

Situation Report:

Changes to shopping
and eating behaviours
in Scotland during the
COVID-19 pandemic
in 2020

Laid before the Scottish Parliament
pursuant to section 15(5) of the Food
(Scotland) Act 2015.

SG/2020/103

Food Standards Scotland
Pilgrim House
Old Ford Road
Aberdeen
AB11 5RL

enquiries@fss.scot

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01 Context

Scotland's poor diet has been brought into sharp focus by the COVID-19 pandemic. Obesity has been identified as a contributing factor to increased risk of poorer health outcomes from COVID-19. This is in addition to the well-established links between poor diet, obesity and coronary heart disease, type 2 diabetes, stroke and some cancers. On top of the COVID-19 pandemic, other issues, including the UK's exit from the EU and the climate and ecological emergency, have added further pressures to Scotland's wider food system. Building a healthier, more sustainable, more resilient and accessible food system has never been more important.

The case for improving the diet in Scotland has been made within the previous Food Standards Scotland (FSS) situation report, '[The Scottish Diet – it needs to change](#)', which highlights the scale of diet-related disease in Scotland, and the evidence base for action to facilitate a healthier food environment and support positive dietary behaviours.

The COVID-19 pandemic has profoundly affected many aspects of our lives since early 2020, with changes in our daily patterns, more home working, the furlough scheme, the closure of education settings and changing restrictions on socialising. Food insecurity has also been exacerbated by the pandemic due to many factors including reduced food availability in retail settings at the beginning of the pandemic, and financial insecurity due to furlough and job losses. For our most vulnerable communities, accessing essential support services, including food aid provision, added further strain. For many, this has made eating a healthy balanced diet and maintaining a healthy weight more challenging. This highlights the importance of a whole systems approach to addressing Scotland's long-term public health priorities.¹



01
Context

Evidence clearly demonstrates that individuals who live in more deprived areas are more likely to be living with overweight or obesity compared to those who live in less deprived areas of Scotland. A higher prevalence of excess weight is also seen in people from minority ethnic communities with the health risks of obesity arising at a lower body mass index (BMI). These variations in the prevalence of obesity overlap with the disproportionate burden of COVID-19 amongst people living in more deprived areas and people from minority ethnic communities.



70% of adults
are living with overweight
or obesity in the most
deprived areas



60% of adults
are living with overweight
or obesity in the least
deprived areas

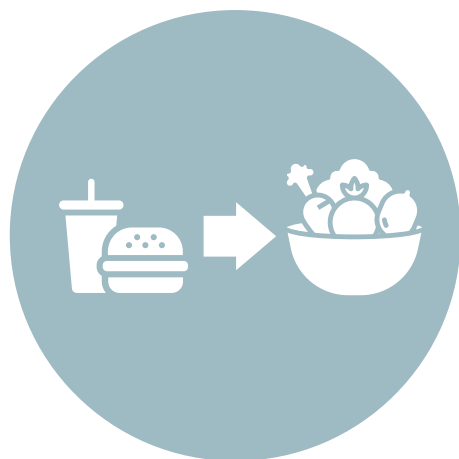


2 out of 3 adults
are living with
overweight or obesity



30%
of children at risk
of being overweight
or obese





As Scotland's independent food body, FSS has an objective under the Food (Scotland) Act 2015 to improve the extent to which members of the public have diets which are conducive to good health. FSS has proposed a suite of measures to improve the Scottish diet. The Scottish Government's [Healthier Futures Delivery Plan](#) incorporated a number of FSS recommendations, including actions to transform the food environment. FSS subsequently provided further recommendations for developing an Out of Home Strategy for Scotland in 2019. The impact of the pandemic has affected the progress of a number of key diet policy areas. However, the Scottish Government [Out of Home Action Plan](#) was published in September 2021, and this included a commitment to consult on mandatory calorie labelling. The recently published Programme for Government for 2021-22 also includes a commitment to introduce a Public Health bill within this parliament, including restrictions on the promotion of foods high in fat, sugar or salt.

This report is designed for use by policy makers, educators and stakeholders including the food industry, health professionals and consumers. The data presented focuses on changes during the year 2020, although we acknowledge that the pandemic is ongoing.

11 Feb
World Health Organization (WHO) assign official name "COVID-19".



28 Feb
First British Death.

1 March
First case in Scotland.

11 March
WHO declares a pandemic, first case of community transmission in Scotland and first death in Scotland.

15-20 March
Mass gatherings of more than 500 people cancelled, schools and hospitality sectors closed.

24 March
NATIONAL LOCKDOWN BEGINS



1 May
Rules on going outdoors for exercise are relaxed.

6 May
National Records of Scotland first weekly reduction in deaths.

29 May
Move to Phase 1* with updated rules on physical distancing.



19 June
Move to Phase 2*, face coverings mandatory on public transport.



10-15 July
Move to Phase 3*, OOH sector allowed to reopen.

22 July
Permitted reopening of drive-in entertainment.

31 July
People in Scotland warned against traveling to areas of England.

1 Aug
Shielding no longer required.

3 Aug
UK Government's Eat Out to Help Out scheme launches.

5 Aug
Introduction of local restrictions in Aberdeen (restrictions on other areas in Scotland come into effect sporadically until 21 Sept).

11 Aug
Schools reopen full time.

14 Aug
Becomes mandatory for hospitality settings to collect the contact details of visitors to their premises in support of Test and Protect.

10 Sept
Launch of the Protect Scotland app. Publication of updated route map, limiting indoor and outdoor gatherings to six people from two households, as Scotland remains in Phase 3.

21 Sept
The UK Chief Medical Officers issue a joint statement recommending that the UK COVID-19 alert level moves from level 3 to level 4.

22 Sept
New restrictions on household visits and a national curfew for pubs, bars and restaurants.

16-19 Oct
Wearing of face coverings becomes mandatory in workplace canteens and communal workplace areas, such as corridors and social spaces.

2 Nov
Five-level Strategic Framework comes into effect, indicating different levels of protection needed in local authorities based on different levels of virus transmission.

