Appetite for disruption: What GLP-1 means for consumer markets

The impact of GLP-1 on Britain's bodies, baskets and businesses

June 2026

An overview: why GLP-1s are now a consumer markets story

A single class of medication is already influencing how millions of people in Britain eat, drink, exercise and shop. Glucagon-Like-Peptide 1 receptor agonists (or GLP-1s) have been around since the early 2000s but the approval of a weight loss pill in June 2026 is a tipping point. It removes the biggest barrier to adoption and turns a fast-growing trend into an accelerator of change across the consumer economy for weight loss.

In the US, where one in five adults has now tried GLP-1, spending on grocery, alcohol and apparel has already shifted. The UK appears to be on a similar trajectory: current penetration of GLP-1 is 5% (c.3m adults) and is anticipated to grow two and a half times to 13% (c.7m).

The impact on Britain's bodies, baskets and businesses is only beginning to be understood. So, we have surveyed more than 2,300 adults in the UK to gain a deeper understanding of who is using GLP-1s and how their behaviour is changing across six categories: food, alcohol, supplements, apparel, restaurants and fitness. What we found has real consequences for any brand or retailer competing for a share of GLP-1 consumer spend.

1 Body democratisation

GLP-1 is no longer the preserve of the affluent: of current users, 6% come from lower-income households whereas 20% come from the wealthiest households. Weight loss is the anchor across age groups, but the why splits by generation: wellness for the young, health investment for the middle-aged, clinical care for the old.

2 Basket reallocation

Spend is moving within and across categories. In grocery, mix shifts from high-fat and high-sugar to high-protein and nutrient-dense, with premiumisation offsetting volume decline. In non-food, users are investing in a wellness stack of products and services that supports weight loss and maintenance.

3 Basket stickiness

Some categories experience a temporary boost or drag, while others experience durable growth or a structural decline. It's the changes that outlast the treatment that matter most, resetting demand for existing categories and creating the space for new ones.

4 A larger mandate for CPG and retailers

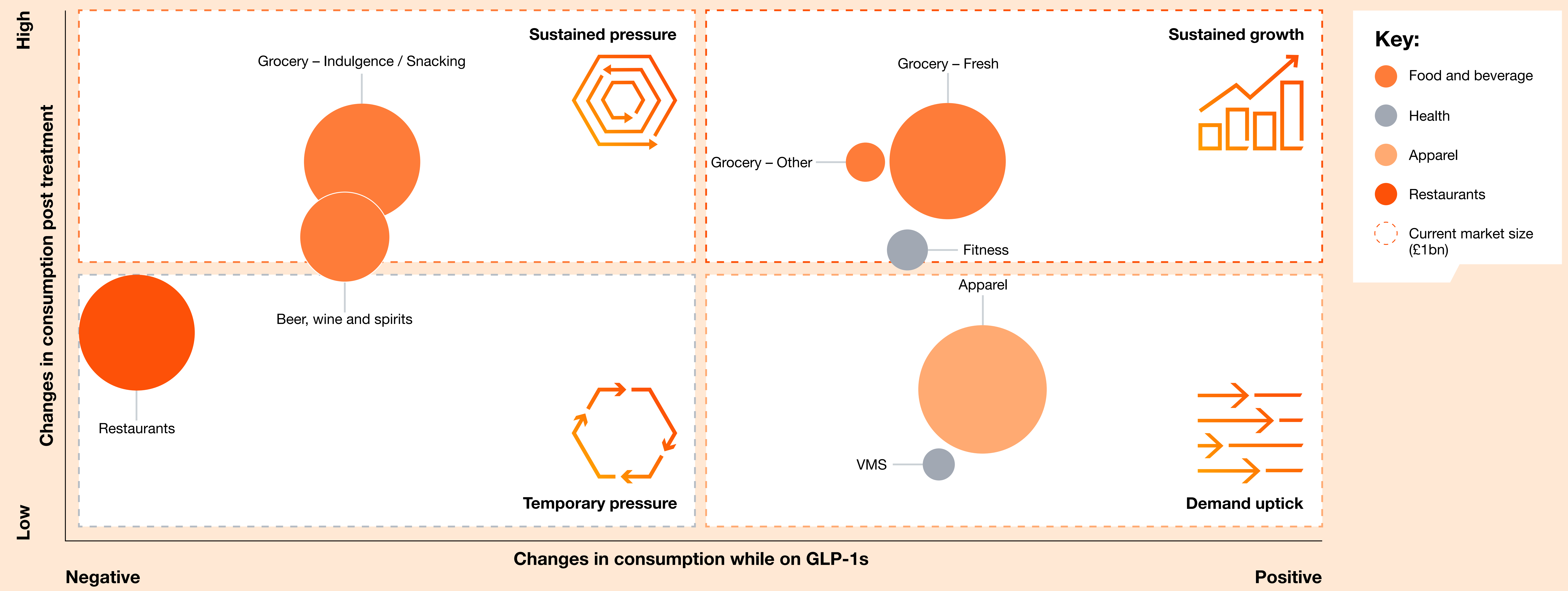
With NHS eligibility limited, private treatment expensive and pharma advertising tightly restricted, it falls to brands and retailers to educate and support consumers on their GLP-1 journey. GLP-1 has gone from a clinicially-driven treatment to a consumer product, and is assessed like anything else in the basket: brand, value, effectiveness, convenience and the opinions of those who matter most.

5 A hybrid value creation playbook

Who your GLP-1 customers are, and how your category changes, will dictate how you compete. The leaders will do three things at once: reshape their portfolios to manage near-term risk, innovate propositions to capture changing preferences, and collaborate across the wider GLP-1 ecosystem to claim a bigger share of the profit.

