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## Sweetening the 'war on obesity'

In the second decade of the 21<sup>st</sup> century, the familiar enemy in the 'war on obesity' – dietary fat – has been increasingly supplanted by sugar. Against a background of international policy interventions encouraging sugar reduction (World Health Organisation, 2015), in the UK, sugar has been the subject of national policy (Public Health England, 2015; , Scientific Advisory Commission on Nutrition, 2015), including the 2018 implementation of the Soft Drinks Industry Levy (SDIL), or 'sugar tax' (HM Treasury, 2018), as well as attempts to limit the sales of sugary foods in locations such as hospitals and schools and to control advertising, particularly to children. In January 2014, the anti-sugar campaigning organisation, *Action on Sugar*, was launched with the headline-grabbing claim that 'sugar is the new tobacco' (Action on Sugar, 2014), and the obesity-focused public health campaign *Change4Life* (Change for Life, 2017) urges consumers to be 'sugar smart' and substitute sugary foods for low-sugar alternatives. The alarm surrounding sugar has opened up a burgeoning anti-sugar market for popular science tracts (Gillespie, 2008; Lustig, 2009; Moss, 2013; Taubes, 2017), TV and film documentaries (Cooper, 2015; Gameau, 2014), autobiographies (Mowbray, 2014; Schaub, 2014) and self-help guides (Carr, 2018; DeFigio, 2013; McKenna, 2016). Collectively, these policy interventions, campaigns and published texts sound the alarm, leaving no space for doubt about the 'wrongness' of sugar and its culpability in the obesity 'crisis', intensifying the urgency that characterises all anti-obesity discourse and practice that *something must be done* (see Mayes, 2016: 1).

Using the UK context as a case study, this chapter asks what the elevation of sugar to dietary enemy *du jour* can tell us about the contemporary 'war on obesity' and the social context within which it continues to make sense. I argue that while the contemporary attack on sugar shares many continuities with earlier iterations of the 'war on obesity', it also constitutes a 'crisis' of its time, eliding with changing understandings of the body, the intensification of the moralisation of health and the social and political context of austerity. This elision shores up public consent not only for the attack on sugar (and by

extension, obesity), but also for the widening inequalities within which a 'war on obesity' continues to make sense, in spite of its ongoing failures to warrant its core empirical claims (Gard, 2011). As such, the 'war on obesity' should be understood not as a fixed phenomenon, but as flexible and adaptable, reconfiguring itself in line with the social and cultural environment in which it needs to remain meaningful and revivifying itself in the face of its own failures.

The next section of the chapter briefly sets out the research on which this chapter is based, and then addresses in turn the three dimensions that render the attack on sugar a crisis of its time: (1) changing understandings of the body; (2) the intensification of healthism; and (3) the context of austerity.

### **Sugar Rush**

The chapter is based on a wider research project called *Sugar Rush: Science, Obesity and the Social Life of Sugar*<sup>i</sup>, which begins from the question: "What are the social meanings and practices of sugar in the context of the 'war on obesity?'" At the core of the project is database of almost 500 newspaper articles from 2013 – 2018, gathered from 9 UK newspapers, including both tabloids and broadsheets. This was foregrounded by a preliminary search from 2000-2018, which demonstrated a dramatic rise in newspaper reporting of sugar from 2013, informing the parameters of the final dataset. For example, from 2010 – 2012, there were only 11, 16 and 27 articles respectively, jumping to 43 in 2013 and peaking at 120 in 2016. This core dataset was then expanded to include key research papers, popular science tracts, campaign press releases, websites and other sources that had triggered news stories, along with other texts encountered along the way including lifestyle guides, autobiographical accounts and campaign materials. This assemblage of texts has been analysed using a critical discourse analytic approach (Richardson, 2007; Fairclough, 2010), treating texts as both active and productive, and asking what those texts are *doing, how* and to what *effects*.