17 Nov
Restrictions on travel outside local authority except for an essential purpose come into effect.

24 Nov
UK-wide "limited relaxation" of coronavirus restrictions over the Christmas period announced.

2 Dec
UK Government announces vaccine has been authorised by the medicines regulator for use in the UK.

8 Dec
First vaccination in Scotland administered.

19-20 Dec
Tightening of COVID-19 restrictions around the festive period announced. Travel between Scotland and the rest of UK not legal unless for specific exemptions.

26 Dec
Level 4 restrictions applied, including the closure of non-essential retail and hospitality.



COVID-19 Timeline

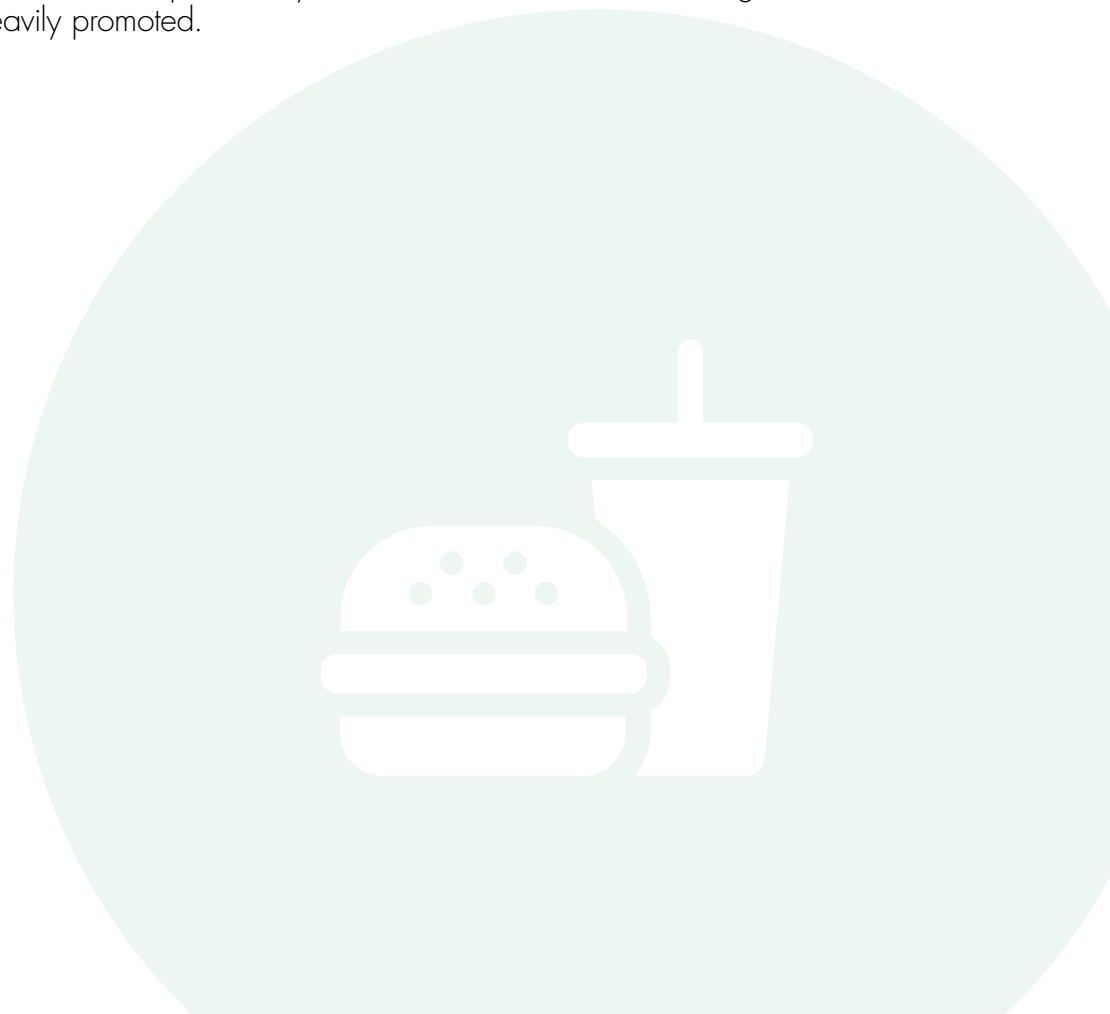
Source
Timeline of Coronavirus (COVID-19) in Scotland
SPICe Spotlight | Solas air SPICe (spice-spotlight.scot)



02 Introduction

In a time where many aspects of our lives have been profoundly different to normal, the ways in which we buy, consume and enjoy food and drink also changed. While some people were able to make positive changes, many faced significant challenges.

Improving Scotland's diet is a complex problem which has no single solution; a range of actions are required to enable sustainable change and impact on overweight and obesity prevalence, dietary behaviours and associated inequalities. Education alone is not sufficient to change behaviour, particularly when food and drink which is high in fat, salt and sugar is cheap, widely available, and heavily promoted.



Our diet and COVID-19 at a glance:



The diet in Scotland is too high in calories, fats, sugar and salt, and too low in fibre, fruit and vegetables, and other healthy foods like oil-rich fish.



Around two out of three people in Scotland are living with overweight or obesity.



People living with overweight and obesity are significantly more likely to become seriously ill and be admitted to intensive care with COVID-19, compared to those with a healthy BMI.



There is a higher proportion of people living with obesity in the most deprived areas compared to the least deprived areas, and a higher prevalence of excess weight is also reported in some people from minority ethnic communities.



COVID-19 has impacted on life for adults in Scotland in a variety of ways, affecting income, food security and both cooking and eating habits.



Discretionary foods including confectionery, cakes, biscuits, pastries, savoury snacks, sugary drinks and drinks containing alcohol, continue to represent too high a proportion of our shopping baskets. Many discretionary foods are high in calories, low in nutritional value and heavily promoted.



The pandemic has affected how often we eat out of home. We have purchased more takeaways, with the proportion of trips doubling in 2020, compared to 2019.



