



Simon Harris, Minister for Health

Picture: Bryan Meade



## The fat of the MATTER

Sugar, lack of exercise, processed food, evil industries intent on filling us with empty calories – all have been blamed for the fact that we're getting fatter. But in this open letter to the new Minister for Health, one of Ireland's leading obesity experts, Professor **Mike Gibney** of UCD, urges Simon Harris to eschew simplistic solutions such as a sugar tax and advertising bans, and finally give this complex, multi-faceted problem the attention it deserves

Dear Minister,

**A** new government and a new minister bring with them a high level of expectation of change. In no time, queues will be forming at every corner of your new desk, each championing some cause, each of them important and worthwhile.

I will be in the obesity queue, alongside all those who want to tackle what the World Health Organisation (WHO) classifies as a global epidemic. Alongside

me in that queue will be a substantial number of people who also want to bend your ear: primary food producers, both conventional and organic; retailers, both national and global; the catering sector; the healthcare sector; local entrepreneurs; global brands, and vocal non-governmental organisations.

Across the way, in other queues that will form to seek your attention, will be our first cousins – diabetes, heart disease, mental health and low self esteem – who in many ways could stand here, beside us, under the obesity umbrella.

My wish, in writing this letter, is to lay out the key issues that you will encounter, and to give you my personal views, which are supported by 40 years of leading research in the area of nutrition and body weight.

Mike Gibney,  
Professor of  
Food and Health  
at UCD

Picture:  
Fergal Phillips

Let me start by stating that all of us in this queue care passionately about the issue of obesity, which is both a global and national problem, and which ranks as the fifth leading cause of illness globally, according to the WHO.

There is much overlap in the analysis of the problem; indeed, there is much overlap in terms of the best road to take to tackle obesity. These views are not unanimous, and that is a good thing. As has been pointed out, unanimity of opinion may be fitting for religion and political organisation, but it has no role in science.

But while dissent is the oxygen of science, the problem of obesity must be addressed on a solid scientific basis, and must at all times be evidence-driven. As Peter Medawar, the Nobel Laureate





in immunology, puts it: “The intensity with which a hypothesis is held to be true has no bearing on its validity.” Which is really just another way of saying that because you really believe something and want it to be true, that doesn’t make it true.

Validity and evidence must at all times drive this issue, yet when it comes to obesity, myths abound – about miracle cures, wonder foods and every elixir of hope imaginable promoted by charlatans and pseudo-scientists. Regrettably, many of those mythical beliefs are commonly held – including, I suspect, by many of the people sharing the obesity queue with me. So let me briefly highlight some of these common misconceptions.

Let’s start with sugar, and the veritable sugar jihad being waged in today’s media. Based on national

data, our average sugar intake as a percentage of calories has not changed in the last 20 years, yet we are told that today’s obesity epidemic can be blamed on sugar.

These figures also hold true for the US, Canada, Britain, Australia and New Zealand, where the cuisine is broadly similar to ours. How, then, can an obesity epidemic be blamed on a single nutrient, the intake of which has either remained constant or not changed globally?

Sugar-bashing is the latest in a long line of nutritional fads championed by writers of bestselling books built on highly-biased simplistic analysis of the problem. We saw more over-simplistic thinking last week, with the claims made by Britain’s National Obesity Forum that carbs are bad and fats are good.

No human experiment that I am aware of supports this war cry against sugar or carbs, and indeed two major British studies last year, executed by the best in the field, found that real people, eating real foods, in properly-designed studies all did better as regards blood cholesterol when fat intakes were optimised with no drastic reduction in carbs.

Both sets of authors concluded that optimising the type of fats eaten – in other words, avoiding saturated fat and instead eating appropriate, but not excessive amounts of monounsaturated and polyunsaturated fats – along the lines recommended for the last four decades, would lower heart disease by about 25 per cent.

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“makes a compelling case for the futility of isolated initiatives. Focusing heavily on one element of the system is unlikely to bring about the scale of change required”.

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My counterparts, whose views and activities are dominated by single issues, such as sugar taxation, menu labeling, front-of-pack labeling, sales and advertising restrictions and location regulations, would rather that you ignored the advice contained in the British report.

Collectively, they are a hangover from the tobacco crisis where we had a single problem (smoking), a single industry (tobacco) and a product that, if wiped off the face

of the earth, would do no harm and a lot of good. But this is not the case with food.

All of these single-issue advocates will pay lip service to community-based approaches. But that is all it is: lip service. They are seemingly blind, or not inclined, to address a key factor that is going to colour any politician's or government's attitude and actions – the economic cost.

In a specially commissioned series of five articles in the prestigious medical journal the *Lancet*, a total of 60,000 words were written by the world's great and good in the area of diet and obesity. The regulatory dimension dominated, in the tradition of tobacco control: ban, tax, curb and restrict the production, promotion and consumption of food. Incredibly, the word “budget” did not appear once in the *Lancet* series.

Which brings us to cost: euro and cents. To try to arrive at a possible budget, let me first mark down the annual costs. According to the McKinsey Institute, the cost of obesity to the British health service equals the combined annual costs of its fire, police, courts and prison services. A pro rata figure for Ireland would be about €400 million per year.

We can also look at it another way. Some 2,000 people die prematurely every year from obesity-related disorders, while about 160 die on our roads. To combat road deaths, we invest in the Road Safety Authority, which receives an annual state grant of €14 million and has succeeded in a steady reduction in fatalities.