Stickiness of GLP-1 spending behaviour

Consumption changes during GLP-1 usage and after GLP-1 usage



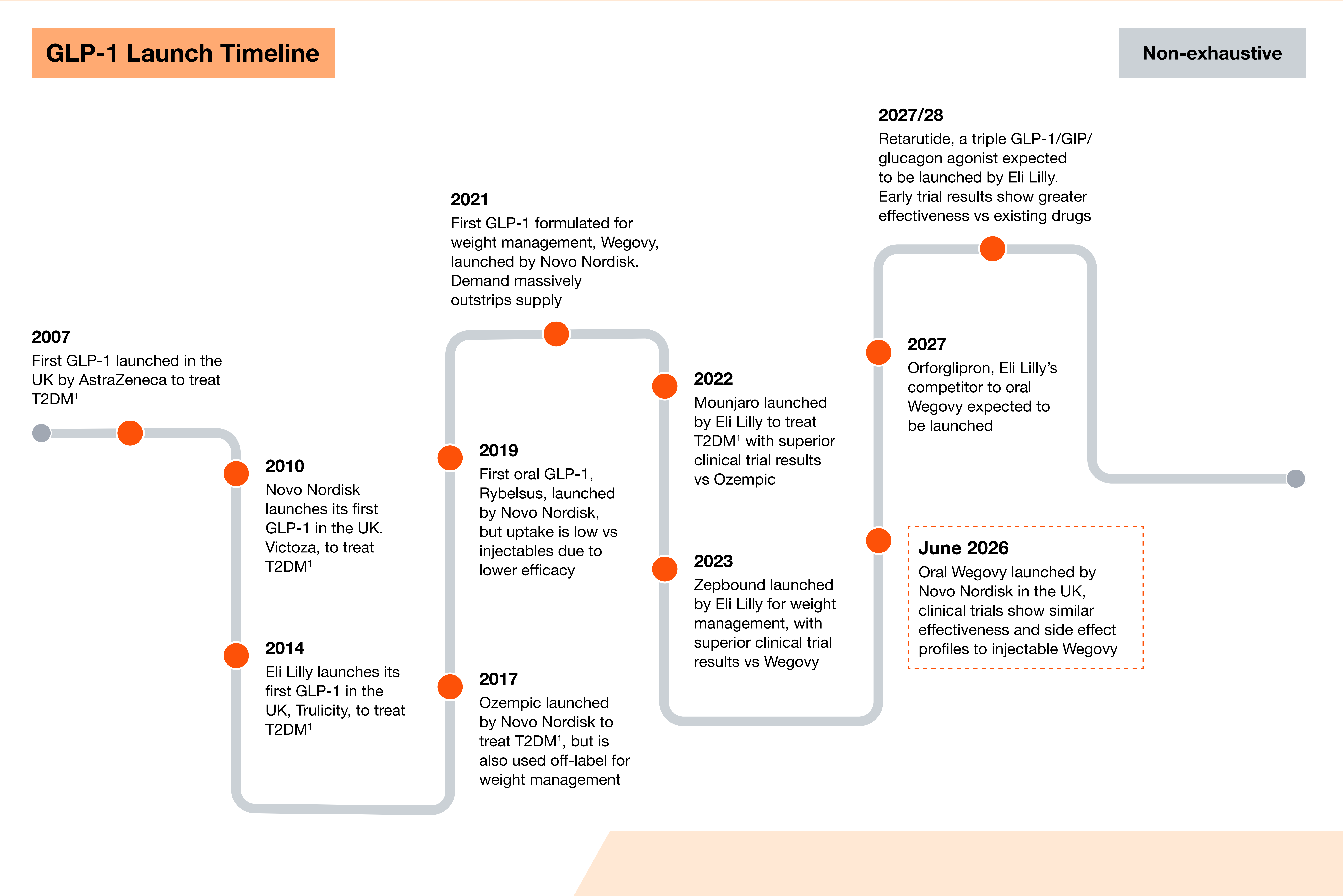
Source: Strategy& UK Consumer Survey June 2026: GLP-1 Adoption and Cross-Sector Spending Impact

The weight loss revolution

GLP-1s are often better known by brand names such as Mounjaro, Ozempic and Wegovy. They were first used to treat Type 2 Diabetes, but they are currently famous for something else: weight loss.

By reducing food noise and slowing digestion, GLP-1s help users lose weight. But GLP-1s are also changing what personalised weight management means at scale. Treatment is becoming less about a single product for an average patient, and more about tailored journeys shaped by body type, metabolism, health conditions, lifestyle needs and the support required to sustain outcomes.

Until now, GLP-1s have been taken by injection. That changed in June 2026, when the Medicines and Healthcare products Regulatory Agency (MHRA) approved a pill for weight loss in the UK. The needle, one of the biggest barriers to adoption, is being removed, giving way to the GLP-1 pill format, which encourages switching among existing users, and increases likelihood of adoption among potential users.



[1] T2DM: Type 2 Diabetes Mellitus
Source: Strategy& Analysis

Adoption of the GLP-1 pill for weight loss

The appeal of a GLP-1 pill could potentially increase UK users by two and a half times, from c. 3 million to c.7 million people by 2027.

As usage scales across private clinics, pharmacies, telehealth and the NHS, the data generated will help businesses understand how different users behave, what support they need alongside treatment, and which habits, products and services are most likely to persist.