03 Overweight and obesity



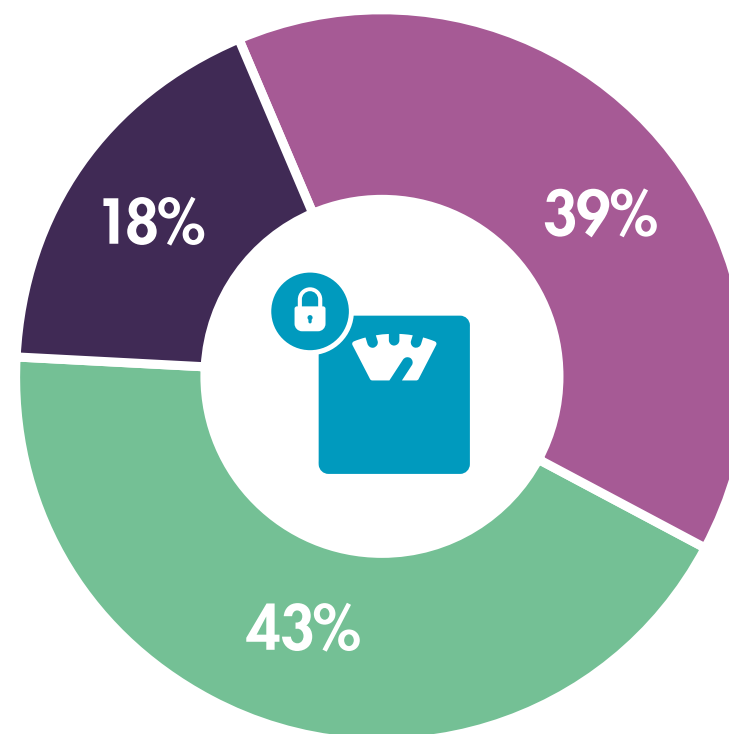
Evidence shows that people living with overweight and obesity are significantly more likely to become seriously ill and be admitted to intensive care with COVID-19 compared to those with a healthy BMI.² This is in addition to the well-established links between poor diet, obesity and coronary heart disease, type 2 diabetes, stroke and some cancers.³

Approximately two out of three adults in Scotland are living with overweight or obesity⁴ and around 39% of people reported that their weight had increased since the national lockdown in March 2020.⁵ In school year 2020-21, 30% of children aged around 5 years old were at risk of overweight or obesity. Among children living in the most deprived areas 36% were at risk of overweight or obesity, compared to 21% in the least deprived areas.⁶ Our levels of physical activity likely changed throughout the pandemic and this may have impacted on body weight, alongside changes in diet.

Consumer perceptions on weight gain during the national lockdown in 2020 (start date 23rd March 2020)

- Increased
- Decreased
- Stayed the same

*Note: due to COVID-19 restrictions, it was not possible to obtain body weight measurements using a face-to-face approach within the 2020 Scottish Health Survey.

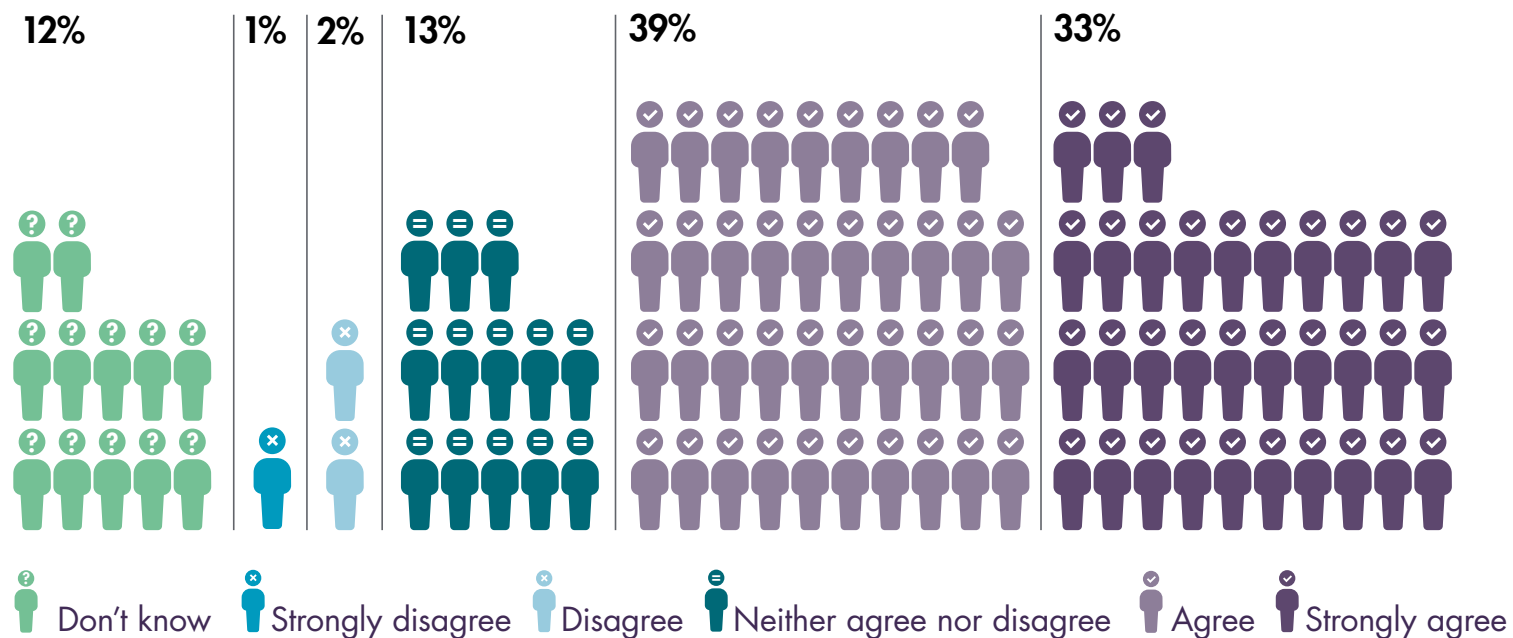


03 Overweight and obesity

In 2019, 70% of adults in the most deprived areas of Scotland were living with overweight or obesity, compared to 60% of adults in the least deprived areas.⁷ A higher prevalence of excess weight is also seen in some people from minority ethnic communities, with the health risks of obesity arising at a lower BMI.² These variations in prevalence of obesity overlap with the disproportionate burden of COVID-19 amongst people living in more deprived areas and people from minority ethnic communities.

The health risks of a poor diet and obesity are widely recognised in Scotland, and 72% agree that COVID-19 can be more severe for people living with overweight or obesity.⁸

Proportion of people who consider COVID-19 to be more severe for people living with overweight or obesity.