### **Sugar and the molecular body**

One of the key factors that makes sugar an ideal target in the current moment is the shift towards the molecularisation of the body – that is, the move away from ‘molar’ conceptualisations of bodies “at the scale of limbs, organs, tissues, flows of blood, hormones and so forth” towards molecules such as DNA, which can only be seen and ‘known’ via new biomarkers made legible only via technologies of measurement and visualisation (Rose, 2007: 5). Without question, (anti-)obesity still operates on a molar scale, with its focus on internal and external fat, ‘clogged arteries’ and fat-suffocated organs, but it is also increasingly imagined in terms of metabolic disorder, which can only be ‘known’ via clinical and laboratory measurements (Hatch, 2016; see also, Throsby, 2018). Sugar has been a long-standing (albeit contested) concern in relation to health and obesity (Yudkin, 1972), but its recent rise to prominence can be accounted for in part by the ease with which it aligns with this molecularised understanding of the body. Understood as acting imperceptibly *in* the body, it constitutes an unseen and insidious threat to health that *can* be signalled by fatness but may also be at work menacingly within *any* body, meaning that no-one is exempt from the sugar’s metabolic impacts and the demands of anti-sugar vigilance. For example, in a 2013 article in the *Daily Mail* about the manifold harms of sugar consumption, cardiologist and anti-sugar activist, Aseem Malhotra, observed:

What people don’t realise is that you can develop [cardiac] problems and have a normal body mass index (BMI). I see it all the time in my clinic. People aren’t overweight and don’t have diabetes, yet they’ve had a heart attack. I think sugar is one of the main culprits (Lambert, C., 2013).

More melodramatically, popular anti-sugar author and paediatric endocrinologist, Robert Lustig, warns: “You think you are safe? You are SO screwed. And you don’t even know it” (Lustig, 2014: 7)

This molecularised understanding of the insidious action of sugar on the body is exemplified by neuroscientific discourses of addiction that attach so easily to sugar (Throsby, 2020). In spite of long-standing uncertainties about what constitutes ‘addiction’ (Fraser, Moore, & Keane, 2014; Keane, 2002) and a

profound lack of scientific consensus around neuroscientific models of addiction (Heim, 2014), sugar is widely conceptualised as ‘hijacking’ the brain’s hedonic pathways. For example, in an article in the *Daily Telegraph* about the unseen toxicity of dietary sugar, journalist Victoria Lambert cites warnings from rodent studies that “the intense stimulation of these [sweet] receptors by our 21<sup>st</sup> century sugar-rich diets must generate a supra-normal reward signal in the brain, with the potential to override self-control mechanisms and thus lead to addiction” (Lambert, V., 2013; see also Throsby, 2020). Paralleling discourses of illicit drugs, this conceptualisation of sugar gains common sense purchase from the familiar experience of craving more of a sweet food, with the fat body functioning as collateral evidence of sugar-induced havoc within. The focus on sugar, therefore, extends and intensifies the reach of the ‘war on obesity’ to the unseen structures and systems of the body, ramping up the urgency of the twin ‘crises’ of sugar and fatness and the need to *do something* about it (Throsby, 2020).

Importantly, while the rhetorics of addiction may appear at first glance to offer means of minimising the stigma that attaches to both obesity and the derogated habits of consumption associated with it, neuroscientific models of addiction are embedded in assumptions of brain plasticity (Pitts-Taylor, 2010). This can be seen in the repeated exhortations to remove dietary sugar and retrain the body as a response to addiction. For example, in the same *Daily Telegraph* article cited above, David Gillespie (author of the popular anti-sugar book *Sweet Poison* (2008)) offers reassuring words about the ease of breaking a sugar addiction:

you are breaking an addiction, so you need to stop consuming all sources of the addictive substance. They are all hard to give up because they are addictive – but they are all easy to give up once you understand what you are doing and why (Lambert, V., 2013).

This renders the brain as much a site of self-intervention and bodily discipline as a fat stomach or an untuned muscle, insisting on the possibility (and necessity of) remedial action and locating it firmly within contemporary neoliberal

ideologies of self-management that already characterise the ‘war on obesity’ (LeBesco, 2011; Pitts-Taylor, 2010). As such, we can understand the rush to blame sugar not as a simple switch from one dietary enemy to another, but rather, as the means through which the ‘war on obesity’ can be revived, extended and intensified in line with changing understandings of the body. This signals the next dimension of the contemporaneity of the attack on sugar: the intensification of healthism (Crawford, 1980, 2006).

