

Submission to the Health Select Committee of Inquiry Into Obesity and Type 2 Diabetes

Diabetes New Zealand Inc



Executive Summary

Diabetes New Zealand Inc. is a not-for-profit organisation representing 14,000 members, 39 diabetes societies and professionals associated with diabetes.

The organisation's objectives include advocacy and support for people with diabetes, informing the public and encouraging people to choose healthy lifestyles.

Since 2001, Diabetes New Zealand has published policies and strategies to address diabetes prevention; its cost to individuals and New Zealand; legislation, tax mechanisms; and advocated for a coherent national diabetes strategy.

Diabetes New Zealand therefore welcomes the opportunity to present a uniquely informed view on this very serious public health problem to the Select Committee.

Diabetes - a pandemic

Diabetes is a major complex condition in New Zealand as it is worldwide, whose incidence is rising rapidly to become a major pandemic of the 21st century.

There are at least 125,000 people currently diagnosed with diabetes in New Zealand and 7,500 people are newly diagnosed each year. Every year 4,500 people die from diabetes in New Zealand.

Approximately 85% of diabetes is Type 2. Type 2 diabetes has a genetic predisposition and about half can be delayed or prevented.

Diabetes is a major cost to the New Zealand economy. In 2001, diabetes costs were conservatively estimated at \$250 million per year. They are likely to rise to \$1 billion annually by 2021 as the incidence of diabetes increases.

The link to obesity

Obesity significantly increases a person's susceptibility to Type 2 diabetes. Type 2 diabetes results from both genetic factors and lifestyle factors, but the recent rapid increase in causes of Type 2 diabetes indicates that lifestyle plays an especially important role.

Causative lifestyle factors include energy dense diets that are high in saturated fat, a decrease in physical activity, and the resulting increase of overweight and obese individuals in the population.

Around 85% of people with Type 2 diabetes are overweight. As more of the New Zealand population becomes overweight or obese, and at an increasingly early age, Type 2 diabetes is appearing in young people whereas formerly it was a disease of older people.

Obesity affects large numbers of New Zealanders. One in two adults is overweight or obese. One in three children is obese or overweight. Obesity is one of the largest preventable causes of ill health in New Zealand. These people are all at increased risk of

Type 2 diabetes, which commonly leads to heart disease. Obesity is one of the largest preventable causes of ill health in New Zealand.

The reduction of obesity and Type 2 diabetes is thus crucial to improving overall population health and containing current and future diabetes treatment and costs.

A comprehensive strategy

Diabetes New Zealand proposes a new comprehensive strategy encompassing a range of interventions to reduce the incidence of obesity and Type 2 diabetes and to protect the population. The framework, involving a range of government agencies, will need the integration of new legislation, pricing mechanisms and education policies.

A 'Healthy Environments Act', funded by a tax on drinks high in sugar, should be the responsibility of one agency capable of delivering outcomes and monitoring performance.

The key components of the Act would be:-

- A sustained social marketing campaign to encourage New Zealanders to choose healthy diets and lifestyles
- A ban on advertising of unhealthy food and beverages targeting children
- A tax on soft drinks high in sugar to fund the above interventions and to encourage the beverage industry to market no or low sugar alternatives.

Responses to the Inquiry's Terms of Reference

1. To examine the causative factors likely to be driving increases in obesity and type 2 diabetes, including nutrition and physical activity

- Obesity is the result of excess food energy intake over expenditure, over a prolonged period.
- Its current epidemic proportions are attributable to greater consumption of energy dense foods, increased portion sizes of food and drinks, sedentary behaviour and reduced levels of physical activity ¹
- Obesity is a major proven risk factor for Type 2 diabetes.
- In OECD countries “the principal (albeit not exclusive) driver of the Type 2 diabetes epidemic is genetic, overweight and especially abdominal fat deposition” ²
- Obesity rates for New Zealand children are higher than in either the United States or Australia ³ Obesity is very difficult to treat.
- A child who consumes on average 2 soft drinks a day has a 160% greater chance of becoming obese than one who consumes one soft drink a day ⁴
- New Zealanders have one of the highest animal fat intakes in the world ⁵ which in itself is a major risk for diabetes.
- For the individual there is a clear inverse relationship between weight and level of income.⁶ Lower income people have higher obesity rates.
- Reduced activity during adolescence increases the risk of obesity ⁷
- According to the World Health Organisation, the heavy marketing of energy-dense food and fast food outlets is a probable cause of obesity ⁸
- Food advertising is increasingly identified as a key driver in behavioural changes leading to obesity. Advertising directed toward children is inherently deceptive, and exploits children under eight years of age ⁹
- Research that has modelled the effectiveness of a number of obesity prevention strategies suggests that a 50% reduction in exposure to 2-12 year old children to inappropriate food advertising would result in a 3.2 percentage reduction in obesity in that age group ¹⁰
- A comparison of food advertising to children on New Zealand television in 1995 with that in 13 other countries showed that New Zealand had the third highest rate of food advertising, the highest rate of confectionary and drinks advertising, and the second highest rate of restaurant advertising which included fast food restaurants ¹¹