72%

of current users would move from injection to pill format

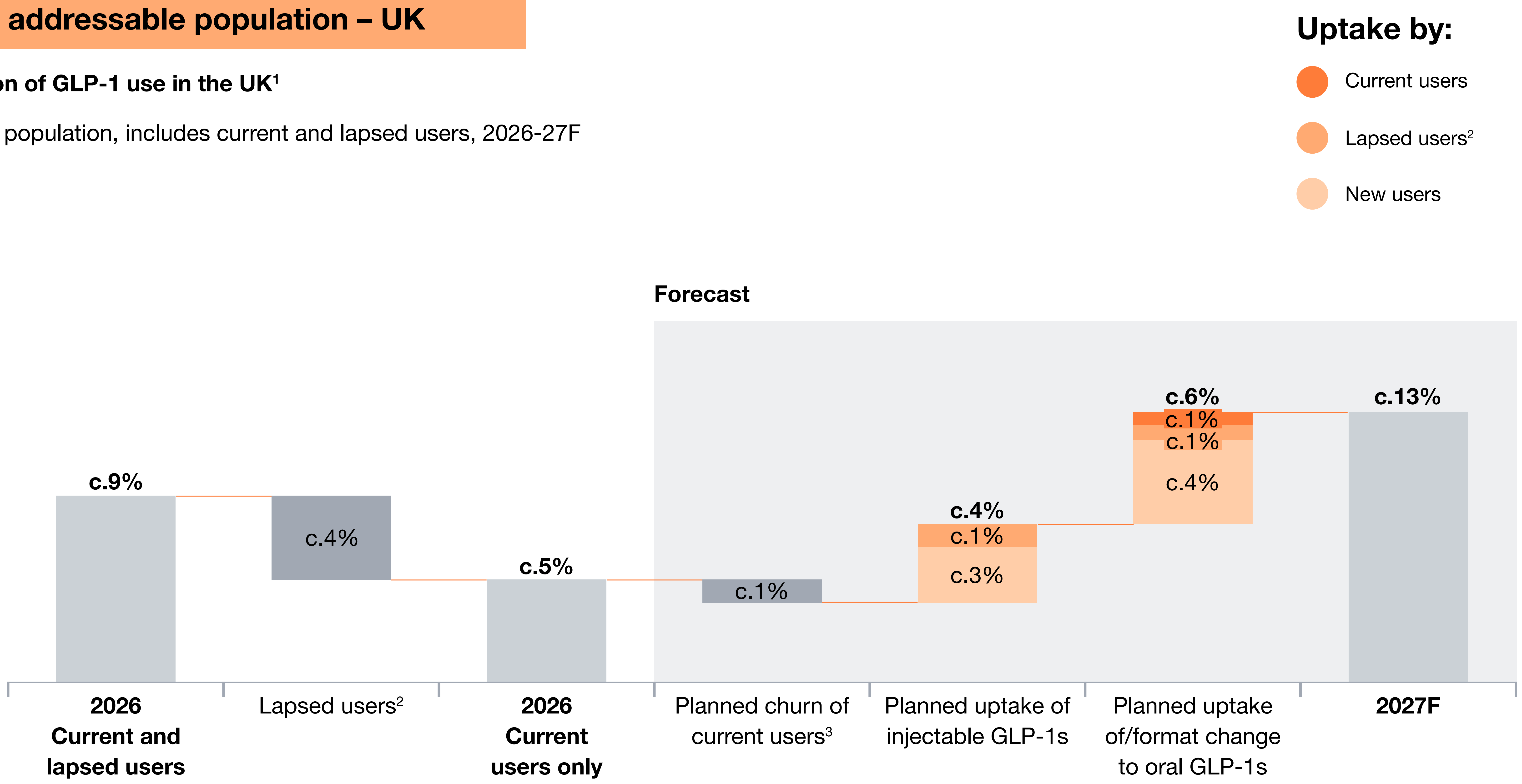
83%

of potential users would be more likely to take GLP-1 in a pill format

GLP-1 addressable population – UK

Penetration of GLP-1 use in the UK[1]

% of adult population, includes current and lapsed users, 2026-27F



# People	c.5.1m		c.2.8m				c.7.4m

[1] GLP-1 use for all indications including type 2 Diabetes Mellitus and weight management;
[2] Have not taken GLP-1s in the past 12 months;
[3] Expecting to stop using GLP-1s in the next 12 months| Source: ONS, OpenPrescribing.net, Desktop Research, Strategy& UK Consumer Survey June 2026: GLP-1 Adoption & Cross-Sector Spending Impact, Strategy& Analysis

Learnings from the US – and differences for the UK

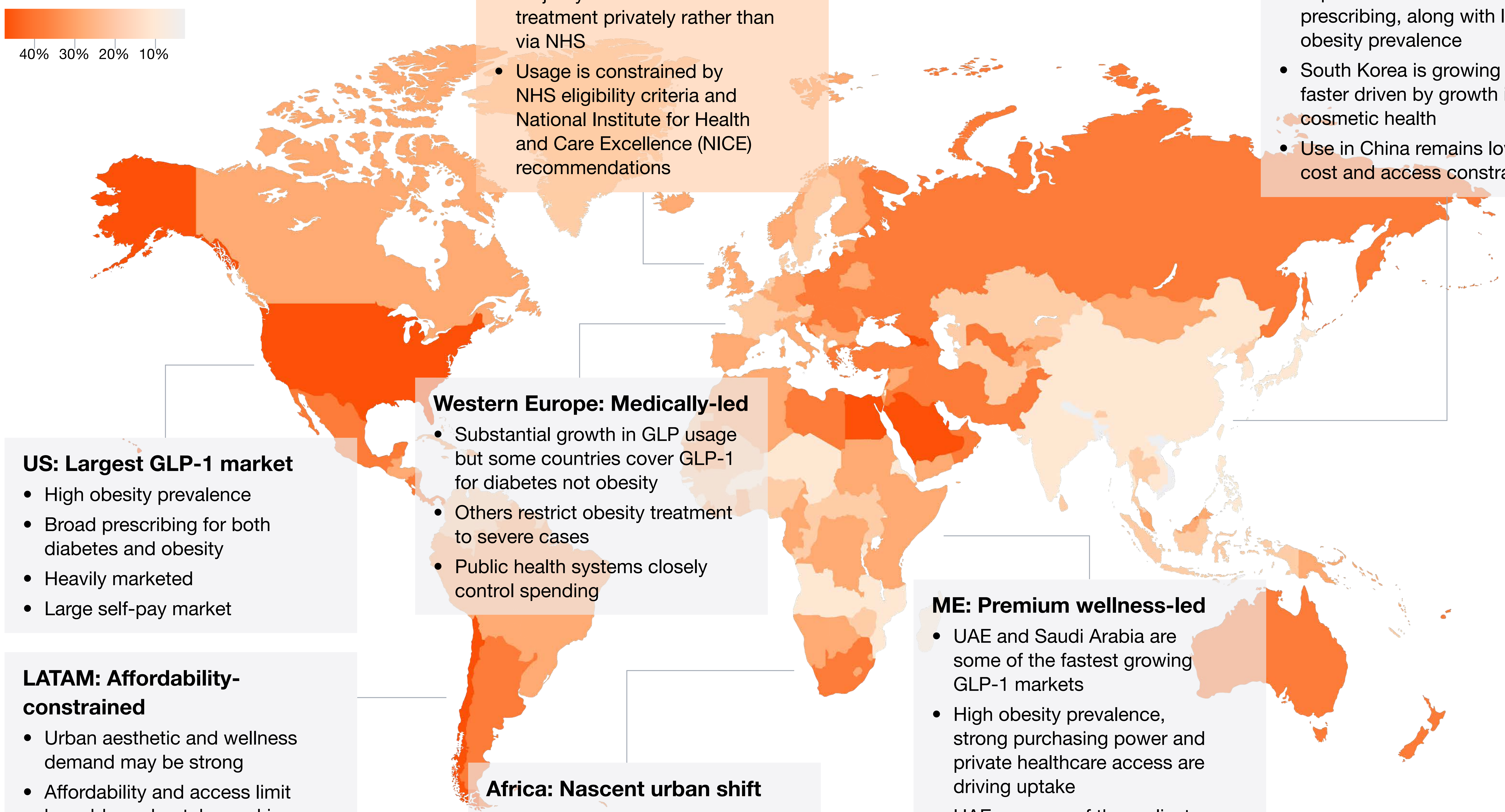
Globally, obesity was associated with 3.7 million deaths in 2024; without action, the number of people with obesity are projected to double by 2030[1]. As a result, GLP-1 usage is growing rapidly worldwide, with the UK market adopting some similar characteristics to the US market.