### **Healthism and the ‘hidden sugar shock’**

At first glance, we can understand the attack on sugar simply as the continuation of the imperative to health (Lupton, 1995), both in general, and specifically in the case of the ‘war on obesity’. But as Crawford argues (2006), this has intensified in the 21<sup>st</sup> century, bringing with it the potent demand to ‘achieve’ health and manage risk as a matter of moral obligation. He argues that insecurities around health have been aggravated by the commercialisation of health products and services, the growth of risk factor detection technologies and the rise of personal biosensing technologies (Mort, Roberts, & Mackenzie, 2019), reinforcing the conviction that health is a matter of individual responsibility. This intensification provides fertile ground for the attack on sugar, which is increasingly imagined not only as dangerously ‘empty’ of nutritional or health-giving properties, but also as *hidden*, demanding new levels of surveillance, both of the body and of the foods that we consume.

The epitome of this can be found in what I have called the ‘hidden sugar shock’ stories that are a stock-in-trade for anti-sugar campaigns and their associated news stories. This genre of stories follows a predictable pattern of, first, selecting a particular type of food and second, using product nutritional information to detail its sugar content across different outlets and formulations. Surveys include foods branded as ‘healthy’ but revealed to contain high levels of sugar (e.g. cereal bars, breakfast biscuits, coffee shop drinks, pasta sauces) and foods already coded as ‘unhealthy’ but revealed to contain even more sugar than expected. For example, in 2018, the campaigning organisation and determined purveyor of ‘hidden sugar shock’ stories, *Action on Sugar*, issued a press release following a

survey of supermarket and coffee shop muffins with the headline: “Warning over blueberry muffin hidden sugar content – with leading brands containing up to 10 teaspoons of sugar; more than a can of Coke” (Action on Sugar, 2018a). A similar survey of cakes and biscuits later that year focused its reporting on Battenberg cake, whose pink and yellow chequered sponge squares wrapped in an outer layer of jam and marzipan ranked highest for sugar content (Action on Sugar, 2018b). The story was taken up enthusiastically in the newspapers: the *Daily Mail* reported its “shocking sugar content” (Pike, 2018); the *Sunday Times* reported its newfound status as a “public health risk” (Peake, 2018); and the *Guardian* covered the story by offering a low sugar recipe using medjool dates and sugar-free jam as an alternative to the “dangerously sugary” real thing (Holland, 2018). Even when hidden in plain sight, as in a cake or biscuit, the key element in these stories is sugar’s *hidden* nature. Just as the effects of sugar on the body are hidden from view, so is the sugar itself, especially given that it is rarely eaten in isolation and instead is combined with other foods to add taste, mouth-feel and act as a preservative (Moss, 2013). The management of the risks of sugar, therefore, demands constant vigilance from consumers.

This demand for vigilance is embodied in the Department of Health-funded public health campaign, *Change4Life*, which urges consumers to be “Sugar Smart” and to make ‘sugar swaps’ that exchange high sugar items for their lower sugar equivalents (Change for Life, 2017). This was exemplified in an animated campaign ad launched in January 2019, which showed angry sugar cubes pouring out of food packets and cupboards, threatening to overwhelm the household’s two children and their father, who desperately tries to fight the cubes off with a frying pan (Change4Life, 2019). Danger here lurks in everyday foods, constituting a threat that undermines the safety of the home itself. The family is only saved by the entry of a woman into the kitchen battle zone – presumably the children’s mother – laden with bags of ‘sugar smart’ shopping. The angry cubes eventually flee the scene, defeated by her shrewd consumption; no room is left for doubt that it is women who are responsible for rooting out hidden sugar on behalf of the family and managing its effects.