04 Consumer attitudes to food during the pandemic

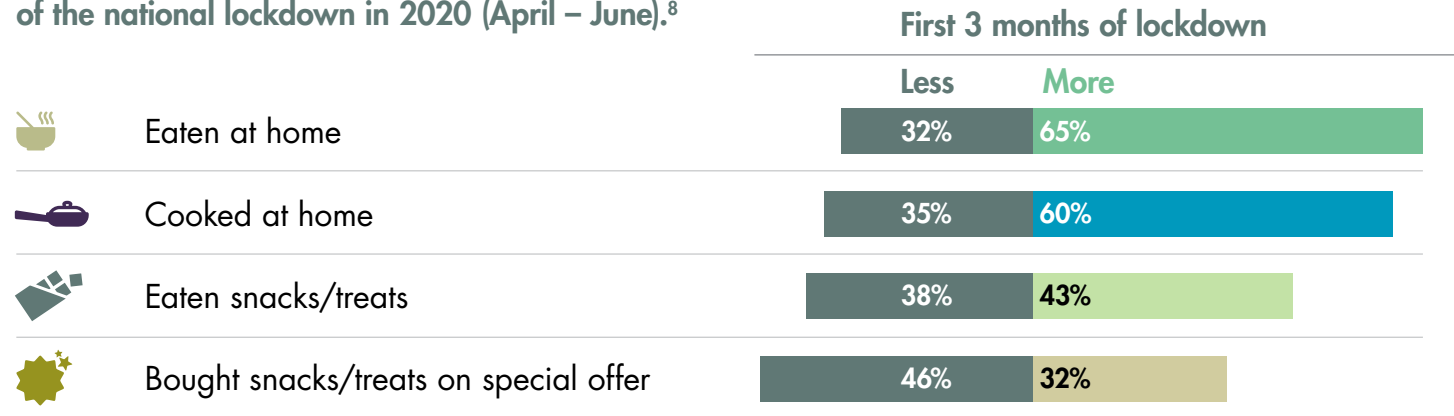
The COVID-19 pandemic has greatly affected our lives, with many people being unable to work, access services and socialise for considerable periods of time due to restrictions. In March 2021, almost a quarter of people in Scotland reported that their income was lower than before the pandemic.⁹ This, alongside changes to working patterns and shielding, has likely had an influence on diet and eating habits.

While 33% of people in Scotland felt their diet had improved since lockdown, 23% said their diet was worse,⁸ with negative impacts on food-related aspects of life experienced by many. Cooking and eating habits also changed in the months after lockdown. Those who were furloughed were more likely to say they were cooking more meals from scratch.

There was an increase in snacking behaviours, particularly among young adults and those on furlough, who reported eating more discretionary foods such as cakes, biscuits, savoury and sweet snacks, out of boredom. However, a third said they ate more fruit and vegetables during the first three months of the national lockdown.

Changes to working patterns, and the impact of furlough and shielding, have changed our diet and eating habits.

Changes in eating habits during the first 3 months of the national lockdown in 2020 (April – June).⁸



04 Consumer attitudes to food during the pandemic

In July 2020, perceived key barriers to healthy eating included cost, time and price promotions.⁸ In addition, 17% of people were worried about being able to afford food for the next month and a similar proportion were concerned about the availability of food. In July 2021, just under a quarter said they had worried about affording food over the past year, and 14% had to skip meals as a result.¹⁰

Key barriers to healthy eating



Cost



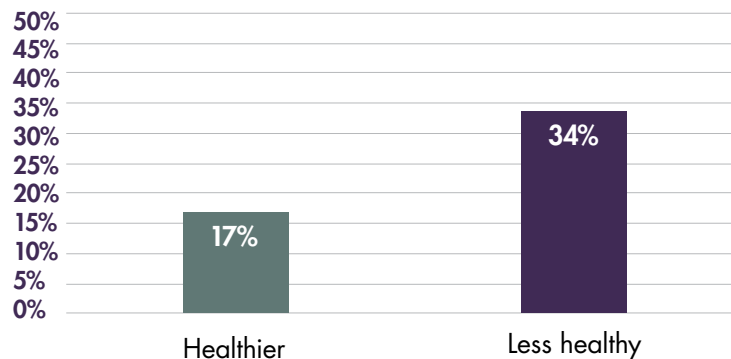
Time



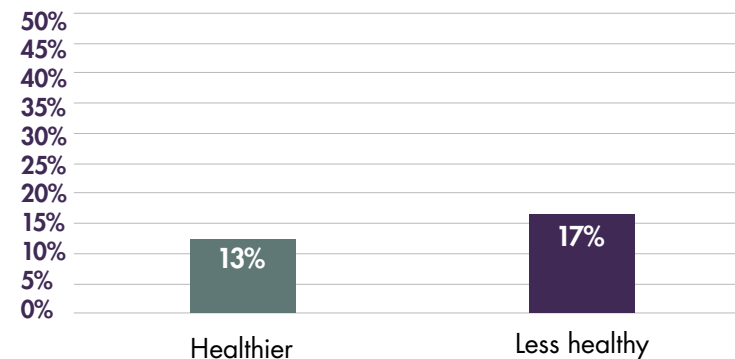
Promotions on less healthy items

A recent survey explored how parents living in Scotland felt that the pandemic has affected their family. It was found that when describing their own diet, 34% thought that it had become less healthy as a result of the COVID-19 pandemic, while 17% felt that their child's diet was now less healthy.¹¹

How has the COVID-19 pandemic affected your own diet, if at all? Is it now:



How has the COVID-19 pandemic affected your child's diet? Is it now:



05 Eating out and ordering in



This data does not include food and drink purchased in retail settings.