The US leads the adoption curve with estimated 21% penetration (versus 9% in the UK). GLP-1s are already disrupting consumer markets with per household spending down 5% for grocery and up 9% for grocery after 6 to 8 months according to PwC US analysis.

The UK will not necessarily follow the US playbook. GLP-1 is primarily self-funded, NHS eligibility is limited and pharma marketing is more tightly regulated. As a result, demand is likely to be shaped less by pharma-led consumer marketing and more by pharmacies, telehealth providers, retailers and social channels, making adoption more segmented, channel-led and affordability-constrained.

GLP-1 Dynamics by region

Obesity prevalence, 2022[1]



UK: Private pathway

- GLP-1 usage is growing rapidly
- Majority of users access treatment privately rather than via NHS
- Usage is constrained by NHS eligibility criteria and National Institute for Health and Care Excellence (NICE) recommendations

APAC: Lower obesity rates and access constraints

- Japan is conservative in prescribing, along with lower obesity prevalence
- South Korea is growing faster driven by growth in cosmetic health
- Use in China remains low due to cost and access constraints

Western Europe: Medically-led

- Substantial growth in GLP usage but some countries cover GLP-1 for diabetes not obesity
- Others restrict obesity treatment to severe cases
- Public health systems closely control spending

US: Largest GLP-1 market

- High obesity prevalence
- Broad prescribing for both diabetes and obesity
- Heavily marketed
- Large self-pay market

LATAM: Affordability-constrained

- Urban aesthetic and wellness demand may be strong
- Affordability and access limit broad-based uptake, making spending shifts visible in premium segments before the mass market

Africa: Nascent urban shift

- Demand is emerging in urban centres but affordability and structured access remain limited

ME: Premium wellness-led

- UAE and Saudi Arabia are some of the fastest growing GLP-1 markets
- High obesity prevalence, strong purchasing power and private healthcare access are driving uptake
- UAE was one of the earliest countries to approve GLP-1 for obesity

[1] World Health Organisation, global guideline on use of GLP-1 medicines in treating obesity
Source: Strategy& UK Consumer Survey June 2026: GLP-1 Adoption and Cross-Sector Spending Impact

GLP-1 disruption: changing Britain's bodies, baskets and businesses

GLP-1 is reshaping the relationship consumers have with their bodies, what they choose to put in their basket and how businesses can best serve the end-to-end GLP-1 customer journey – which raises questions about and how best to serve new customer needs.

Bodies

Who is using GLP-1s across gender, age and income groups?

Why are users taking them – weight loss, weight maintenance, wider wellbeing or clinical need?

How are users accessing treatment across NHS, private and digital channels?

Baskets

How are consumer **behaviours shifting** whilst on GLP-1?

How is **spend changing** across food and beverage, supplements, apparel, restaurants and fitness?

Which **spend changes are "sticky"** after users stop treatment?

Businesses

How should businesses **reshape their portfolio** to mitigate risk of GLP-1?

How can businesses **innovate their proposition** to capitalise on changing consumer preferences?

How can businesses **collaborate** across the GLP-1 ecosystem to capture profit pools?