The normative gendering of the work of being ‘sugar smart’ is further illustrated by a sub-genre of ‘hidden sugar shock’ stories - the ‘mortified mother’ news story. These stories are primarily, but not exclusively, tabloid staples, and typically take the form of an ‘expert’ who assesses a family’s diet and then delivers a verdict and a series of recommendations, often focusing on products which are commonly coded as ‘healthy’ but which contain large quantities of ‘hidden’ sugar – a concealed threat to the health of the family which the expert teaches the mortified mother to detect and remove. For example, in February 2017, *The Sun* published an article headlined “The hidden risks of a spoon of sugar”, where stay-at-home mother of three, Gemma, responded to a nutritionist’s evaluation of her children’s daily diet:

I’m really surprised and shocked by how much sugar all the children have been eating. It’s been a real eye-opener. I always thought cereal bars were a good option for breakfast but I’ve already started making Findlay toast and porridge instead. I was told to put Macie on a high-calorie diet when she was a baby, but it’s my fault she’s ended up on a high-sugar one as well. I’m going to make sure she eats a lot more nutritious foods. All the kids love spaghetti Bolognese, but since doing this diary, I’ve started making my own pasta sauce [...]. I’ve also started shopping online as the nutritional information is much easier to see and add up, which is making a difference (Earle, 2017).

The shame of failed motherhood is countered by her confession and renewed attention to the details of her children’s consumption – a process that generates significant additional labour for her that is cast as part of her maternal responsibilities and is therefore never coded as work. This is all performed against a background of burning maternal guilt and without any discussion of the distribution of domestic and reproductive labour in the household. This highlights the ways in which the labour generated by intensified healthism, embodied in and sustained by the attack on sugar, falls heavily and mundanely onto women. This compounds the already-gendered division of labour in the planning and preparation of household food (Charles & Kerr, 1988; DeVault,



1991) and the burden of responsibility for family health that already weighs so heavily on women. The 'hidden' nature of sugar, therefore, and the (unevenly distributed) need for constant vigilance against it, makes it a perfect target for the escalating expectations of the healthism in which the 'war on obesity' is embedded.

### **Austerity**

The final dimension to the timeliness of the attack on sugar is the context of austerity. As mentioned earlier in the paper, newspaper coverage of sugar began to rise in 2013 after creeping up slowly in the previous few years. The beginnings of the rise coincide with the establishment of the Conservative-Liberal Democrat coalition UK government in 2010, which, as a response to the 2008 financial crisis, set about a programme of public spending cuts resulting in a raft of austerity policies that were entrenched in the 2012 Welfare Reform Act. These policies have shrunk the welfare state, enacted punitive sanctions against those unable to conform to the proliferating demands of the welfare system and created conditions of profound precarity and poverty in some of the most disadvantage sections of UK society (Cooper & Whyte, 2017; Evans & McBride, 2017; Garthwaite, 2016; O'Hara, 2015; Ryan, 2019). This occurred alongside, and was facilitated by, a hardening of attitudes towards those dependent on the welfare system, sedimenting a binary between the feckless 'scroungers' who are seen as irresponsibly over-consuming and the deserving 'strivers' who work hard and take responsibility for themselves and dependent others. Austerity provides the context through which the attack on sugar has gained purchase, particularly via narratives of irresponsible overconsumption (of sugar, of health services). Conversely, the attack on sugar shores up the figure of the feckless and abject Other, who Imogen Tyler (2013) argues is central to securing public consent for the cruelties of austerity (see also, Jensen, 2018; LeBesco, 2011). In this context, a 'war on obesity' spearheaded by an attack on sugar is able to thrive with an intensity that dietary fat cannot achieve, highlighting anti-obesity's capacity for situationally responsive strategic renewal (although as with the attack on sugar's alignment with the interests of healthism, this should be seen as an intensification rather than a fresh departure).

