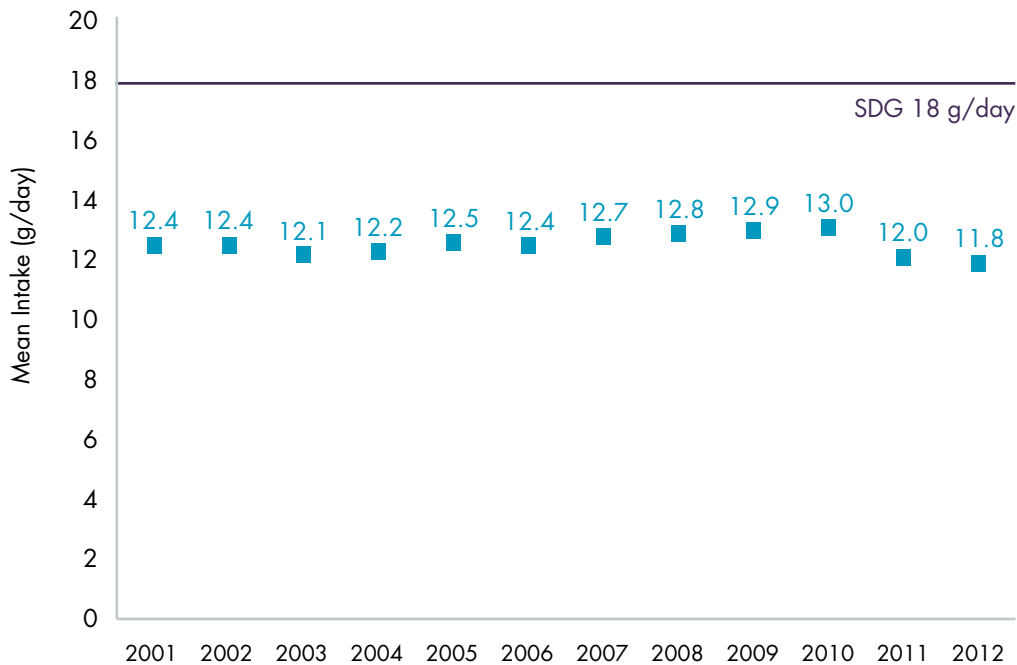
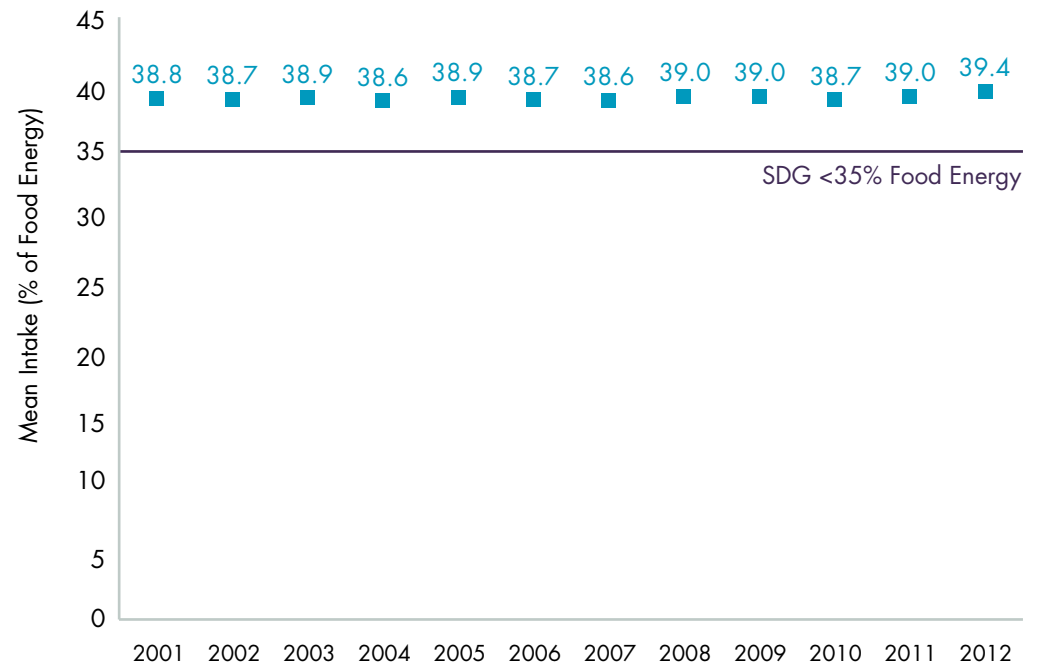


