

We really do need to reduce the consumption of ultra-pr...

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I [published a video about a week ago](#) in which I said that I did not think that Ozempic, Wegovy and other GLP-1 group drugs were the wonders that the Economist and other pro-business publications have claimed them to be.

My reasoning was remarkably straightforward. It was that if we have an obesity crisis resulting in diabetes, dementia, heart conditions and more, then the answer is to get rid of the drug that has clearly created this crisis, which drug is the harmful sugar content included in ultra-processed food that is designed to addict people to that product.

Perpetuating the continued production of those addictive so-called food products and then treating those suffering with the consequences of their addiction to them with expensive and potentially harmful drugs is about as economically stupid as continuing to permit the production of harmful greenhouse gases and then hoping that the resulting harm might be addressed through the use of carbon capture and storage techniques.

It has to be said that not everybody agreed with my suggestion, even though I made it clear that the enormous sums that could be saved by going down the path I suggested could be used to ensure that those who are currently dependent upon ultra-processed foods for their calorific intake could be provided with financial support to ensure that this no longer need be the case.

So why am I mentioning this again? That is because I [noticed the report in the Guardian](#) that says:

A weight-loss drug recently approved for use on the NHS contributed to the death of a 58-year-old nurse from North Lanarkshire, according to a report.

Susan McGowan took two low-dose injections of tirzepatide, under the Mounjaro brand, over the space of a fortnight before she died on 4 September, [the BBC reported](#).

Her death certificate, seen by the broadcaster, lists multiple organ failure, septic shock

and pancreatitis as the immediate cause of death – but “the use of prescribed tirzepatide” is recorded as a contributing factor.

There [is also this report](#):

As of October 28 2024, the Medicines and Healthcare products Regulatory Agency (MHRA) has received 10 UK spontaneous reports with GLP-1RAs indicated for weight management that report a fatal outcome, it today (November 1) told C+D.

However, the medicines regulator stressed that it is not possible to determine whether the GLP-1RA was responsible for a death reported.

These reports do not, of course, prove that these drugs are necessarily harmful. What they do prove is that it is reasonable to have doubts about their use when a safe, economical and entirely certain alternative is available to their use, which simply requires that we regulate the production of ultra-processed foods.

So, why not, Wes Streeting?