One of the key features of the mutually supporting relationship between the attack on sugar and austerity is the authority that austerity grants to the targeting of socially and economically disadvantaged people and communities. Running counter to claims discussed earlier in this chapter that sugar poses an equal threat to all, this exposes the unevenness of the attack on sugar and the foundational inequalities on which it is quietly premised. One of the most common claims about sugar, usually via the proxy of obesity, is that those in poorer areas are more likely to consume an unsustainably high sugar diet and to be fat than those in wealthier areas. By extension, they are therefore identified as more likely to experience the expensive non-communicable diseases commonly presumed to be caused by sugar and fatness. Following Tracey Jensen's work on parent-blaming (2018), these framings of 'the poor' address a presumed *culture of poverty* rather than poverty itself, and this is evident in repeated assumptions about the imperviousness of the poor to dietary and health advice as an explanation for obesity. For example, a Daily Telegraph editorial in August 2015 about the possibility of introducing a tax on sugary drinks argued that "...if those [poorer households] most prone to obesity simply won't listen and the costs to the NHS continue to soar, a fat tax might be the only answer" (Johnston, 2015). The poor are defined here by their poor choices rather than their poverty, making them targets for coercive intervention and placing them firmly in the frame for the erosion of the NHS, shifting attention away from the relentless government retreat from adequate funding. This in, in many ways, a familiar story for the 'war on obesity', whose classed, raced and gendered effects have been well documented (for example, Herndon, 2005; Murray, 2008). But sugar brings an added dimension, since the poor are figured not only as impervious to dietary advice, but also as dietarily incontinent, particularly in the face of sugar and its seductive false promises.

This is exemplified by another *Action on Sugar* 'hidden sugar shock' story from November 2018, launched to mark Sugar Awareness Week. The story focused on the sugar content of milkshakes sold in high street restaurant and fast food chains, settling on the 'freakshake' as the target of its ire (Action on Sugar, 2018).

Freakshakes are spectacularly excessive concoctions of milkshake, ice cream, sweets, cookies and cake, containing well over 1000 calories and over 30 teaspoons of sugar in some cases. The campaign whipped up salacious media coverage, focusing on products sold by the Harvester and Toby Carvery chains, both of which cater to a working class demographic. Without providing any evidence of who was consuming the freakshakes, in what circumstances and with what prevalence, *Action on Sugar* cultivated a vision of greedily incontinent consumption and called out for regulation to protect the feckless consumers from their own failure to manage their sugar-filled shake intake. In a similar vein, the anti-sugar campaigner and celebrity chef, Hugh Fearnley-Whittingstall, launched a vociferous campaign as part of a BBC documentary, *Britain's Fat Fight*, focusing on the high street store, WHSmiths, which targets a primarily working class customer demographic. Under the hashtag #WHSugar, Fearnley-Whittingstall's campaign protested the arrays of cheap chocolate displayed around the checkouts, arguing that customers would be unable to resist temptation and should therefore be protected from it by the replacement of the displays with 'healthy' alternatives. Fearnley-Whittingstall, however, remains secure in his white, middle class, masculine command over his impulses and never displays the vulnerability to the lure of the sugary treats laid before him that he presumes governs the store's customers.

Fundamentally, both the focus on freakshakes and the #WHSugar campaign are founded on the assumption that working class people simply cannot be trusted with sweet treats and won't be able to stop. This demonstrates that for all the claims that we are *all* at risk from sugar, not all bodies (and brains) are treated as equally vulnerable to its addictive allure. This elides easily with the rhetorics and practices of austerity, which demand the relentless policing of the welfare system in the certainty that claimants will always incontinently take more than their share if left unmonitored. This is not to argue that austerity has *caused* the attack on sugar, but rather, that it has provided the conditions for its rise to prominence, while the attack on sugar reciprocally shores up the figure of the abject over-consuming Other that sits at the heart of austerity campaigns (Tyler, 2013).

## Conclusion

While there are many continuities with the ongoing ‘war on obesity’ – for example, the (uneven) contempt for the fat body, the certainty of its ‘wrongness’ and the need to *do something about it* – its current articulation through the attack on sugar also marks it out as a phenomenon of its time. Sugar elides with the molecularisation of the body, the intensification of healthism and the context of austerity to create the conditions through which the ‘war on obesity’, mired in its own failures, can be revived and intensified. This not only highlights the flexibility and adaptability of the ‘war on obesity’ to reconfigure itself, but more importantly, illustrates the ways in which the attack on fatness thrives not as a result of its own unassailable logics, but rather, through strategic and mutual alliances with other contexts and interests that enable it to exercise common sense appeal. This capacity for reinvention highlights the ways in which anxieties around sugar are never straightforwardly about either sugar or obesity, but act as a vector for public anxieties about deserving citizenship, individual responsibility and belonging in ways that should give pause for thought in our encounters with both anti-sugar campaigns and the anti-obesity campaigns in which they are embedded.

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