Figure 4:
Mean fat intake by year 2001 - 2012 compared to Scottish Dietary Goal (<35% food energy)²

Scottish Dietary Goal for Total Fat	Current intake (2012)	Progress made since 2001?
Intake to decrease to no more than 35% food energy ⁴	39.4%	No



² Estimation of Food and Nutrient intakes from food purchase data in Scotland 2001 to 2012:
<http://www.foodstandards.gov.scot/monitoring-progress-towards-scottish-dietary-goals-2001-2012-report-1>

³ The term 'non-starch polysaccharides' refers to the fibre found within the cell walls of plants which and is not digested or absorbed in the small intestine; found in foods such as wholegrains, cereals, fruits and vegetables.

⁴ Total energy from food and drink, excluding energy from alcohol.

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Figure 5:
Mean saturated fat intake by year 2001 - 2012 compared to Scottish Dietary Goal (<11% food energy)²

Scottish Dietary Goal for Saturated Fat	Current intake (2012)	Progress made since 2001?
Intake to decrease to no more than 11% food energy	15.5%	No

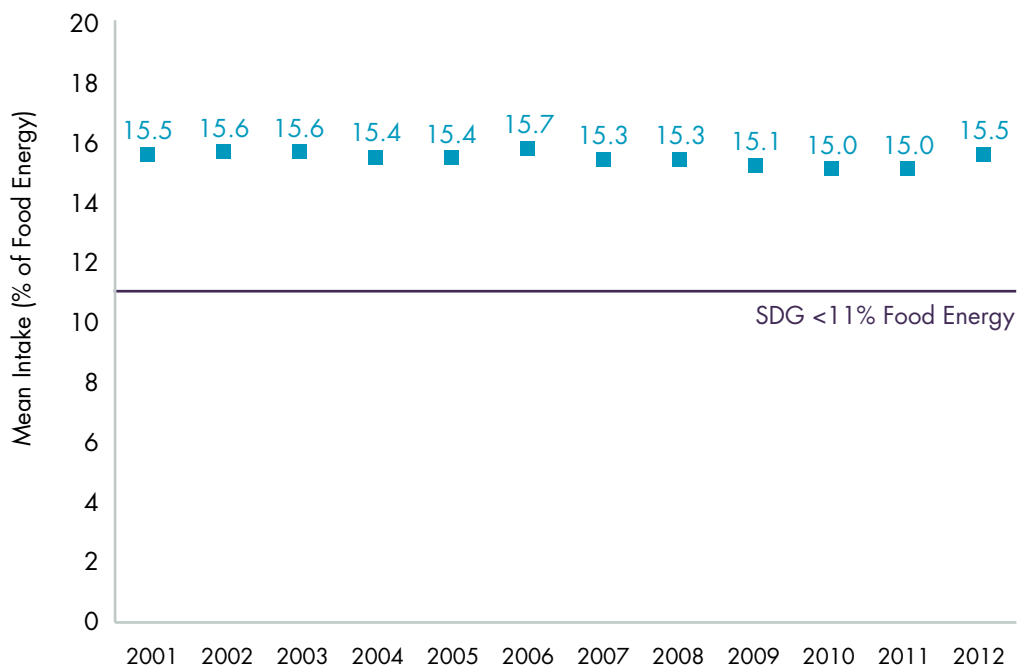
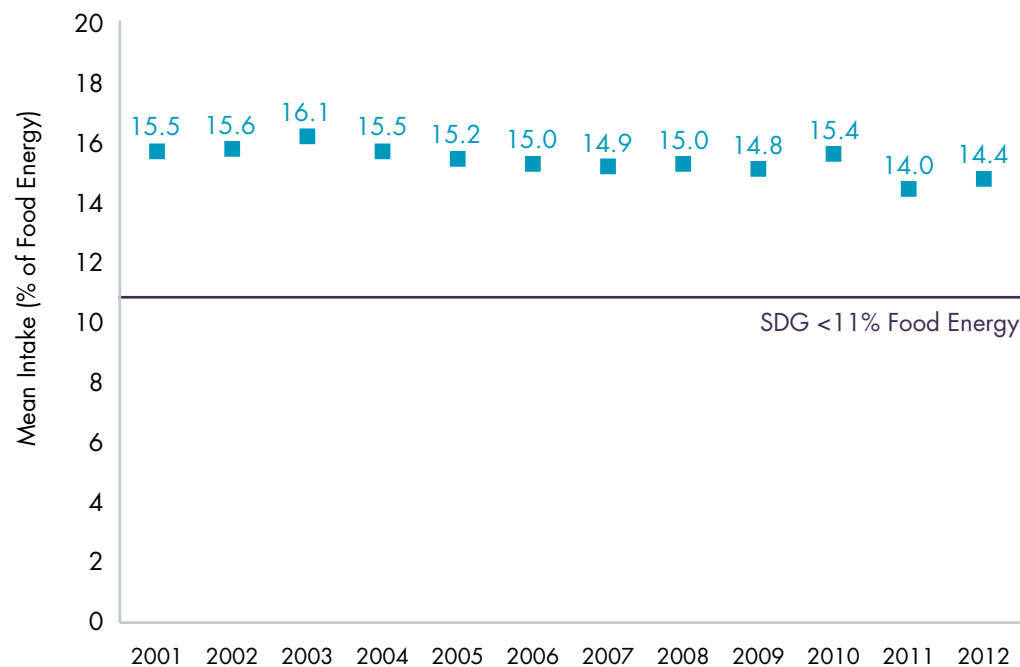


Figure 6:
Mean NMES⁵ intake by year 2001 - 2012 compared to Scottish Dietary Goal (<11% food energy)²

Scottish Dietary Goal for Sugar (NMES)	Current intake (2012)	Progress made since 2001?
Intake to decrease to no more than 11% food energy	14.4%	Little



