

A BIG FAT PROBLEM

For the first time, overweight people are outnumbering the malnourished

JOHN ROSS
SCIENCE WRITER



For a decade or so, Kerry Chamberlain's weight hovered between 90kg and 93kg. Then, when she started taking antidepressants a year ago, she put on another 12kg.

"There are so many health issues that can come from being morbidly obese," she says. "That really frightens me. There's diabetes, there's heart disease, you name it. I'm 36 years old; I've got two small children, a husband that works away. They need me and I need to be healthy for them."

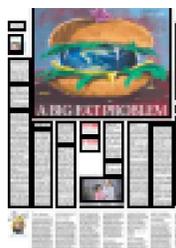
Chamberlain says she never

considered herself "gorgeous or anything like that". Now she has signed up with weight loss company Jenny Craig.

"I was comfortable enough in myself not to worry because I liked my lifestyle. I liked eating what I felt like eating, and I was happy. I could still look nice when I got dressed up. Now I don't feel like that at all."

She's not alone. In April, a landmark study published in the medical journal *The Lancet* found the world's fat now outnumber the skinny.

The analysis, synthesised from



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almost 1700 population-based studies involving more than 19 million people, found the average global citizen had gained 1.5kg across each of the past four decades. This had multiplied the number of obese humans from 105 million in 1975 to 641 million in 2014, with about one-fifth of the world's population on track to be obese by 2025.

The report suggested overeating had supplanted malnourishment as a global health problem. While this largely reflected the unhealthy habits of the burgeoning middle classes in developing countries — with raw food and cycling giving way to junk food and cars — the West was far from immune.

In Australia, the proportion of obese people has almost tripled to 28 per cent across the past four decades. The percentage of severely obese Australians has increased fivefold, while the proportion of morbidly obese has multiplied about 15 times.

Australia and the other Anglo-Saxon countries — Canada, Ireland, New Zealand, Britain and the US — are home to more than one-quarter of the severely obese. This concentration is having a marked impact on disease, hospitalisation and death rates.

In June the journal *JAMA Cardiology* published findings that a long-term decline in mortality rates from cardiovascular disease in the US had all but stopped since 2011, overturning expectations that cancer would overtake coronary heart disease as the No 1 killer of Americans. A similar trend is evident in Australia.

While the old are getting older, the younger are getting fatter, creating the awful prospect of baby boomers outliving their children.

Australian health experts seized on the report in *The Lancet* as a call to arms for government intervention. "Strategies based upon education and personal choice are not going to work," says Bruce Neal of the University of Sydney's George Institute for Global

Health. "Governments around the world are going to need to take completely different types of actions. We live in a swamp of low-

cost, high-calorie junk food pushed down our throats by sophisticated advertising programs. This is a problem of the food environment, not individuals, and interventions that change the food environment are required."

Sydney nutritionist Joanna McMillan says obesity should no longer be considered a personal responsibility issue. "If we continue to make that our emphasis, we will fail. Despite the multi-million-dollar weight loss industry and numerous policies around the world, we are failing to halt this epidemic. This is not a matter of aesthetics but a serious health matter. (It) will drive the rise of the so-called diseases of affluence including type two diabetes, heart disease and many cancers."

University of Queensland public health lecturer Lennert Veerman says diet and exercise programs are not the answer. "People find it difficult to adhere to them in the long run. Within a few years, all of the weight tends to be back, with interest."

Veerman says authorities need to reduce access to energy-dense foods and increase access to healthy alternatives. This has proven "comparatively easy" in schools and needs to be rolled out across the broader community.

Top of public health academics' wish list is a sugar tax. Veerman says the priority is to tax energy-dense, nutrient-poor foods, starting with sugared drinks. While the Australian government has ruled out such a measure, Hungary, France and Mexico have implemented sugar taxes and Britain has committed to one from 2018.

The Mexican tax added about 10 per cent to the price of certain sugared drinks and 8 per cent to foods with unnecessarily high energy densities. A study published in the *British Medical Journal* in January found that it had triggered a 12 per cent decrease in the purchase of sugared drinks — with low-income households particularly loath to shell out — and a corresponding increase in consumption of bottled water.

Under the British proposal, certain sugary drinks will attract taxes

of between 6 pence and 8 pence (10c to 14c) a litre, depending on the sugar content, although pure fruit juices and milk-based drinks will be exempt.

In June, the Australian Greens proposed a 20 per cent tax on sugary drinks after a study led by Veerman found such a measure would save 1606 lives across the next 25 years. The report, published in the journal *PLOS ONE* in April, estimated that it would reduce Australians' average daily energy intake by 16 kilojoules for men and 9kJ for women.

The Australian Food and Grocery Council slammed these as "tiny" impacts, given that most men consumed about 10,000kJ a day, and about 3.8 million Australians were expected to die across the next 25 years.

"Those sorts of figures don't suggest that the tax, as they propose it, would have any appreciable effect on health outcomes," says deputy chief executive Geoffrey Annison. "Their own study said it would be essentially ineffective."

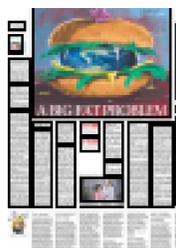
Annison, a PhD-trained food scientist, says the AFGC opposes a sugar tax on two grounds: its targeting of a single "nutrient", and doubts over whether a tax will work. He says a de facto sugar tax of 10 per cent has been in force

since 2000, with the GST applied to processed foods while fresh foods remain exempt.