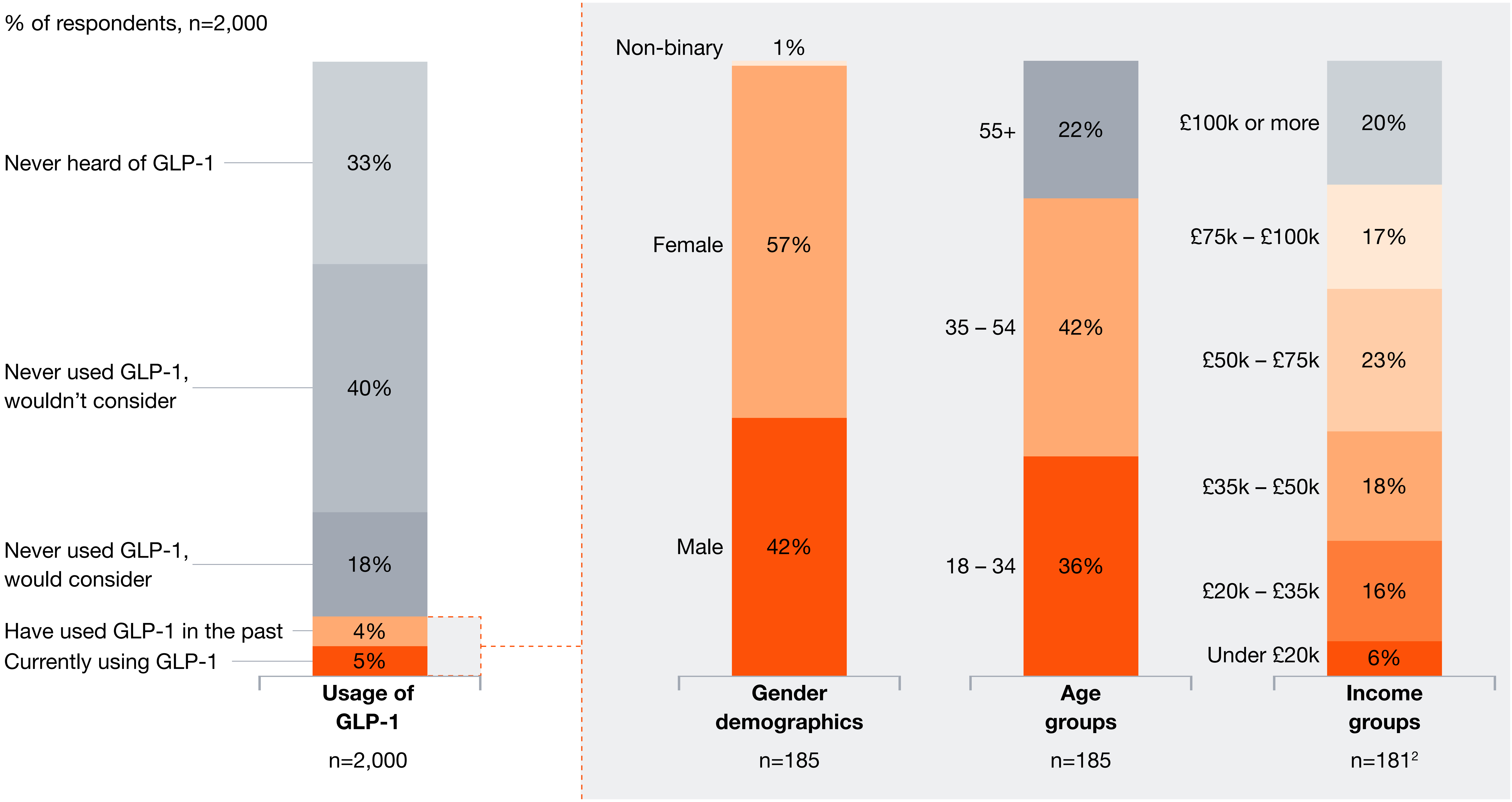
GLP-1 disruption: changing Britain's bodies

GLP-1 usage is set to move beyond the 9% of UK 'early adopters who are currently using or have used GLP-1 in the past; an additional 18% of UK adults would consider using it. The profile of current users represents a mix of genders, ages and income – suggesting GLP-1s are going mainstream.

Profile of current or past GLP-1 users

Overall usage of GLP-1 by demographic group[1]

% of respondents, n=2,000



[1] From Strategy& consumer survey questions, overall usage includes respondents who reported never hearing about GLP-1s;
[2] Excludes those who "Prefer not to say" income group
Source: Strategy& Analysis

The female factor

Women account for 60% of current users. GLP-1 usage is concentrated among working-age adults, with c.80% of users aged 18 – 54 years old. However, 35 – 44s and 45 – 54s have the strongest uptake, suggesting it's most established among adults juggling work, family and their own health.

Democratic uptake

While uptake of GLP-1s skews towards higher-income groups, it has a broad income footprint rather than being confined to the most affluent consumers. Among current users, 6% come from households with income under £20k whereas 20% come from the wealthiest households earning above £100k.

Protected spend

For those taking GLP-1, it is a protected part of their discretionary spending, with 28% of those currently taking it saying they would not change their current level of spending on GLP-1, even if their household income came under pressure. GLP-1 is therefore a relatively resilient category against macro-economic headwinds.

GLP-1 disruption: changing Britain's bodies

Concentrated repertoire

Current GLP-1 use is dominated by a few well-known brands (Mounjaro, Ozempic and Wegovy). Access is primarily through online pharmacy and telehealth channels (58%) rather than NHS pathways (28%). There are clear age patterns with older users more closely connected to traditional NHS pathways and younger/ mid-life users more frequently using online pharmacy and telehealth to access GLP-1s.

Competing motivations

Long-term sustained weight loss is the universal anchor and the top motivation in every age group, peaking at 50+% in younger generations, versus c.45% in older groups. But some generational differences exist.

For younger generations, it's a wellness story that sits in a wider repertoire of products, apps and routines. Younger generations cite weight loss/maintenance, improved energy, and aesthetics as primary reasons to take it.

For middle generations, it's a health investment to manage weight, energy, and conditions. Middle generations cite weight loss/maintenance, diabetes maintenance and reduced appetite as reasons to take it.

For older generations, GLP-1s are clinical care often recommended by health specialists, with the highest proportion of users taking it for diabetes management.

Reasons reported for taking GLP-1[1,2]

% of respondents (multiple choice answers), current and previous GLP-1 users, N=500

	Reasons for taking GLP-1s	Average
Weight	Weight loss / management	50%
	Short-term weight loss	3%
Chronic Disease Management	Diabetes / cardiovascular risk control	15%
	Other disease management	4%
Wellbeing and Lifestyle	Energy / mental health	18%
	Aesthetic reasons	9%
	Lifestyle improvements	1%

[1] From Strategy& consumer survey questions excluding respondents who reported never hearing about GLP-1s – a) What are your reasons for taking GLP-1? Please select all that apply.
Source: Strategy& UK Consumer Survey June 2026: GLP-1 Adoption and Cross-Sector Spending Impact

GLP-1 disruption: changing Britain's bodies

A stop-start instead of a start-to-finish journey

GLP-1 usage is not always continuous. Over 55s have typically taken GLP-1s consistently for longer periods than younger users, suggesting they see GLP-1s as a lifestyle and medically motivated journey with persistent changes in routines and consumption. Conversely, a higher proportion of younger GLP-1 users, who stopped treatment, report a likelihood of restarting GLP-1 versus older users, suggesting more cyclical journeys.

Holistic wellness agenda

GLP-1 users are demonstrating behaviours around a broader health and wellness agenda. Among current users, 50% have started tracking calories or nutrition and 36% have started meal prepping and batch cooking.

In addition, 35% have started structured exercise programmes or are exercising more and c.20% have joined an online community or a GLP-1 support group.