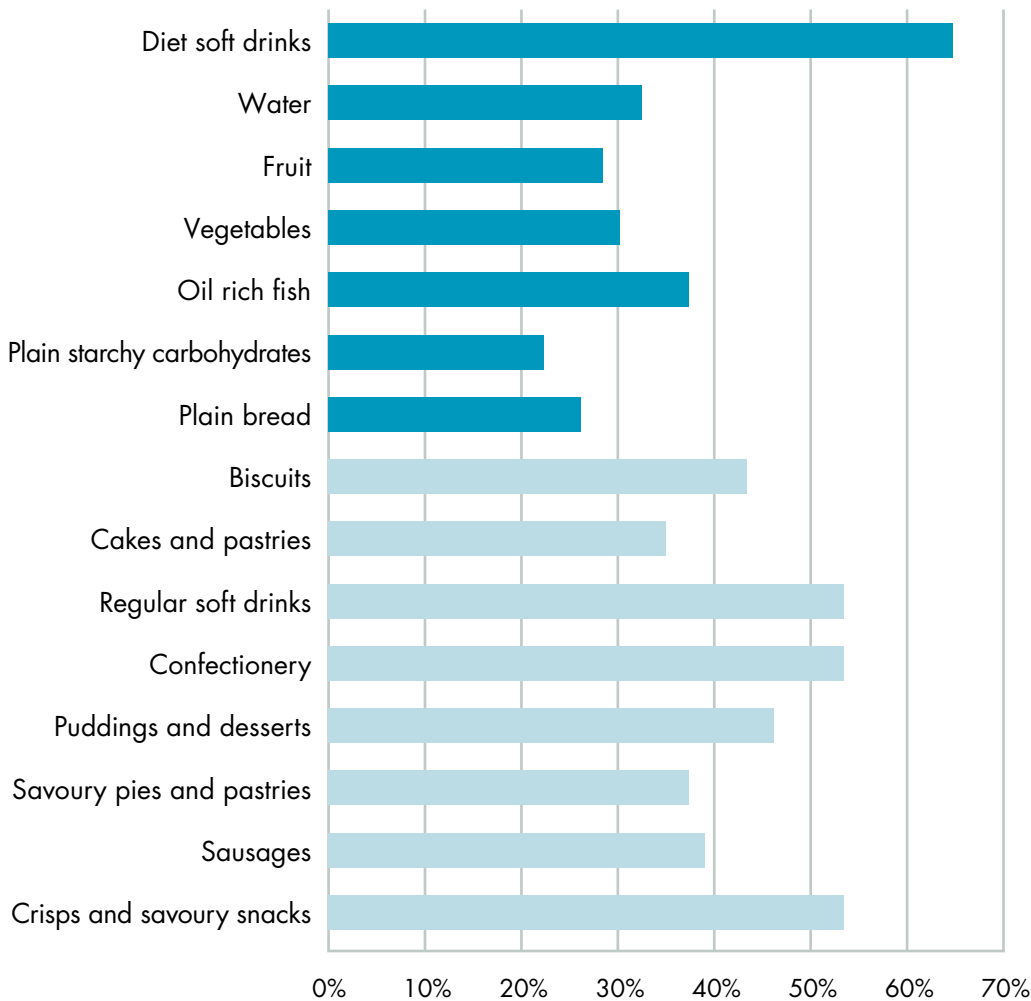
² Estimation of Food and Nutrient intakes from food purchase data in Scotland 2001 to 2012:
<http://www.foodstandards.gov.scot/monitoring-progress-towards-scottish-dietary-goals-2001-2012-report-1>

⁵ NMES include all the sugars naturally present in fruit juices, honey, and syrups as well as the sugars added to foods and drinks. Half of the sugars found in dried, stewed or canned fruit are also included. The sugars in milk or integrally present in the cells of food such as fruit and vegetables are not included.