Should we not now be expecting to spend multiples of that annually to combat a disease, which now rivals smoking for its adverse health effects – and results in 15 times more premature deaths than road crashes? Should you, Minister, not also be looking to wrest this issue away from the mandarins of Hawkins House and give it to a properly funded independent agency – say, Combat Obesity Ireland – with a long-term view, and with a programme dominated by community-based actions alongside the easy-to-do regulatory dimension?

Safefood puts the annual obesity cost to Ireland at €1 billion. Think how, if we spent a tenth of that money, how many lives we could extend, and how much we could save ourselves when it comes to the health budget.

If we were to form an independent body that was science and evidence-based, was properly funded, and had the complete independence and long-term vision needed to solve our weight-related problems, we would lead the world in terms of tackling obesity. Leaving you, Minister, and your political colleagues free to focus on other-health related issues.

Can we really afford not to do it?

**Yours, etc,  
Mike**

*Mike Gibney is Professor of Food and Health at UCD. His new book, Ever Seen A Fat Fox? Human Obesity Explored, is published by UCD Press, and examines the causes of obesity and how we might best tackle it*

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Let me now move to a second prevalent myth, which is that somehow obesity is something one chooses or is responsible for. Obesity isn't a planned lifestyle choice. It happens, stealth-like.

There are distinguished judges fat from fine dining; ladies at garden fêtes fat from scones and jam; football supporters fat on pints; and many among us fat from snacking, or mindless eating, or utter laziness. The route to obesity is not determined by any one pre-eminent food.

Moreover, the source of calories doesn't matter, as millions of dollars in US federal government-funded research has shown. If you over-eat, you'll get fat, and it matters not a whit from which food or which calorie source this excess nutrition comes. To misquote Blii Clinton's spin guru James Carville: “It's the calories, stupid.”

A key third myth, one that recently featured heavily on social media, is that exercise plays little or no role in weight management. It is true that going to the gym a few times a week will lead to very little by way of calorie deficit. But regular exercise, such as walking, has two key effects in addition to a modest caloric loss.

Firstly, it will in its own right help reduce the adverse health effects of obesity by improving blood pressure and blood glucose control. But critically, exercising is good for our overall sense of wellbeing and it helps in motivating us to a healthier weight. If we feel better, then we are better equipped to start tackling our excess pounds.

Many of us associate physical activity with leisure time activity involving gyms, sports clubs and the like. But physical activity was always a major factor in our working lives in the past. With the advent of technology, and with machine-managed manufacturing, much of the drudgery of physical activity in work has vanished.

A member of the US Amish community, which has shunned labour-saving devices in the working day, manages about 33,000 steps per day. The average US employee embracing all labour-saving technologies walks just 7,000 steps per day.

A recent major research report in Europe concluded that being physically inactive caused twice as many deaths as obesity itself. Curbing appetite may be one side of the coin, but getting people to walk for 30 or more minutes per day is an essential adjunct to the diet strategy.

Given that such myths abound about dietary and physical activity strategies, it's not surprising to see many people utterly dismisses genetics and genes as a contributing factor to obesity. They believe that if our genes haven't changed in thousands of years, and yet we've managed to get fatter, then it's down to

the environment, not our DNA.

Well, Minister, I'm sorry to have to dispel another myth, but the evidence that obesity is a highly heritable disease is compelling. We seem happy to accept that 30 to 50 per cent of the existing burden of depression, alcoholism and arthritis are genetics-based. But obesity is miles further ahead, with a heritability of some 75 per cent plus, according to studies.

Which takes me to the final, and perhaps most seductive and current myth: that the recent advent of high fat, high sugar and high salt processed foods designed by modern food scientists to press all our hedonic and pleasure-loving buttons are to blame for the fact that we are getting fat.

“Oh, for our granny's simple diet” is the cry of advocates of this theory, such as the US food writer Michael Pollan. It's a popular and understandable view, but it is utterly, utterly wrong.

Pizzas were sold as cheap street food in the 15th century. Bread is a highly processed food derived from wheat, while milk, cream, yogurts and cheese are all highly processed foods derived from milk.

Most European towns had their own brand of patented sausages going back almost a millennium: Saucisse de Morteau, Chorizo de Pamploma, Rostbratwurst and so on. Aztec girls danced in the 16th century wearing popcorn garlands, while cakes and biscuits are as ancient as bread. The first carbonated soft drinks emerged in the mid-18th century.

What, then, has happened to make the modern food supply so obesity-promoting? Well, it has nothing to do with recent food inventions. Rather, it has its origins on farms and in the premises of high street retailers.

The need for cheap food became a political post-war obsession, and investment in agriculture saw efficiency soar beyond belief to yield ever-cheaper foods. That, in turn, transformed the high street retail sector, in that there was a massive growth in large, powerful supermarket chains that could control the food chain.

Transport costs fell as the post-war shipping industry flourished. The result was that we could now eat foods from all corners of the globe, for affordable prices, in accessible supermarkets with generous opening hours.

So where do we go from here? If I had one major piece of advice for you, Minister, it would be to take the long-term view by setting up an independent agency dedicated to combating obesity, and shunning single issue, short-term remedies.

Your British counterpart commissioned a high-level report on tackling obesity, and one quote contained within it should sound a cautionary note to you and to everyone concerned with this issue. “The complexity of obesity,” this report states,