- A study of the content of food advertisements directed at children on TV2 in 1999 found that of 269 advertisements, 63% were for foods 'high in fat and/or sugar', and that the advertisements generally promoted a dietary pattern associated with an increased risk of obesity and dental caries ¹²
- Soft drink consumption in New Zealand increased by about 45% in the five years to 2003; New Zealand is the 11th highest consumer per capita worldwide. ¹³
- Several overseas jurisdictions seek to prevent and control obesity through legislation.
- In the United States, 18 states and one city levy taxes targeted at soft drinks, candy, and chewing gum and/or snack foods. They are small but generate revenue of approximately US\$1 billion annually. ¹⁴

2. To identify the effects of obesity and Type 2 diabetes on the health of both children and adults across ethnic and socio-economic groups.

- At least 106, 000 people New Zealanders are diagnosed with Type 2 diabetes.
- For every person diagnosed there is estimated to be another undiagnosed, which means there are over 200,000 people with Type 2 diabetes ¹⁵
- A person with type 2 diabetes costs the New Zealand health system 2.5 times as much as a person without diabetes ¹⁶
- Type 2 diabetes results in higher than normal blood glucose levels. This leads to a number of serious conditions including blindness, kidney failure, amputation, nerve damage, stroke and coronary heart disease ¹⁷
- Diabetes and its complications are costly to treat and a major cost to the economy.
- Current costs are over \$250 million a year, and are likely to rise to \$1 billion annually by 2021 as the incidence of diabetes increases. ¹⁸
- Even after effective treatment for diabetes, life expectancy is much reduced.
- In 1996 it was estimated that deaths in New Zealand attributable to diabetes, mainly Type 2, resulted in almost 20,000 life years lost. ¹⁹
- It has been estimated that 30% of deaths in New Zealand are attributable to dietary factors, including inadequate fruit and vegetable consumption²⁰
- Obese individuals are 50 to 100 percent more at risk of premature death from all causes. ²¹

3 & 4. To inquire into the effectiveness, particularly for children, of current obesity prevention approaches and interventions including primary prevention and screening, information provision, education, physical activity and voluntary steps taken by the food industry and to inquire into whether additional interventions aimed at changing features of the environment that promote Type 2 diabetes and obesity are required.

- While it is too early to judge The Ministry of Health's 'Healthy Eating-Healthy Action' ²² (HEHA) policy plan, it is clear that it does not contain the necessary components of an effective comprehensive strategy.
- The HEHA plan contains measures previously tried such as health promotion and encouraging the food industry to adapt best practice in food preparation, reduce sugar, fat and salt content in manufactured foods and replace saturated fats and unsaturated fats.
- The HEHA plan contains no incentives for the food industry to adopt these suggestions or restrict their advertising aimed at children ²³
- A survey of interventions likely to be effective in New Zealand is outlined in The POD Report; The Prevention of Obesity and Type 2 Diabetes in New Zealand Children. The Facts. ²⁴
- Regular physical activity lowers the risk of developing Type 2 diabetes ²⁵
- Low levels of activity contribute to the prevalence of obesity ²⁶
- The evidence indicates that the best strategy for the prevention of obesity is the successful management of overweight children. Targeting overweight children reduces the numbers who carry their problem into adulthood. ²⁷ This leads to increased diabetes rates in the elderly.
- Reducing the incidence of childhood obesity requires a comprehensive package of measures. Price incentives and controls on advertising targeted at children are essential components of an effective strategy,
- Screening programmes for undiagnosed diabetes are cost effective in reducing long term complications. ²⁸

5. To consider what policy or legislative mechanisms, if any, should be used to give effect to any findings of the Inquiry

- Public health action requires the implementation of a full range of educational, economic, technological and legislative measures, together with early detection and management of diabetes and overweight. ²⁹
- A national centre for the collection of diabetes data and information

- To build on existing initiatives, Government needs to:-
 - Launch and sustain a major social marketing campaign to encourage people to make healthy dietary and lifestyles choices.
 - Control the marketing of unhealthy food and beverages, including all such advertising aimed at children
 - Establish a tax on soft drinks high in sugar.
- Price incentives work. Taxes on lifestyle products such as alcohol and tobacco and unhealthy food require consumers to take responsibility for their purchases and help to fund public incentives and the medical costs that inevitably arise from poor dietary choices.
- For tobacco, taxation in conjunction with other interventions has been effective at lowering rates of consumption.

In addition to the measures to reduce the incidence of obesity and Type 2 diabetes, improvements are needed in the delivery of services to people with diabetes.

The coordination of a national diabetes strategy to maintain adequate services and standards including, an increase in the funding of operational and basic research such as prevention studies, the safe disposal of needles, effective and comprehensive retinal screening, pump consumables and carer support for parents of children with diabetes.