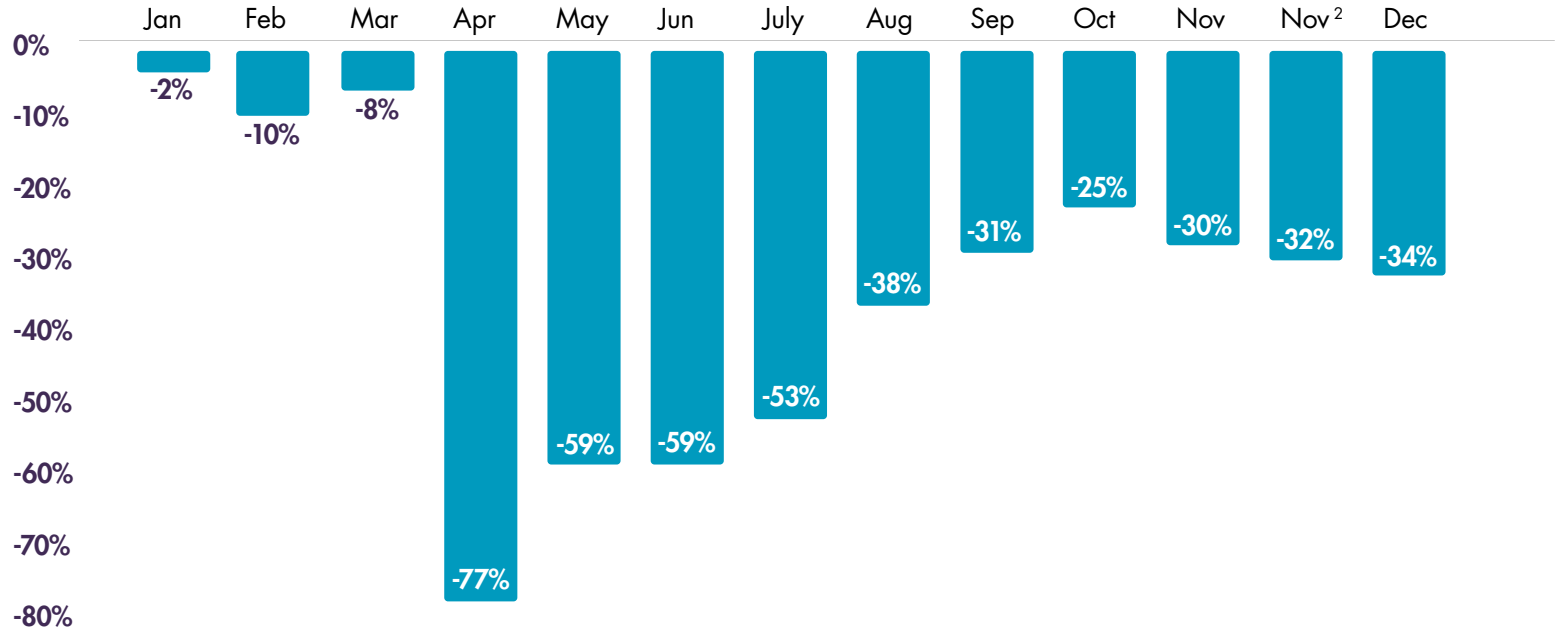
UK-wide lockdowns and COVID-19 restrictions throughout 2020 greatly impacted the Out of Home (OOH) market.¹² The value of the total OOH market in Scotland was £3 billion in 2020, which was a reduction of 36% compared to 2019. Businesses were forced to close their doors at various points throughout the pandemic, resulting in people being unable to eat out in restaurants, cafes and pubs in the usual way. In turn, this influenced the amount of food eaten at home and “on the go”.

Full service restaurants, and pubs and bars, were the most impacted by the restrictions, with a 55% reduction in spend compared to 2019. Quick service (fast food) restaurants were the least impacted, with a 1% reduction in spend. This may be due to their ability to adapt by providing options for delivery and takeaway more easily. As restrictions eased the impact on the OOH market was less severe, reducing from a 77% reduction in spend in April to a 25% reduction in October, compared to 2019.

Reduction in spend - OOH market (2020 vs 2019)

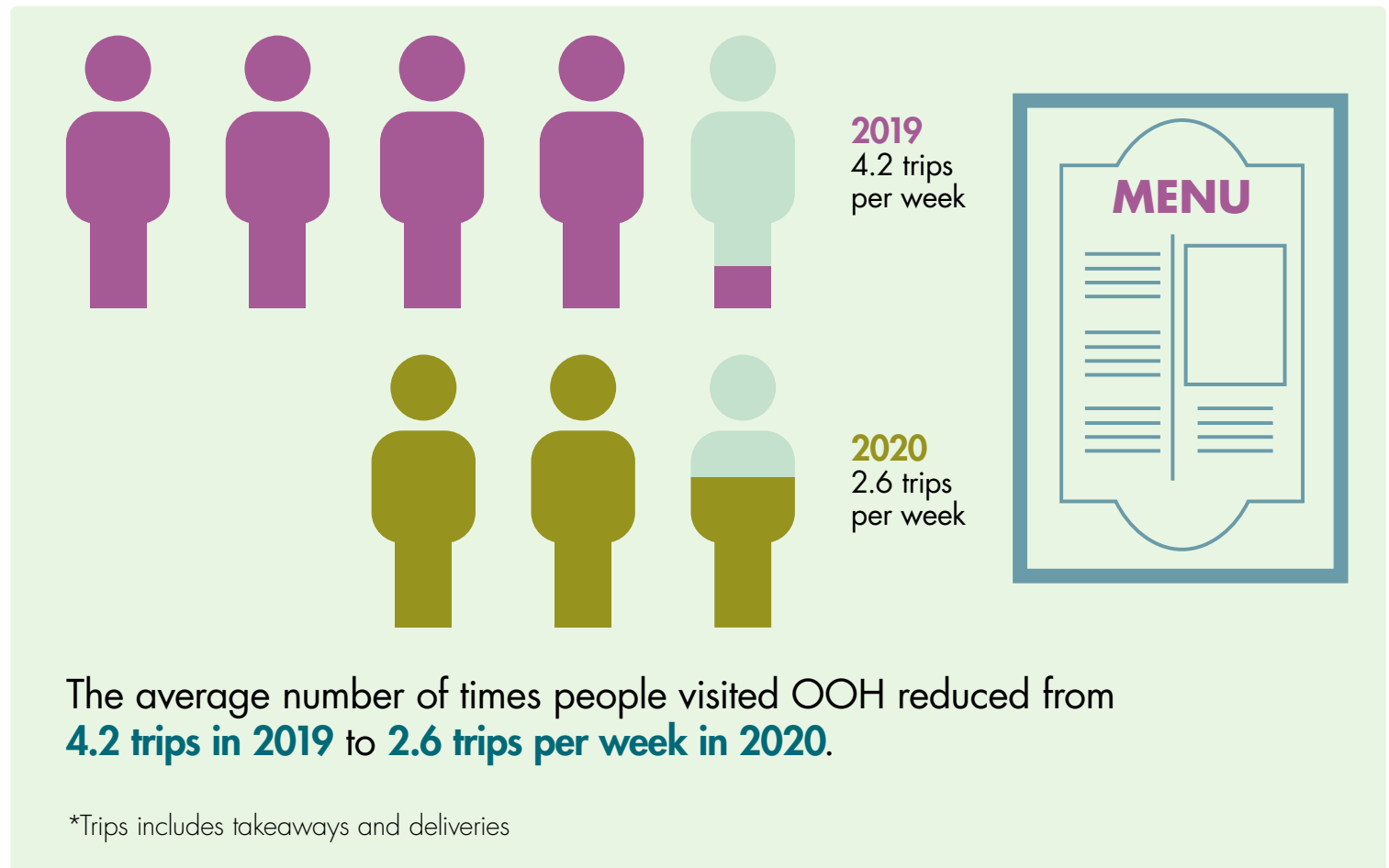
*Note two data points are included for November as covers 4 week ending 1 Nov and 29 Nov 2020.