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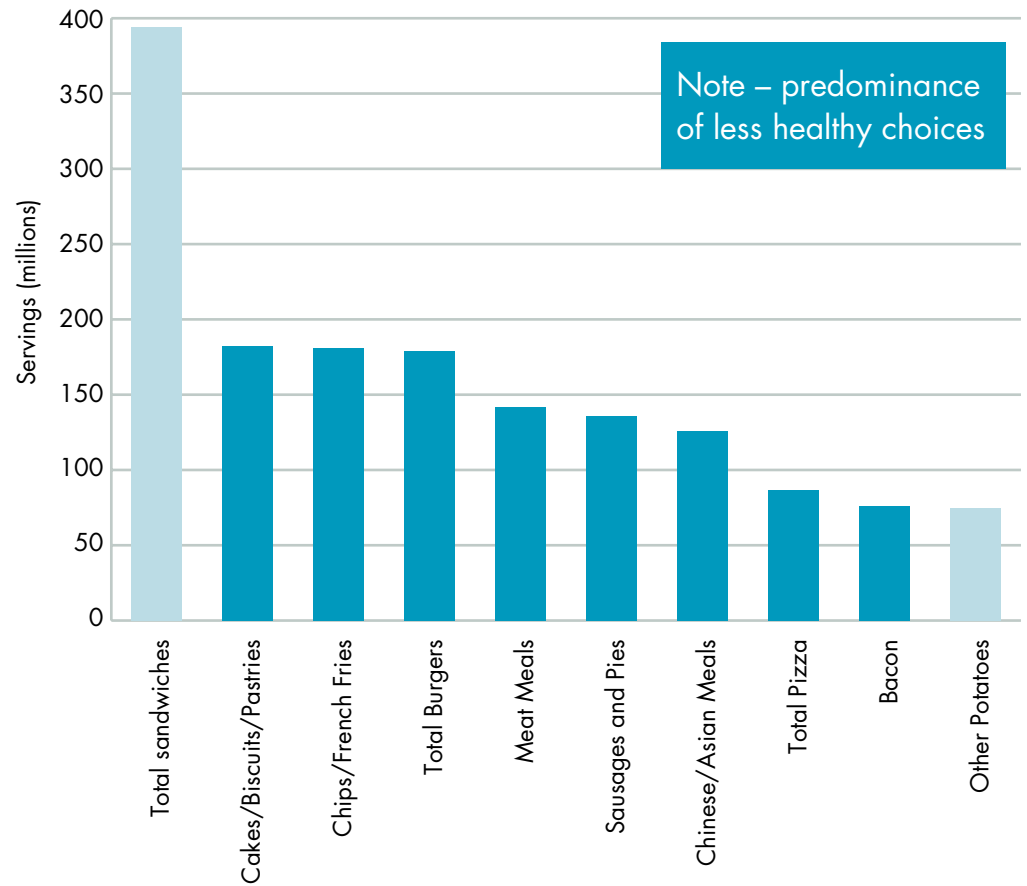


Figure 7:
Proportion of retail purchase (volume sold) on promotion in Scotland (2013/14)⁶



⁶ Kantar WorldPanel, 2013/14 data.

Figure 8:
Foods purchased outside of the home⁷