"There's no evidence that caused a slowdown in the rate of obesity," he says.

"Conventional nutritional wisdom" dictates that it is inappropriate to target one particular nutrient, he adds. He cites a 2014 McKinsey Global Institute report, *Overcoming Obesity*, which found no single intervention was likely to have a significant overall impact.

More recently, an analysis of about 75,000 Britons found fat was the largest contributor to overall energy, and the proportion of energy derived from dietary fat — but not sugar — was higher among the obese. "Focusing public health messages on sugar may mislead on the need to reduce fat and overall



energy consumption,” concluded the report, published last month in the *International Journal of Epidemiology*.

“I have been watching the literature extremely closely for years, because that’s my job,” An-nison says. “I still haven’t seen anything that would warrant a tax solely on sugar.”

Many people also see a sugar tax as an overreach by government; an intrusion into personal choice. “The role of government is to ensure that people are well informed,” then rural health minister Fiona Nash said in March, when she ruled out a sugar tax. “But people have a responsibility to make their own choices when it comes to food.”

University of Sydney childhood obesity researcher Louise Baur says the community is open to “nanny state” interventions when it can see the benefits. She cites seat belts and drink-driving regulations. “I was there when they were introduced. There was pushback initially. Now we accept them.”

Baur says parents are pleading for help over the “relatively unrestricted” food marketing directed towards children and young people. “The free market sees children as a consumer market. Surely we should see a difference between marketing towards adults and marketing towards young people.”

Sydney mother Jo Pereira says resisting the junk food demands of two-year-old daughter Remy is a constant battle. “Since Easter she’s discovered chocolate and ice cream. While she’s not at the stage where she’s discovered the full powers of pestering, she is definitely starting to develop that skill. It would probably be useful if something could be done to make it easier for us to make healthier choices.”

But a tax isn’t going to change Remy’s mind and it will do little to dampen her grandparents’ generosity. “I grew up with my extended family showering me with treats,” Pereira admits. “I’m Chinese and that jells quite well with my hus-

band’s (Portuguese) culture. It’s

going to be very hard to convince my mum, for example, to say: ‘Here, Remy, have an apple rather than this piece of yummy candy.’”

Tom Marwick, director of the Baker IDI Heart and Diabetes Institute in Melbourne, says the health burden from the obesity epidemic is snowballing. “It’s difficult to see a way out of here unless we take some public health intervention to deal with it.

“Let’s face it, we have done that already with tobacco. We’ve changed people’s behaviour, and some of that has been driven by cost, because if you buy a packet of cigarettes these days that’s a significant expenditure. We’ve got to be prepared to do the same thing about some components of diet.”

Marwick acknowledges a “nanny state flavour” to calls for a sugar tax. “At the same time we’re lucky enough to live in an environment that has a publicly supported health system. The behaviour that your neighbour is indulging in is eventually going to have a consequence on you because you are going to be competing for a hospital bed.”

Nevertheless, the suggestion that people cannot be entrusted with controlling their own weight is a step too far for nanny state opponents — akin to suggesting they cannot be trusted not to beat up their partners.

But University of Sydney public health professor Adrian Bauman insists personal responsibility is only a “small part” of obesity. He says regulation is needed to change unhealthy as well as illegal behaviour.

“We need to get junk food to be not socially normative, in the same way we need to get community perceptions of domestic violence to be not socially normative.”

105m

The number of obese people in 1975

641m

The number of obese people in 2014

SHEDDING THE KILOS

Dietitian Rosemary Stanton’s tips for staying in shape

Cut down on rubbish

“The average person gets more than a third of their calories from junk food.”

Avoid sugary drinks

They contain more than half the sugar we consume. “People fuss about half a teaspoon of sugar in baked beans, then have a can of cola with 12 teaspoons in it.”

Eat more fruit, vegetables and wholegrains

“It really is as simple as switching from the junk to the good stuff.”

Be wary of breakfast cereals

“Some of them have lots of sugar. If you put milk on your cereal and the milk changes colour, don’t eat it — it has chocolate or some junky stuff in it.”

Don’t eat pre-emptively

“A lot of people, particularly men, eat in case they get hungry. It may be a primitive response. But in Australia we all know where the next meal’s coming from. And if you get a bit hungry, nothing happens to you.”

Treat treats as treats

“Keep party food for special occasions, not every day.”

Don’t snack

“Very few of us are active enough to need snacks at all. It takes about five hours for your



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stomach to empty, so if you've had breakfast you should get through to lunch."

Don't skip breakfast unless you're really skipping breakfast

"The first meal of the day is important and for most people that's breakfast. But some people don't feel hungry when they get up, and grab a pastry or pack of chips on the way to work."

Don't eat after 10pm

"If you eat late at night you're not going to be hungry at breakfast."

Get up earlier

"If you go for a walk for half an hour, you'll feel hungry."

Exercise

It helps to regulate your appetite, as well as burning off calories. "Activity helps set your appetite control mechanisms. Farmers know this. If you want to fatten up your animal, put it in a confined space so it doesn't have any physical activity and it eats twice as much."

Consult your clothes, not your scales

"Your weight goes up and down by a kilogram or two every day. Maybe you haven't been to the toilet or had a glass of water. If the scales go down a little bit, people think great, I can have a piece of chocolate cake. Or if they don't go down they think, what the heck, I might as well eat the chocolate cake. If your belt is getting loose, you're doing well."



ADAM YIP

Jo Pereira and daughter Remy, just discovering junk food

