

Obesity

A position statement

Implications for public health

Levels of obesity in the UK have been rising steeply since the 1980s, with almost two thirds of adults and one third of children now obese or overweight.¹ Unless these trends are halted, approximately half of all men and women in the UK could be obese by 2030.²

It is well known that being obese substantially increases the chances of a person developing a wide range of medical problems, including type 2 diabetes, stroke, heart disease, hypertension, osteoarthritis, depression and many common cancers.³ These diseases together cause over 10,000 obesity-related premature deaths annually in the UK, yet most are preventable.⁴

The current cost to the NHS of treating obesity-related conditions already exceeds £5 billion per year,⁵ with the costs to wider society being approximately £20 billion per year.⁶ If levels of obesity continue to rise at their present rate, it is estimated that the cost to the NHS of treating obesity-related conditions will double from £5 billion to £10 billion per year by 2050. The expected costs to wider society would be substantially higher.⁶

The Academy of Medical Royal Colleges' recent report on obesity⁷ stated that the UK was now "the fat man of Europe". Indeed, being overweight or obese is now almost normal in UK adult society.⁶ The main problems are over-consumption of calories and low levels of physical activity.⁸

Successive UK governments have relied on voluntary agreements with the food and drink industries. These have proved ineffective at reducing levels of obesity,⁷ just as they did with tobacco previously.^{7,9}

Government-led tobacco control interventions are now very successful, focusing on the 'Three A's' of Affordability, Acceptability and Accessibility. Similarly, some of our European neighbours have much lower levels of obesity, partly due to their much firmer stance on tackling the obesogenic environment. The Faculty of Public Health (FPH) believes that the UK government can learn from this.

FPH also believes that the most promising interventions to reduce calorie intake include fiscal policies, such as taxes on soft drinks with high sugar content and on foods with a high content of saturated fat, removal of subsidies on the production of fat-rich and sugar-rich foods (instead providing incentives to increase fruit and vegetable production), and regulation of the food and drink industries, not least regarding mandatory reformulation and a ban on marketing to children.⁷

FPH strongly believes that prevention is better than cure, and calls for urgent action to reduce levels of obesity in the UK.



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Recommendations

- The Government to consider fiscal and regulatory policies, as detailed above.
- The European Union to reform the Common Agricultural Policy, removing subsidies from beef, dairy and sugar production, using these resources to support rural economies through incentives for increased fruit and vegetable production.
- Local directors of public health should act as strong advocates for the most effective and evidence-based interventions.
- Joint Strategic Needs Assessments and Health and Wellbeing Strategies to reflect the obesity burden in populations.
- Health and Wellbeing Boards to consider the guidance produced by the National Institute for Health and Care Excellence on obesity, active travel, physical activity and other relevant guidance, and how the guidance should be implemented locally.
- Free water in all children's environments, including schools, parks playgrounds, sports stadia and cinemas.
- A ban on all junk food* and sugary drink marketing to children.
- Schools (including academies) and early years environments to abide by the nutritional standards of the Children's Food Trust and the School Food Plan.
- Active encouragement of breastfeeding.
- Policies to increase active travel (cycling and walking), such as lower speed limits, changes to road design, designated cycle routes and bike storage.
- Schools to encourage active travel through policies such as walking-buses, bike storage and cycling training.
- All planning permission decisions to take the impact on health into consideration, including through the use of Health Impact Assessments.

* High in saturated fat, salt or refined sugars

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