 Top 10 categories (defined by NPD) of foods purchased out of the home in Scotland in 2012.



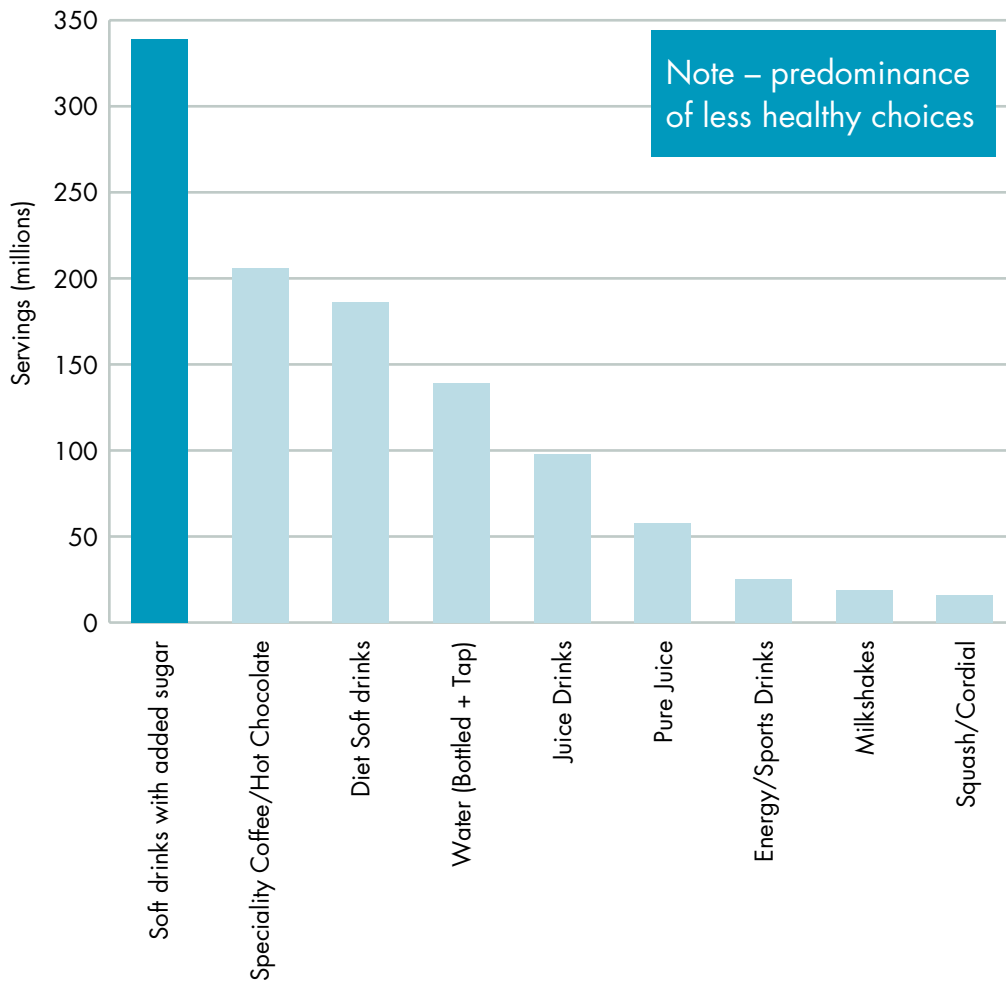
⁷ Assessment of food and drink purchases out of the home: http://www.foodstandards.gov.scot/sites/default/files/855-1-1592_FSAS_Final_OOH_report_050414.pdf