Month (4 week average)*



05 Eating out and ordering in

In 2020, the number of trips declined across all age groups, but declined the most among those aged 35-54.



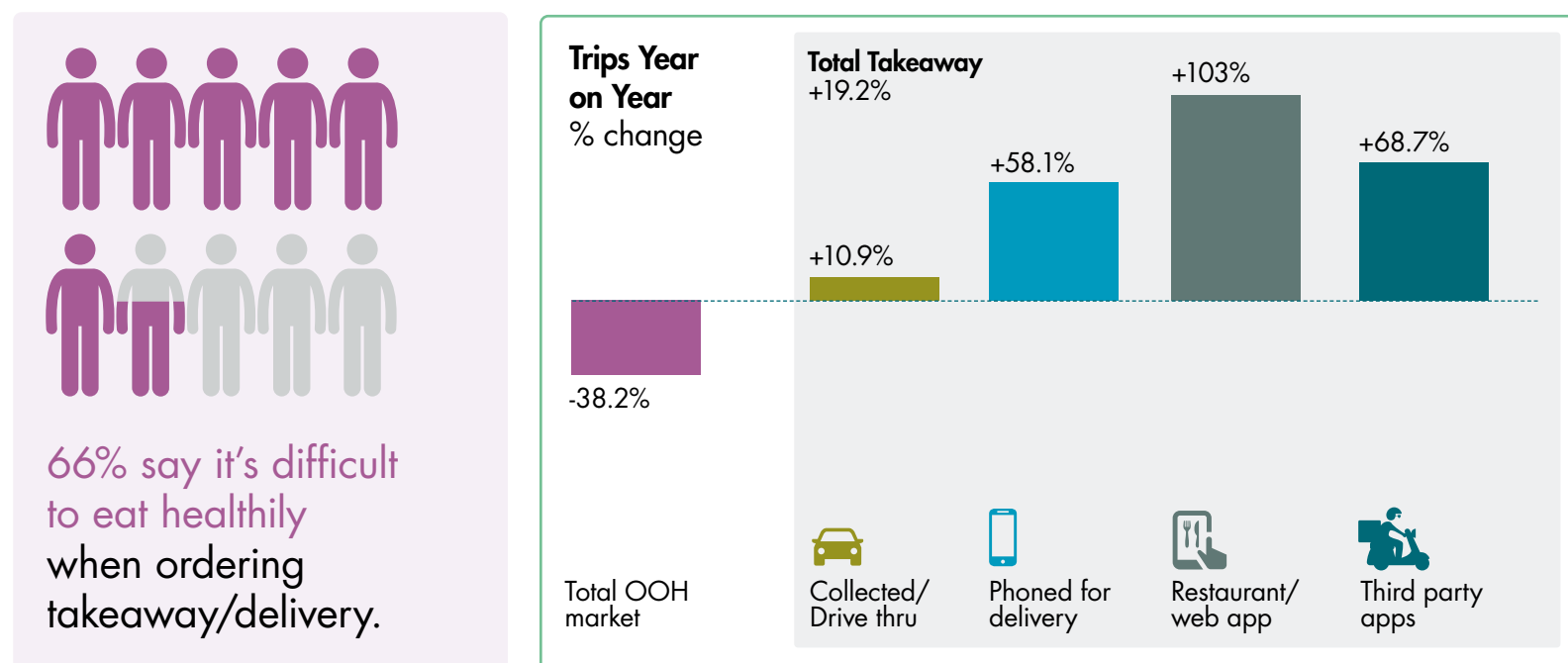
Spotlight on – Takeaways & Deliveries

Unlike the wider OOH market in Scotland, takeaways grew to a market value of £1.1 billion, a 31% increase in 2020 compared to 2019. The proportion of takeaway trips doubled, with an additional 21 million trips compared to 2019.

During the pandemic, ordering takeaways from restaurant apps and third party apps saw a huge rise in Scotland, resulting in an expanded choice of outlets to order from using this technology.

The delivery market in Scotland gained 1.2 million new customers in 2020, an increase of 54% compared to 2019.

An additional **21 million trips** were made in 2020 compared to 2019, driven by new customers.



Spotlight on – Eat Out to Help Out

As a way to boost the OOH market, the UK Government introduced a scheme called 'Eat Out to Help Out' (EOTHO). This offered half price food and non-alcoholic drinks from Monday to Wednesday during the month of August 2020.