The commercial opportunity is not just at the point of prescription but across the full journey – starting, managing and sustaining results.

GLP-1 behavioural changes

% of respondents (multiple choice answers), current and previous GLP-1 users, n=500

	Behaviours	Average
Food related	Started tracking calories / nutrition	50%
	Started meal prepping / batch cooking	36%
	Started a structured exercise programme / exercising more	35%
	Started working with a nutritionist / dietitian	7%
Exercise related	Began intermittent fasting	16%
	Joined an online community / support group for GLP-1 users	19%
Support related	Hired a personal trainer / coach	6%
	Started therapy / counselling	6%

[1] From Strategy& consumer survey questions excluding respondents who reported never hearing about GLP-1s – a) After starting GLP-1 medication, did you make any of the following lifestyle changes? Please select all that apply.
Source: Strategy& UK Consumer Survey June 2026: GLP-1 Adoption and Cross-Sector Spending Impact

GLP-1 disruption: changing Britain's baskets

GLP-1 is not just changing our bodies, it is changing our shopping baskets. GLP-1 is acting as both a spending catalyst and a spending multiplier, creating new consumer preferences and accelerating the adoption of others. Users are spending less in appetite-led categories such as indulgence within grocery, alcohol and eating out – and more in categories that support nutrition, fitness and confidence. And many of these behaviours persist beyond treatment.

Consumerisation of health

GLP-1s have evolved from a clinically-driven treatment to a health and wellness category which is evaluated like any other product in a basket – assessing brand reputation, price to value equation, proven efficacy, convenience of access, and endorsements by those whose opinions matter the most. Given c.70% of users are accessing the medication privately, this results in a new kind of healthcare consumer.

People undergoing treatment stated that they would be interested in several potential ancillary services: c.40% said they would be interested in help planning for weight maintenance after stopping, 33% selected exercise coaching and 26% selected dietitian support. They expect their GLP-1 experience to feel less like a pharmacy transaction and more like a modern retail one, with optional wrap-around services.

Reallocation, not reduction

GLP-1 user spend is moving within and across categories. For every category facing a decline, another is growing. Snacks, alcohol and eating out are down sharply; protein, fresh produce, supplements, apparel and fitness are up. 51% of current GLP-1 users increased their consumption of nutrient dense foods, 54% increased protein and 70% increased healthier foods.

Within some categories, premiumisation offsets volume decline as GLP-1 users are willing to pay more for products and services. The real story is the mix shift of sub-categories, price tiers and brands.

> "GLP-1 is the most consumerised medication today. People are shopping for GLP-1s as they would everyday items with a focus on brand, value, efficacy, convenience and trust.

Jacqueline Windsor
Strategy& Partner and Head of Retail

Source: Strategy& UK Consumer Survey June 2026: GLP-1 Adoption and Cross-Sector Spending Impact

GLP-1 disruption: changing Britain's baskets

Stickiness beyond the prescription

Many GLP-1 consumption changes outlast the treatment itself. Over 80% of past users maintain at least some of their dietary changes after stopping; for example, fresh grocery spend remains elevated, whereas alcohol consumption stays below baseline. The demand shift outlasts the prescription, which means category economics are being reset rather than dented. Businesses building GLP-1-specific propositions are addressing some permanent rather than transient needs.

The power of the 'wellness stack'

GLP-1 users are not just buying categories differently, they are assembling a coherent stack of products and services that support weight loss and weight maintenance. The wellness wallet ranges from fresh food with nutrient-dense and protein-rich choices to a wardrobe refresh and fitness regimes. 41% of GLP-1 users said that they increased spending on vitamins and supplements. 42% increased spending on clothing with 33% buying more sportswear in particular and 34% increased their spending on fitness categories. The same consumers are driving an uplift in the wellness aisle that serves a holistic and connected need for better health, nutrition, fitness, sleep, and wellbeing.

The generational divide

GLP-1 does not create a single profile of users. It magnifies the mindset, values and behaviours of each generation, which explains differences in lifestyle choices and spending patterns. For example, younger people are increasing their spending on sports nutrition, with c.30% of respondents in the 18 – 34 age group reporting an increase versus c.18% amongst 55 – 65+ age group. Generational differences correlate with the main reasons for taking GLP-1, with older users more likely to take it for long term treatment of medical conditions such as diabetes in contrast to younger people taking it for more aesthetically-motivated reasons.

> Generational identity – not the medication itself – is the strongest predictor of how these shoppers behave. GLP-1s may be changing appetite but it's the generation that's shaping what goes in shopping baskets.

Inge Cajot
Strategy& Partner and Strategy& Consumer Markets Leader

GLP-1 disruption: changing Britain's businesses

The wider GLP-1 ecosystem is now influencing the shape and profitability of the consumer economy. Pharma innovations are improving efficacy, reducing side effects and democratising access. Private health providers and the NHS are segmenting access by those who self-fund and those who meet BMI and comorbidity thresholds. And Big Tech provides the data and analytics on continuous and connected platforms.

For consumer brands and retailers, GLP-1 touches different aisles, different channels and different business models that target how users eat, shop, move, feel and engage. That creates three key business implications:

Reshape portfolio to mitigate risks of GLP-1

Some food categories are more structurally exposed with full-strength alcohol, snacks, sugary drinks and ready meals most at risk. These categories need to actively reformulate around better ingredients and smaller portion sizes while scaling back stock keeping units SKUs that no longer fit GLP-1 user baskets.

As GLP-1 compresses trend timelines, businesses will need to shorten the lifecycle for new product development and launch – or risk losing shelf space and share of wallet to faster movers.

Innovate propositions to capitalise on changes in consumer preferences

This is one of the few moments in the consumer cycle where structural volume decline in some categories is being offset by a structural rise in willingness to pay per unit. Almost 60% of GLP-1 users are buying less food but c.30% are trading up to buy fewer high quality branded products and c.20% on premium own brands.

Businesses that move quickly into functional benefits, elevated formats and / or premium tiers can protect margin as volume contracts, and capture share from those still competing on price. And GLP-1 users are spending more in other categories from supplements to apparel and fitness that reflect renewed confidence, energy and optimism.