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Figure 9: Non-alcoholic drinks purchased outside of the home⁷

Top categories (defined by NPD) of drinks purchased out of the home in Scotland in 2012.



⁷ Assessment of food and drink purchases out of the home: http://www.foodstandards.gov.scot/sites/default/files/855-1-1592_FSAS_Final_OOH_report_050414.pdf

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Table 1:
How we measure up for obesity, heart disease, stroke, high blood pressure and type II diabetes.

Condition(s)	Statistics	Dietary risk factors	Link to other conditions
Overweight and obesity⁸	<ul style="list-style-type: none"> 65% adults either overweight or obese (69% in men and 61% in women) 27% obese. 31% children at risk of overweight/obesity (28% in boys and 34% in girls) 	<ul style="list-style-type: none"> Excess calories 	Increases risk of: <ul style="list-style-type: none"> Some cancers Heart disease and stroke High blood pressure Type II diabetes
Coronary heart disease and stroke	<ul style="list-style-type: none"> 9722 deaths in 2013 (7239 deaths from coronary heart disease⁹ and 2483 from stroke¹⁰) 	<ul style="list-style-type: none"> Too much saturated fat Not enough fruit and vegetables 	
High blood pressure¹¹	<ul style="list-style-type: none"> 29% of adult population 	<ul style="list-style-type: none"> Too much salt Being overweight or obese 	Increases risk of: <ul style="list-style-type: none"> Coronary heart disease Stroke
Type II diabetes	<ul style="list-style-type: none"> 244,050 people registered in 2013 with type II diabetes¹² Majority (87%) of type-II-diabetics are overweight or obese¹² Around half a million people in Scotland are at huge risk of developing diabetes¹³ 	<ul style="list-style-type: none"> Too many sugary drinks Being overweight or obese 	Increases risk of: <ul style="list-style-type: none"> Coronary heart disease



⁸ Scottish Health Survey 2014: <http://www.gov.scot/Resource/0048/00485587.pdf>

⁹ Information Services Division Scotland: <http://www.isdscotland.org/Health-Topics/Heart-Disease/> (Data extracted from table entitled: Trends in mortality 2004-2013. Coronary Heart Disease Data only)

¹⁰ Information Services Division Scotland: <http://www.isdscotland.org/Health-Topics/Stroke/Publications/data-tables.asp?id=1354#1354> (Data extracted from table entitled: Trends in mortality 2004-2013. Stroke data only)

