British Dietetic Association

Obesity

Introduction

Thank you for the opportunity to provide evidence to the Committee’s inquiry into obesity. The BDA believes this is a welcome move.

The BDA, founded in 1936, is the professional association for dietitians in the UK. It’s the nation’s largest organisation of food and nutrition professionals with over 8,000 members. The BDA is also the trade union for the dietetic profession.

Dietitians are the only qualified health professionals that assess, diagnose and treat diet and nutrition needs at an individual and wider public health level. Uniquely, dietitians use the most up to date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices.

Dietitians are the only nutrition professionals to be statutorily regulated, and governed by an ethical code, to ensure that they always work to the highest standard. Dietitians work in the NHS, private practice, industry, education, research, sport, media, public relations, publishing, Non-Government Organisations and government. Their advice influences food and health policy across the spectrum from government, local communities to individuals.

Key Messages

The BDA will –

1. Advocate that the Scottish Government, NHS Health Scotland, Food Standards Scotland, NHS Scotland and Local Authorities:
   a. Establish overweight and obesity as a national priority
   b. Lead an effective and joined up approach to tackling the issue across the life course
   c. Allocate adequate funding to support development, implementation, evaluation and research around a national plan for healthy weight
   d. Recognise the role of registered dietitians in the prevention and treatment of obesity

2. Partner with other organisations to jointly influence action for population prevention of obesity and individual treatments for those suffering from excess weight

3. Contribute to policy and advisory forums about the promotion of healthy weight for children, young people and adults
4. Inform and mobilise its members in support of the prevention and management of obesity

The BDA notes that:

1. The prevalence of overweight and obesity in Scotland continues to rise in adults and is affecting two thirds of the adult population. In Primary 1 children between 2004/05 and 2014/15, prevalence has remained broadly similar at around 14-16% but levels increase as deprivation increases.

2. Overweight and obesity in Scotland is associated with substantial present and future social, health and economic costs.

3. As the factors contributing to overweight and obesity are complex, no single intervention can halt the rise of the obesity epidemic. A range of strategies over the long term are needed that take into account consideration of the interaction between the individual, the environment and the social determinants of health.

4. The public health problems of obesity, poor diet and inadequate physical activity cannot be solved by education and personal responsibility. Creating healthy food and physical activity environments will enable the population to exercise their personal responsibility in relation to food choices and physical activity levels between more and less disadvantaged groups.

5. The selection and resourcing of interventions to promote healthy weight should be guided by the best available scientific evidence, incorporate a balance between individual and societal responsibility, and avoid contributing to discrimination on the basis of body weight.

6. Population strategies need to address weight maintenance among healthy weight individuals and, for those who are overweight or obese, both prevention of further weight gain and weight loss, while improving diet and physical activity behaviours for all is required.

7. The Scottish Government and COSLA published Scotland’s first obesity prevention strategy (The Route Map) in 2010 focusing on four preventive actions. The Scottish Government also require NHS Boards to deliver on Child Healthy Weight interventions, a tiered approach to Adult Weight Management and a range of Health Promoting Health Service Actions (HPHS) actions. The Route Map and the Child Healthy Weight programme were recently reviewed and recommendations made to build on the work.

8. The success of tobacco control highlights the need to bring individuals ‘on board’ to support policy work (i.e. smoke free public places) and, to find ways to assist people who already suffer (i.e. national smoking cessation services). This example signals the need for a long term and multi-sectoral approach to
prevention alongside the provision of support for those individuals who are already suffering from excess weight.

The BDA believes that following steps should be undertaken:

1. Create a comprehensive obesity policy for Scotland which includes both public health (e.g. taxation, access to affordable healthy lifestyle choices) AND individual action i.e. it must also address weight management in those who are already overweight or obese.

2. Tackle the concern that talking about obesity will induce blame, guilt and stigma:
   a. Policy tends to talk ‘diet’ and ‘physical activity’ in a way that avoids talking about end points of body weight and body weight gain.
   b. The HPHS has the ethos of getting everyone on board to support healthy eating and physical activity but obesity is not explicitly included as part of the remit and signifying to NHS staff that weight cannot be important enough.

3. Utilise the expertise of Registered Dietitians:
   a. There are a range of effective weight management programmes developed in Scotland that can attain >5% weight loss. Many are also great examples of non NHS specialist staff delivering effective interventions for weight loss e.g. football coaches within the FFIT project. It is time to consider a weight support service within the NHS whereby dietitians train community counsellors to deliver.
   b. A forward thinking multi-sectoral and coproduction approach to obesity prevention within selected geographic communities is already underway in Dundee. Dietitians are leading on this work in partnership with local authority staff, volunteers and the public.

4. Provide adequate and ongoing investment that is at least comparable to smoking prevention and cessation.
   a. Physical activity suggests active living is the cornerstone of good health and it is certainly very important but you can’t outrun a poor diet.
b. More health gain will be achieved by weight loss (in those with excess weight) than by physical activity alone.

c. Some NHS Boards have had to decommission some of their weight management services due to budget cuts and others may have to consider similar action.

Childhood obesity and sugar tax

- The BDA supports a range of measures to tackle childhood obesity.

- As part of that it supports in principle a tax on sugary sweetened beverages (SSBs) such as non-diet fizzy drinks and energy drinks. This is on the back of the UK Scientific Advisory Committee on Nutrition (SACN) and Public Health England in 2014 which makes a consistent and compelling case for a reduction in the nation’s sugar intake.

- Evidence (Avery, Bostock, McCulloch 2014) does suggest that education delivered through the school curriculum about alternative drinks (e.g. water and ‘diet’ drinks) does help to reduce sugar consumption.

- A tax on sugar-sweetened beverages would in principle be supported by the BDA

- The BDA also supports restrictions on advertising of high sugar and high fat products