Collaborate across the GLP-1 ecosystem to capture industry profit pools

GLP-1 is triggering a convergence of business models across traditional boundaries. Consumer businesses can increase reach, relevance and authority by building credible partnerships with complementary brands and capabilities, from wellness clinics to telehealth providers.

In the UK, a fragmented care journey across the NHS, private clinics, pharmacies and telehealth creates a clear orchestration opportunity: connecting data and services around the end-to-end GLP-1 user journey. M&A will accelerate this ecosystem build, particularly in no/low alcohol, functional drinks, supplements and aesthetics, where speed-to-capability matters more than build-from-scratch.

“

GLP-1 started as a medication, but it is becoming a catalyst for business transformation. As usage scales, companies will need to respond to dynamic demand patterns – reshaping propositions, mitigating category specific risks and building new partnerships across the consumer health ecosystem.

Emma Burton
Strategy& Director

Where demand declines, rebounds and grows: A sector-specific view

The picture becomes more nuanced at a sector level. GLP-1 will not create one uniform demand shift and should be understood through two lenses: how consumption changes during treatment, and how sticky those behavioural changes post treatment. Our perspective is that GLP-1 will accelerate structural pressure in some categories, unlock more durable growth in others, and create a more temporary uplift for sectors closely linked to the active treatment journey.

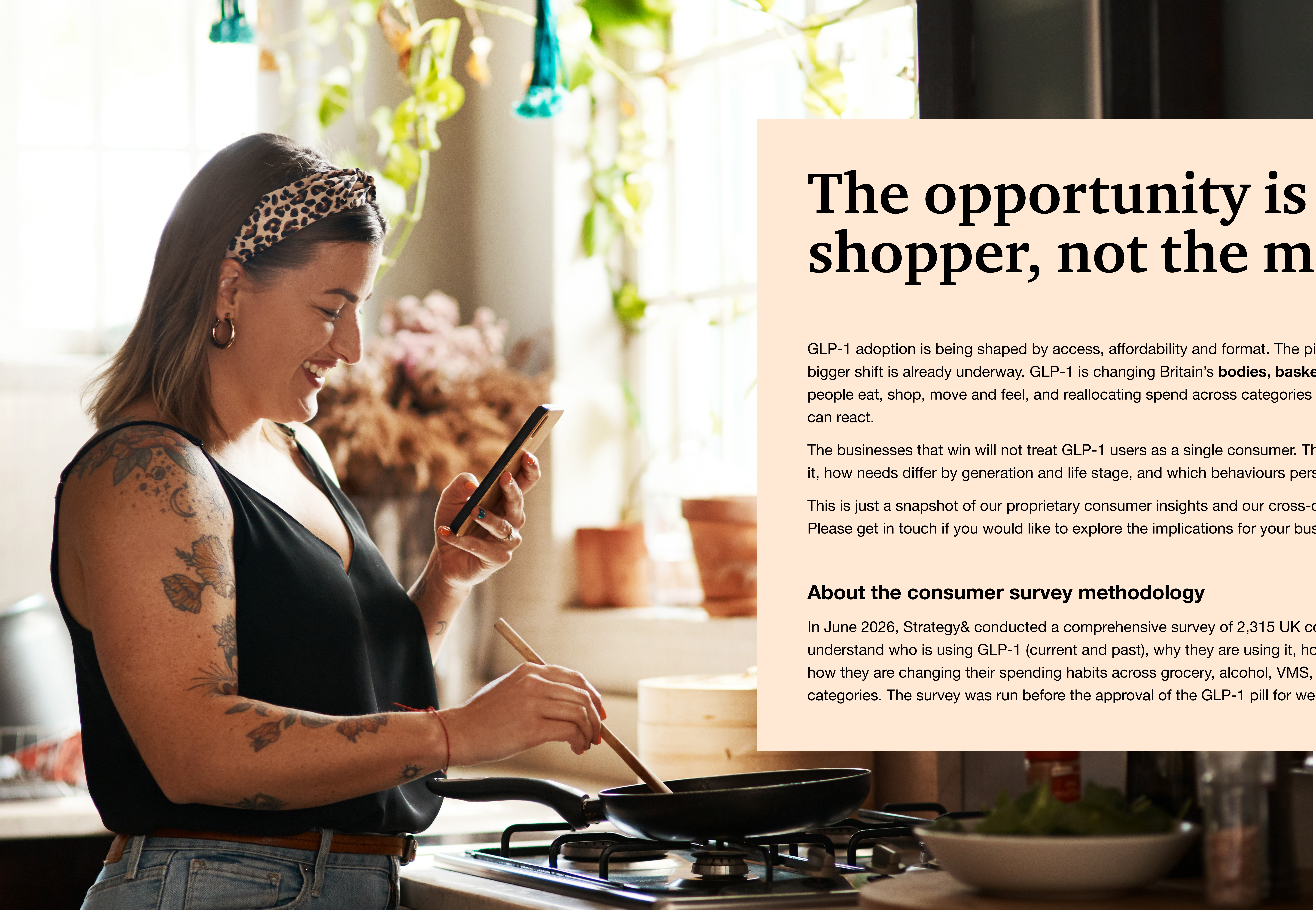
	Impact	Basket implications	Business implications
Grocery – fresh Healthier baskets are becoming the new default	Sustained growth	• Users are rebuilding baskets around nutrient-dense choices that often outlast treatment • c.51% more on nutrient-dense foods, c.56% more on fresh produce and c.54% more on high-protein options • Around 30% spent more on fewer items	• Fresh can capture spend from appetite-led categories, if retailers and suppliers match demand • Innovation cycles must shorten, with faster reformulation and ranging around protein, fibre, portion control and fresh convenience • Demand signals should feed pipelines to anticipate emerging functional needs
Grocery – snacking and indulgence Fewer treats but higher standards	Sustained pressure	• Snacking occasions fall as quality expectations rise, shifting to premium, smaller treats • Around 70% spend less on snacks and confectionery, c.60% less on sugary drinks • Indulgence turns selective, premium and occasion-led	• High-sugar, processed and impulse categories face sustained pressure, reinforced by high fat, sugar or salt (HFSS) regulations • Growth lies in better-quality indulgence: premium everyday treats, smaller moments and stronger seasonal ranges • Smaller packs, bite-size SKUs and portion-controlled formats grow as appetite and frequency shift
Beer, Wine and Spirits (BWS) Accelerating alcohol moderation	Sustained pressure	• Alcohol shows the sharpest shift, resetting frequency as well as spend • Abstainers rise from 16% pre-treatment to 25% on GLP-1 • Heavy drinking (4+ times a week) more than halves, from 18% to 8%	• Shift from volume to value: fewer, better drinks, smaller serves, lower-Alcohol by Volume (ABV) and no-alcohol formats, and premium "worth it" moments • Ready-to-Drink (RTD) may outperform expectations via smaller, controlled, lower-strength, premium formats • On-trade could shift focus around moderation and margin: lower-ABV pairings, premium mocktails, half-measures and smaller serves
Fitness Confidence is converting into higher-value fitness spend	Sustained growth	• Fitness joins the wellness stack, fuelled by confidence and energy • Around 30% increase spend, one in five trade up to premium gyms, and many add personal training	• Fitness can anchor the GLP-1 ecosystem via supervised, evidence-led resistance training for strength, mobility and body composition • Fitness propositions can be tailored to GLP-1 needs by age, baseline weight and treatment stage • Gyms evolve their role from fitness providers to support partners – with programmes during and after treatment, habit-based memberships and community engagement