¹¹ Scottish Health Survey 2013: <http://www.gov.scot/Publications/2014/12/9982>

¹² Scottish Diabetes Survey, 2014: <http://diabetesinscotland.org.uk/Publications/SDS2014.pdf>

¹³ The Age of Diabetes (Diabetes UK) <https://www.diabetes.org.uk/upload/Scotland/SOTN%20Diabetes%20Scotland%20August%202015.pdf>

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Table 2:
Cases of cancer where risk factors include poor diet and/or excess weight

14,418 cases in 2013 ¹⁴	Cancer type ¹⁵	ICD code(s) and number of cases	Dietary risk factors
	Breast	C50 (4697)	• Excess body weight
	Uterus	C53 (309), C54 (729), C55 (52)	• Excess body weight
	Kidney	C64 (893), C65 (56), C66 (61)	• Excess body weight
	Oesophagus	C15 (913)	• Excess body weight • Not enough fruit and vegetables
	Pancreas	C25 (773)	• Excess body weight
	Oral	C00 (56), C01 (100), C02 (177), C03 (19), C04 (73), C05 (66), C06 (59), C07 (44), C08 (15), C09 (127), C10 (68), C11 (30), C12 (36), C13 (28), C14 (44)	• Not enough fruit and vegetables
	Stomach	C16 (720)	• Not enough fruit and vegetables • Too much salt
	Larynx	C32 (288)	• Not enough fruit and vegetables
	Bowel	C18 (2673), C19 (190), C20 (949), C21 (107)	• Too much red and processed meat • Excess body weight
Gallbladder	C23 (66)	• Excess body weight	

Table 3:
Dental decay in primary school children:

	% with obvious dental decay	% with untreated dental decay
Primary 1 (2014 data) ¹⁶	32	26
Primary 7 (2013 data) ¹⁷	27	11

¹⁴ Information Services Division Scotland: <http://www.isdscotland.org/Health-Topics/Cancer/> (Data extracted from table titled: Cancer incidence and mortality in Scotland by site/type of cancer, sex and year of diagnosis/registration of death: 2004-2013)

¹⁵ List of cancers affected by diet taken from Cancer research UK preventability infographic: http://zniup3zx6m0ydaqpv9y6sgtf.wpengine.netdna-cdn.com/wp-content/uploads/2014/12/CS_INF0G_PREVENTABLE-CANCERS-POSTER-IN-DEPTH.jpg

¹⁶ National Dental Inspection Programme (NDIP) 2014. <http://ndip.scottishdental.org/wp-content/uploads/2014/10/2014-10-28-NDIP-Report.pdf>

¹⁷ National Dental Inspection Programme (NDIP) 2013. http://ndip.minervation.net/wp-content/uploads/2014/07/ndip_scotland2013-P7.pdf

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Table 4:
Consumption patterns comparing the most and least deprived²

	Scottish Dietary Goal	Consumption pattern¹⁸
Fruit and vegetable (g)	Intake to increase to 5 portions per day	Lowest in most deprived (2.6 portions, compared with 3.9)
Oil rich fish (g)	Oil rich fish consumption to increase to one portion per person (140g) per week	Lowest in most deprived (19g, compared with 39.2g)
Red and processed meat (g)	Average intake of red and processed meat to be pegged at around 70g per person per day Average intake of the very highest consumers of red and processed meat (90g per person per day) not to increase	No difference
Energy density (kcal/100g)	To decrease to 125kcal/100g per day	Highest in most deprived (179kcal/100g, compared with 168kcal/100g)
Fat (% food energy – FE)	Intake of total fat to decrease to no more than 35% food energy	No difference
	Intake of saturated fat to decrease to no more than 11% food energy	Lowest in most deprived (14.9% FE compared with 15.5% FE)
Sugar (NMES) ⁵ (% food energy – FE)	Intake to decrease to no more than 11% food energy	Highest in most deprived (15.1% FE compared with 14.1% FE)
Fibre (NSP) ³	Intake to increase to 18g per day	Lowest in most deprived (11.1g compared with 12.9g)
Salt (g)	Average intake of salt to reduce to 6g per day	Unknown

² Estimation of Food and Nutrient intakes from food purchase data in Scotland 2001 to 2012:
<http://www.foodstandards.gov.scot/monitoring-progress-towards-scottish-dietary-goals-2001-2012-report-1>

³ The term 'non-starch polysaccharides' refers to the fibre found within the cell walls of plants which and is not digested or absorbed in the small intestine; found in foods such as wholegrains, cereals, fruits and vegetables.