6. We describe below how these initiatives could be implemented through new legislation, which we refer to as the ‘Healthy Environments Act’.

Proposal for a ‘Healthy Environments Act’

The Smokefree Environments Act 1990 is an excellent example of how Parliament has successfully used the legislation to protect New Zealanders within their environment.³⁰

The intention of legislation, such as a ‘Healthy Environments Act’, would be to reduce the number of New Zealanders becoming overweight, obese and at risk of developing Type 2 diabetes.

A 'Healthy Environments Act' could have the following three components;

Part One - Ensuring healthy environments

Ensuring healthy environments would involve:-

- The control of food and drink sales at schools to reduce children's exposure to unhealthy foods and drinks.
- If it is not a mandatory part of the curriculum, requiring healthy cooking skills to be taught in schools.
- Focusing physical education in schools on aerobic sports that can be sustained throughout life, such as hill climbing, tennis, dancing, swimming and cycling.
- Increasing the level of incremental daily physical activities, such as making stairs more visible and encouraging their use in all workplaces.
- Placing a tax on drinks high in sugar to provide the incentives required to drive real change while also providing funding for a public education campaign.
- Healthy eating choices and physical activity interventions must include:
 1. Pervasive promotion of healthy food and drinks to children
 2. Access to healthy food and drinks in schools and workplaces
 3. Policies encouraging walking or cycling rather than car travel.³¹

Part Two - Controlling the marketing of unhealthy food and drink to children

- Banning of advertising of unhealthy advertising of food and drinks to children.
- Sweden and Norway have bans in place on television advertising of any kind aimed at children under 12 years old.
- Canada, Denmark, Austria, Italy and Germany also have some controls on television advertising aimed at children.

Part Three - Promoting health and healthy lifestyles.

The Act would designate an existing agency to have statutory responsibilities as follows:-

- To be responsible for the promotion of health and healthy lifestyles
- To collaborate with a range of government and non-government agencies already working in specific areas, such as those in diabetes and obesity
- The agency would be funded by government using revenue from tax on drinks high in sugar.

A 'Healthy Environments Act'

<p>Part One Ensuring a Healthy Environment</p>	<ul style="list-style-type: none"> • Regulation of public environments and institutions such as workplaces, schools • Food/physical activity policies to ensure protective environments • Development of national policies which can be implemented at both regional and national level (e.g. only one message on diet drinks) • Tax on drinks high in sugar
<p>Part Two Controlling the marketing of unhealthy food and drink to children</p>	<ul style="list-style-type: none"> • Banning of advertising of unhealthy advertising of food and drinks to children
<p>Part Three Coordination by one agency to promote health and healthy lifestyles</p>	<ul style="list-style-type: none"> • Sustainable funding from government • Delivery of a comprehensive social marketing strategy and mass media campaign

¹ World Health Organisation consultation. Obesity: preventing and managing the global epidemic. World Health Organisation Technical Report Series, no 894. Geneva: World Health Organisation, 2000.

² Tobias M, Cheung J. Modelling diabetes: A summary. Ministry of Health, 2002.

³ Cutting the fat: How a fat tax can help fight obesity. Sinner J. Davies S. August 2004.

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⁵ Type 2 Diabetes: Managing for Better Health Outcomes, A report for Diabetes New Zealand, PricewaterhouseCoopers, 2001

⁶ The POD Report. Prevention of Obesity and Type 2 Diabetes in New Zealand Children. The facts. A report published by Diabetes New Zealand and Fight the Obesity Epidemic Inc. March 2003. p.6. Wellington. Available on www.diabetes.org.nz

⁷ Relation between the changes in physical activity and body-mass index during adolescence: a multicentre longitudinal study. Sue Y S Kimm, Nancy W Glynn et al www.thelancet.com Lancet 2005; Vol. 366 301-71, July 23, 2005

⁸ World Health Organisation. Diet, Nutrition and the Prevention of Chronic Diseases. WHO Technical Report Series 916. Geneva: World Health Organisation; 2003.

⁹ American Academy of Pediatrics – Committee on Communications. Children, adolescents, and advertising. Pediatrics 1995; 95: 295-7.

¹⁰ Global Alliance for the Prevention of Obesity (2006). New policy options to prevent child obesity.

¹¹ Hammond KM, Wylie A, Casswell S. The extent and nature of televised food advertising to New Zealand children and adolescents. Aust. NZ J Public Health. Feb 1999;23 (1) 49-55.

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- 23 Cutting the fat: How a fat tax can help fight obesity. Sinner J. Davies S. August 2004.p.10.
- 24 The POD Report. The Prevention of Obesity and Type 2 Diabetes in New Zealand Children. The facts. A report published by Diabetes New Zealand Inc. and FOE Inc. March 2003, Wellington, New Zealand.
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- 26 Physical Activity and Health. A Report of the Surgeon General. US Department of Health and Human Services, Centres for Disease Control and Prevention. P13.1996.
- 27 <http://www.pubications.parliament.uk/pa/cm200304/cmslecetcmhe>
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