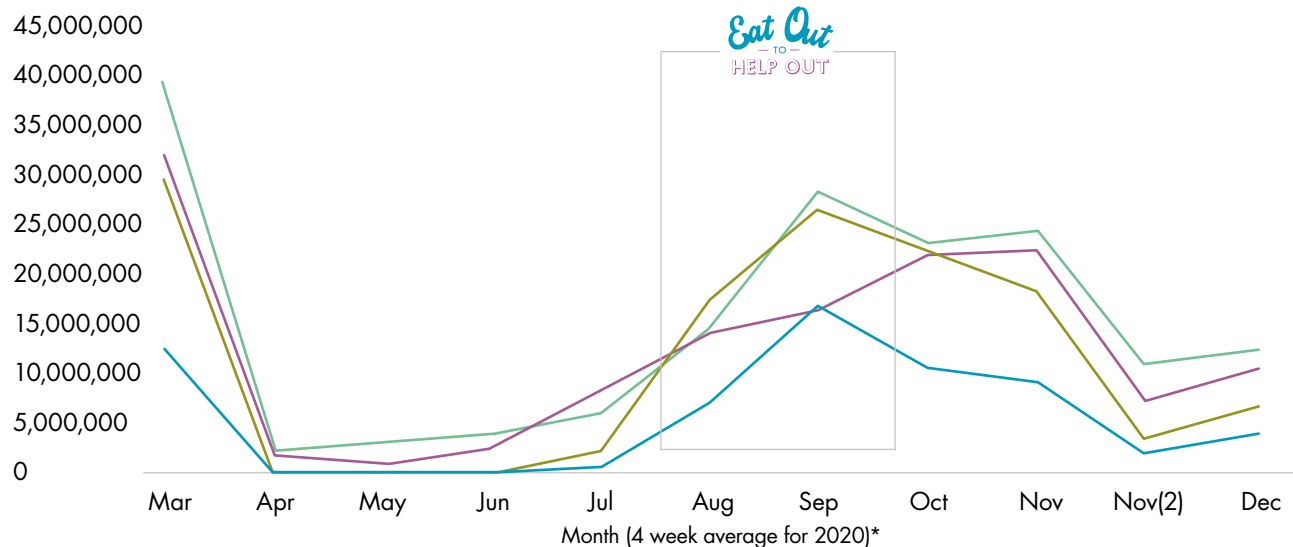
During the scheme, the number of trips to full service restaurants, quick service restaurants and pubs and bars were the highest they had been since the pandemic began.

An additional £832 million was spent across GB during the period of EOTHO, with an increase of 54 million trips compared to the previous month. However, as the scheme ended and stricter measures were introduced again, the growth did not continue into the autumn of 2020.

- Quick Service Restaurant
- Full Service Restaurant
- Pubs and Bars
- Coffee Shop

*Note two data points are included for November as covers 4 week ending 1 Nov and 29 Nov 2020.

Trips (excl.delivery)



06 Grocery Shopping

Since the beginning of the COVID-19 pandemic, there has been a major shift in our food and drink grocery shopping habits.¹³ The restrictions on the OOH market, workplaces and schools meant that more food and drink was purchased into the home.

The largest difference was seen the week before the first national lockdown in March 2020, when the volume of total food and drink purchased into the home in Scotland was 40% greater than the same week in 2019. Although this dropped in subsequent weeks, we continued to purchase more food and drink for most of 2020. This was despite an overall decrease in the number of trips we made to the retail environment.

There was an increase in the amount of fat, sugar and salt in our shopping baskets in 2020 in comparison to previous years. Discretionary food and drinks, such as confectionery, contributed considerably to energy and total sugar purchase throughout 2020. Discretionary products represented around 25% of all food and drink volume purchased into the home within all social classes, except social class E, which increased to 30%.



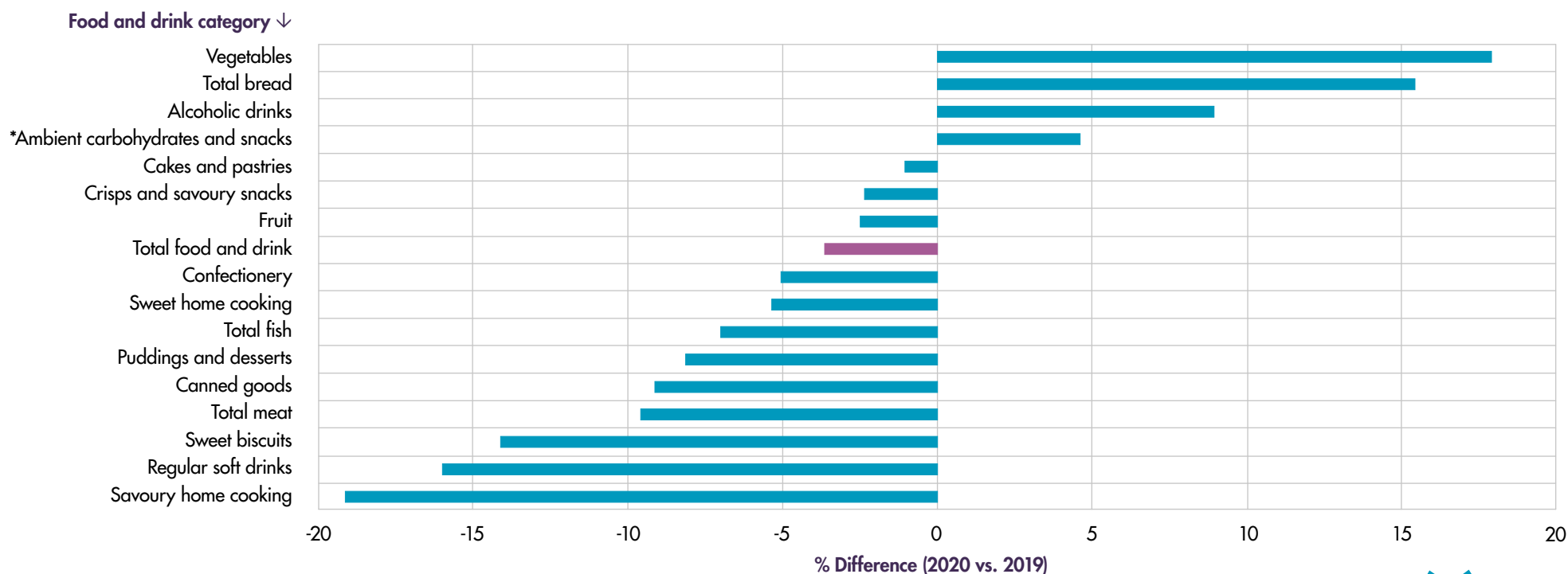
This data does not include food and drink purchased OOH.



