

## **BRIEFING FOR HEALTH AND SPORT COMMITTEE**

**NOVEMBER 2016**

### **The Challenge<sup>1</sup>**

- Obesity is a serious public health threat in Scotland: affecting one in four adults and almost one in five children
- Overweight and obesity rates have remained stubbornly high in Scotland since 2008.
- Two in every three adults in Scotland (65%) are overweight; people of normal weight are now in the minority
- Scotland has the highest prevalence of obesity in pregnant women when compared to 11 other European countries (where BMI data available)
- Obesity rates in Scotland are amongst the highest in the world
- There is a significant inequalities dimension to obesity particularly for women and children

### **The Consequences<sup>1</sup>**

- Obesity increases the risk of many diseases including Type 2 diabetes, 11 types of cancer, cardiovascular disease and Alzheimer's.
- Obesity reduces life expectancy by an average of 3 years and severe obesity (BMI >40) by 8-10 years
- Obesity reduces productivity and physical activity; it increases sickness absence and demand for health and social care services
- The annual cost to the NHS in Scotland of overweight and obesity is estimated to be between £360million and £600million

### **Causes of Obesity**

Obesity, understood as the accumulation of excess body fat, occurs when energy intake from food and drink is greater than the body's energy requirements over a prolonged period. Both diet and physical activity are important but there is now a consensus of opinion that the recent rise in obesity can largely be explained by increased energy intake rather than decreased energy expenditure<sup>2</sup>. We now know that people have been under reporting their calorie intake in national surveys for a number of years<sup>3</sup>.

We currently live in an obesogenic environment that promotes weight gain. Although personal responsibility plays a role in weight gain, in obesogenic environments inactivity and overconsumption of energy dense foods are easy, affordable and widely accepted, making an unhealthy lifestyle the default option.

Obesity is a result of an interaction between an individual and their environment. These two are interdependent. Environment may act to either support or undermine individual's ability to make healthy choices<sup>4</sup>. For example, preference for and demand for unhealthy products may be shaped by an environment promoting junk food. As it is a two way relationship this preference is likely to cause changes in the environment that then encourage further unhealthy choices. Breaking this vicious cycle can only be achieved by a government's regulatory actions supported by joint efforts of industry and civil society.

### **What can be done?**

In recent years there have been a number of reports (McKinsey<sup>5</sup>, Lancet Series<sup>6</sup>, WHO<sup>7</sup>, UK Health Select Committee<sup>8</sup>) which have advocated the need for as many interventions as possible to be deployed across a number of areas but that a particular focus on improving diet and nutrition through regulatory and fiscal measures is required to change the obesogenic environment in which we live. Whilst physical activity is important to general health and wellbeing there is limited evidence that it can blunt the surge in obesity on a population level<sup>9,10</sup>.

### **Existing Policy**

The Scottish Government's Obesity Route Map was launched in 2010 and at the time was a ground breaking approach to the problem<sup>11</sup>. It has since been reviewed by ScotPHN<sup>12</sup> and independent researchers. A journal paper published in 2015 assessed the appropriateness and likely impact of the balance of measures proposed within the ORM Action Plan<sup>13</sup>. It concluded that the number of interventions aimed at attitudes, values and behaviours outweighed those aimed at costs and regulation. This was at odds with the balance of international evidence on what would be most effective for obesity prevention.

Amongst the conclusions of ORM review by ScotPHN in 2015 was that a minority of actions have been successful in achieving their milestones. Most have shown a little progress and a few have not started or have progressed slowly. It also highlights that there have been challenges working on food and nutrition and that more effort is required to achieve impact in this area.

### **What action is required?**

Obesity Action Scotland firmly believe that to achieve success we need a programme of action that has at its core, brave and bold fiscal and regulatory measures to change our food environment. A new diet and obesity strategy must include the following actions for the retail and out of home sector

1. Regulation to tackle price promotions on unhealthy foods
2. Restricting advertising and sponsorship associated with unhealthy food
3. Regulate to control portion size
4. Support for the Soft Drinks Industry Levy to be implemented and monitored
5. Support for the UK reformulation programme to be implemented and extended

We want to see a Scotland where we meet health based dietary goals, where healthy food choices are valued and celebrated and where the healthy choice is the easy choice.

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- <sup>1</sup> Obesity Action Scotland (2016). *Briefing: Obesity in Scotland*. <http://www.obesityactionsotland.org/our-work/briefings>
- <sup>2</sup> Swinburn, B. A., Sacks, G., Hall, K. D., et al. (2011) The global obesity pandemic: shaped by global drivers and local environments. *The Lancet*, 378 (9793), 804-814
- <sup>3</sup> Behavioural Insights Team (2016). *Counting Calories: How under-reporting can explain the apparent fall in calorie intake*. London: Behavioural Insights Team.
- <sup>4</sup> Roberto C, Swinburn B, Hawkes C, et al. (2015). Patchy progress on obesity prevention: emerging examples, entrenched barriers, and new thinking. *The Lancet*, 385: 2400-09.
- <sup>5</sup> Dobbs R, Sawers C, Thompson F, et al. (2014) *Overcoming obesity. An initial economic analysis. Discussion paper*. McKinsey Global Institute.
- <sup>6</sup> Lancet Series on Obesity (2015). *The Lancet*, vol. 385, no. 9985.
- <sup>7</sup> World Health Organization (2016). *Report of the Commission on Ending Childhood Obesity*. Geneva, World Health Organization.
- <sup>8</sup> House of Commons Health Committee (2015). *Childhood obesity—brave and bold action. First Report of Session 2015–16*. London: The Stationery Office Limited.
- <sup>9</sup> Luke A, Cooper RS. (2013). Physical activity does not influence obesity risk: Time to clarify the public health message. *International Journal of Epidemiology*, 42, 1831-1836.
- <sup>10</sup> Malhotra A, Noakes T, Phinney S. (2015). It is time to bust the myth of physical inactivity and obesity: You cannot outrun a bad diet, *British Journal of Sports Medicine*.
- <sup>11</sup> The Scottish Government (2010). B62286 02/10. *Preventing Overweight and Obesity in Scotland. A Route Map Towards Healthy Weight*.
- <sup>12</sup> Kerr A. (2015). *Scottish Public Health Network (ScotPHN) Scottish Public Health Obesity Special Interest Group (SPHOSIG) – Review of the Obesity Route Map (ORM)*. Glasgow: ScotPHN.
- <sup>13</sup> Mooney JD, Jepson R, Geddes R. (2015). Obesity prevention in Scotland: A policy analysis using the ANGELO framework. *Obesity Facts*, 8: 273-281.