⁵ NMES include all the sugars naturally present in fruit juices, honey, and syrups as well as the sugars added to foods and drinks. Half of the sugars found in dried, stewed or canned fruit are also included. The sugars in milk or integrally present in the cells of food such as fruit and vegetables are not included.

¹⁸ The Scottish Index of Multiple Deprivation identifies the level of multiple deprivation in small areas across all of Scotland in a consistent way. These areas can then be grouped into deciles or quintiles. Quintile 1 refers to the fifth most deprived areas, and quintile 5 refers to the least deprived fifth.

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Table 5:
Consumption of discretionary items by deprivation^{2, 18}

Discretionary item	Population average consumption (g/person/day)	SIMD 1 (Most deprived)	SIMD 2	SIMD 3	SIMD 4	SIMD 5 (Least deprived)	p-value for linear association
Sugar containing soft drinks	137	229	159	181	151	170	<0.001
Sugar NMES (% food energy) ⁵	14.4%	15.1%	15%	14.6%	14.2%	14.1%	0.006

² Estimation of Food and Nutrient intakes from food purchase data in Scotland 2001 to 2012: <http://www.foodstandards.gov.scot/monitoring-progress-towards-scottish-dietary-goals-2001-2012-report-1>

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Table 6:
Contribution of discretionary foods to consumption of energy, fats and sugar in Scotland (intake data)¹⁹

Food category	% contribution to energy	% contribution to total fat	% contribution to saturated fat	% contribution to sugar (NMES ⁵)
Total confectionery and sweet biscuits	9.6	10.1	13.9	23.8
Sugar containing soft drinks	3.3	Nil	Nil	22.3
Crisps and savoury snacks	3.1	4.1	1.5	<1
Cakes, pastries and puddings	3.0	3.3	3.7	5.8
Total from discretionary foods	19.0%	17.5%	19.1%	51.9%

⁵ NMES include all the sugars naturally present in fruit juices, honey, and syrups as well as the sugars added to foods and drinks. Half of the sugars found in dried, stewed or canned fruit are also included. The sugars in milk or integrally present in the cells of food such as fruit and vegetables are not included.

¹⁹ Contribution of foods to intakes of energy and selected nutrients using food purchase data in Scotland 2001-2012. <http://www.foodstandards.gov.scot/monitoring-progress-towards-scottish-dietary-goals-2001-2012-report-2>

Table 7:
Reduction in intakes of discretionary foods required to assist meeting the Scottish dietary goals²⁰

Discretionary foods	% reduction required to assist meeting the goals
Confectionery and sweet biscuits	50%
Crisps and savoury snacks	40%
Cakes, pastries and puddings	50%
	% replacement with sugar free varieties
Sugar sweetened beverages	50% minimum

²⁰ Reductions in discretionary foods and drinks were calculated based on the previously published model of a healthy diet, eatwell everyday <http://www.foodstandards.gov.scot/eatwell-everyday>



Food Standards Scotland



Food Standards Scotland is the food body for Scotland and is here to promote healthier eating, to keep the food we eat safe and to make sure we know the food we're eating is what it says it is on the label.

Food Standards Scotland's nutrition remit – to put the consumer first in improving the Scottish diet – commits us to working with government, the food industry, health professionals and the media as well as the public themselves to achieve healthier eating in Scotland.

To read more about what we do and to keep up to date with our news, visit

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