Spotlight on – Retail food and drink purchased on promotion

In 2020, the proportion of total food and drink purchased on a price promotion decreased by 3.7%, compared to 2019. However, some food and drink categories including vegetables, total bread, alcoholic drinks and ambient carbohydrates and snacks increased in this time period. Meanwhile, several categories showed a greater decline compared to total food and drink, including savoury home cooking, canned goods, sweet biscuits and total meat.

Retail purchase of total food and drink (volume) purchased on promotion in Scotland: % change, annually, 2020 vs. 2019



On average, discretionary food and drink categories were purchased on price promotion at greater levels than non-discretionary categories (36.6% vs. 24.7%) in 2020. This evidence shows that purchase on price promotion remains skewed towards less healthy and discretionary products, highlighting the need for change for a shift towards healthier purchasing.

*All rice noodles, dry pasta, pulses, packet soup, cous cous, instant hot snacks.



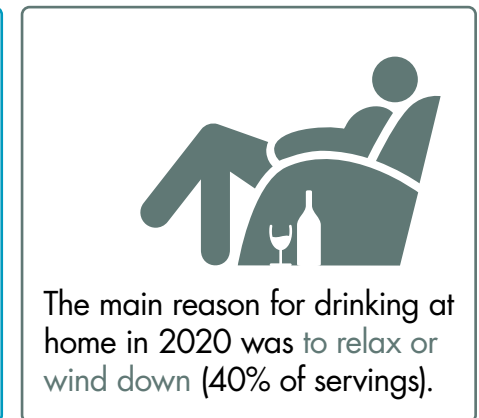
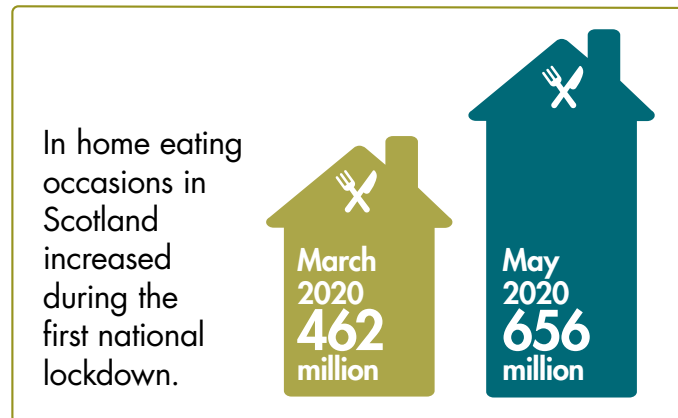
07 Eating patterns and behaviour at home

The number of occasions when we consumed food and drink at home increased substantially in Scotland during the COVID-19 pandemic in 2020.¹⁴ The restrictions on the OOH market, workplaces and schools meant that more food and drink was consumed in home.

Following the first national lockdown, pre-planning and bulk cooking increased for lunch and evening meals compared to the year before, and slightly more time was spent making meals.

While cooking from scratch increased for a brief period after the first lockdown, there was a greater increase in the use of 'assisted cooking' (cooking sauces and kits), particularly for evening meals, which lasted throughout 2020. In the categories asked, health was seen as the least important driver of food choice throughout 2020, especially when more than three people ate together.

Snacking at home increased by 31%, particularly during the day. Of all life stage groups, families with children drove this uplift the most. The most common types of food and drink included in these snacks were fruit, chocolate confectionery and biscuits. There was an increase in alcohol consumption in the home during 2020, most notably after the first national lockdown, peaking in May.



08 Conclusion

This Situation Report highlights the profound implications that the COVID-19 pandemic has had on Scotland's food environment and diet, alongside persistent high levels of overweight and obesity. Increasing evidence of the negative impact that obesity has on COVID-19 outcomes has strengthened the need for wide reaching and multifaceted ways to improve dietary health, and reduce health inequalities in Scotland. This report builds upon our existing evidence on food and drink purchase and consumption patterns, providing a baseline for monitoring the ongoing impact of the pandemic. However, there are other environmental, social and political issues to consider regarding Scotland's wider food system, that may influence our longer-term food and drink purchase and consumption patterns and impact on health inequalities.

Our evidence shows that there has been an increase in some positive diet-related behaviours, including increased purchase of fruit and vegetables. However, there are also indications that unfavourable dietary behaviours have intensified, including increased snacking behaviours, purchase of discretionary foods and the considerable growth in takeaways.

A key step to improving our dietary health is to cut down on discretionary food and drinks. However, discretionary foods continued to be a significant contributor to calories, sugar and fat in our shopping baskets. In addition, the purchase of food and drink on price promotion continued to be skewed towards less healthy categories despite an overall reduction of total food and drink price promotions in 2020.

COVID-19 continues to affect our lives, including how we interact with our food environment. FSS will continue to monitor the impact of COVID-19 on our diet and diet-related health in Scotland.

"This report is only the first step in understanding the long-term impact of COVID-19 on diet and health in Scotland. In 2020, almost a quarter of all food purchased into the home was high in fat, sugar and salt. With a growing strain on health services, and concerns around food affordability, urgent collaboration between all sectors is vital to help the people of Scotland eat more healthily and reduce the burden of diet-related disease."

Geoff Ogle, Chief Executive, Food Standards Scotland



09 Glossary

FSS	Food Standards Scotland.
National lockdown	The first UK-wide lockdown where people were told to 'stay at home' from 23 rd March 2020.
Out of Home (OOH)	Any food or drink purchased for consumption away from home, including food 'on the go' and deliveries and takeaways.
In home eating occasions	An individual's eating or drinking moment inside the home.
Discretionary food and drink	Items of food and drink which are high in calories and/or fats, sugar or salt, low in nutritional value, which are optional in the diet.
Furlough	Coronavirus job retention scheme.
Social class	National Readership Survey (NRS) social grade classification system includes:
A	Higher managerial, administrative and professional.
B	Intermediate managerial, administrative and professional.
C1	Supervisory, clerical and junior managerial, administrative and professional.
C2	Skilled manual workers.
D	Semi-skilled and unskilled manual workers.
E	State pensioners, casual and lowest grade workers, unemployed with state benefits only.
BMI	Body Mass Index



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