Source: Strategy& UK Consumer Survey June 2026: GLP-1 Adoption and Cross-Sector Spending Impact

Where demand declines, rebounds and grows: A sector-specific view

	Impact	Basket implications	Business implications
Apparel Sizing volatility is creating short, high-value demand windows	Demand uptick	• GLP-1 triggers two wardrobe resets: mid-journey size change and post-stabilisation refresh • Around 40% increase clothing spend and nearly three-quarters buy more due to size fluctuations • Activewear and occasion wear benefit the most from increased apparel spend	• Sizing volatility disrupts size curves, fit blocks and allocation models built for a stable customer • Retailers need faster read-and-react planning, flexible replenishment and tighter size-level forecasting • Product and supply teams must reassess grading, returns and fit consistency as customers shift sizes faster and expect fit confidence
Vitamins, Minerals and Supplements (VMS) GLP-1 is reframing supplements as treatment support	Demand uptick	• Demand rises as users seek support during and after treatment • Around 40% increase spend on vitamins and supplements, with c.20% of those increasing by over 15%	• VMS serves both wellness and treatment support across muscle, digestion, hydration, fibre, protein and electrolytes • Solutions can be personalised by need and stage, and from initiation to maintenance • VMS brands require evidence and transparency to back authority and differentiation
Beauty (including skin, colour and hair) Functional beauty is moving into the GLP-1 wellness stack	Sustained growth	• GLP-1 creates new needs around fat loss, skin elasticity and ageing • Demand rises for firming, hydration, elasticity and anti-ageing products, plus regenerative and aesthetic procedures • Beauty and wellness converge via supplements, functional	• Brands can build GLP-1 ranges that support users and manage visible side effects on the body, skin and hair • Functional beauty should sit within the wider wellness stack • As with VMS, credibility matters: health-literate users seek evidence-led claims
Restaurant / Quick-Service Restaurant (QSR) Frequency, basket size and takeaway demand are all under pressure	Temporary pressure	• Eating out becomes less frequent, smaller and more health-conscious • Around 60% cut restaurant spend, c.40% of those by 20% or more • This reduction in spending eases once treatment ended	• Value must shift from volume to relevance: better ingredients, flexibility, healthier swaps and premium-but-smaller choices • Margin can be protected through smaller formats: GLP-1-friendly portions, sharing plates and protein-led serves that meet changing appetites without proportionately reducing price • Restaurants need to redefine the occasion, from routine refuelling to social, experiential, health-conscious dining • QSR-heavy operators should revisit menu architecture, basket economics and channel mix, with takeaway and delivery most exposed

Source: Strategy& UK Consumer Survey June 2026: GLP-1 Adoption and Cross-Sector Spending Impact



The opportunity is the shopper, not the medication

GLP-1 adoption is being shaped by access, affordability and format. The pill could accelerate uptake, but the bigger shift is already underway. GLP-1 is changing Britain's **bodies, baskets and businesses**, reshaping how people eat, shop, move and feel, and reallocating spend across categories faster than many planning cycles can react.

The businesses that win will not treat GLP-1 users as a single consumer. They will understand why people use it, how needs differ by generation and life stage, and which behaviours persist during and after treatment.

This is just a snapshot of our proprietary consumer insights and our cross-category perspectives in the UK. Please get in touch if you would like to explore the implications for your business.

About the consumer survey methodology

In June 2026, Strategy& conducted a comprehensive survey of 2,315 UK consumers aged 18–65+ to understand who is using GLP-1 (current and past), why they are using it, how they are accessing it, and how they are changing their spending habits across grocery, alcohol, VMS, apparel, restaurant and fitness categories. The survey was run before the approval of the GLP-1 pill for weight loss in the UK.

Authors

Jacqueline Windsor

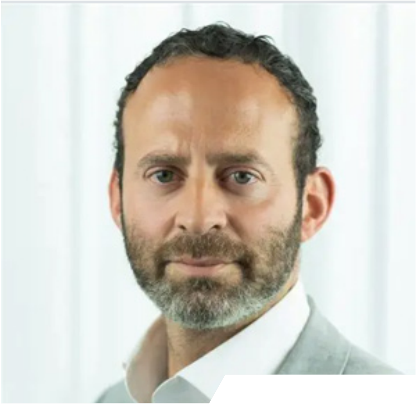
Strategy& Partner and
UK Head of Retail

+44 (0)7801 074 739
jacqueline.m.windsor@pwc.com

Inge Cajot

Strategy& Partner and Strategy&
Consumer Markets Leader

+44 (0)7764 235 425
inge.cajot@pwc.com



Sam Waller

PwC Partner and
UK Consumer Markets Leader

+44 (0)7850 515 966
sam.waller@pwc.com

Emma Burton

Strategy& Director
Consumer Markets

+44 (0)7305 052 211
emma.x.burton@pwc.com

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