



+ Cover story

HOW THE WORLD IS MAKING US FAT

Is modern life to blame for those extra kilos? Are you just not dieting and exercising enough? Or is it all in your genes? In a new book, endocrinologist Dr Robyn Toomath delves into tough truths about our obesity epidemic.

Dr Robyn Toomath may be bowing out of the fight against obesity, but she's giving a last battle cry in her new book *Fat Science*. The fake-food industry gets a serve, as do gutless public health officials and the "self-righteous skinny". The firebrand co-founder of advocacy group FOE (Fight the Obesity Epidemic) tells Sarah Lang why the overweight don't deserve our scorn – and who does.

North & South: With one in three New Zealand adults now obese, and one in three children overweight or obese, you want government measures introduced to help us make healthy choices. I know you're sick of journalists asking what one thing you want done, so I'm not going to ask. Honest.

Robyn Toomath: Thank god. It's such a complex problem. But if we could do one thing, it's changing our frame of reference. If our aim is to create an environment where our population stays slim, and if we ask, "What would need to change for that to happen?", then hundreds of things could be done to shift our default environment from obesogenic to healthy. That includes policy interventions which alter the availability and marketing of fake food that's cheap, calorie-dense, highly processed and not nutritious.

N&S: In the book you mention a subtle shift toward public support for anti-obesity policies.

RT: I think it overlaps with climate change: people saying enough is enough and demanding a say on their physical environment. But perhaps I'm a terrible optimist, because it's felt like a tipping point before. Like in 2006, with the health select committee's Inquiry into Obesity and Type 2 Diabetes, which was full of great measures... we could just follow that recipe. But the government's subsequent anti-obesity programme HEHA [Healthy Eating, Healthy Action] was hugely watered down because the food industry got involved, then HEHA wasn't funded properly. And in 2007, the revised Public Health Bill had a wide range of anti-obesity measures, but never made it past its first reading.

N&S: Why does the government keep throwing money at health promotion and education programmes that research shows don't work?

RT: Everybody loves the idea of education, so these programmes are the least controversial, but also the least effective. They don't work for all but a few. Isn't the definition of insanity doing the same thing over and over and expecting different results? The stunning failure of the current approach suggests something needs to change. We need an overarching, comprehensive, cross-governmental obesity strategy. But because of the three-year election cycle, nobody's taking that long-game perspective on the problem.

N&S: So, it boils down to a lack of political appetite?

RT: Yes, but some policy interventions are less controversial and less politically difficult than others, but still effective. We now have so much information and research, in New Zealand and internationally, about what works and how to do it. The best value for money comes from relatively inexpensive interventions that affect the entire population: regulating food advertising saves 750,000 life years [number of years lost due to ill-health, disability or early death]; fiscal measures such as sugar and fat taxes and healthy food subsidies save 450,000 life years – way ahead of food labelling, school-based interventions, physician counselling, worksite interventions and mass-media campaigns.

N&S: How do we close the gap between research and policy?

RT: We need civil unrest: public pressure on the government to introduce measures that work.

Measures once considered absurd – like banning smoking indoors and having to wear seatbelts – can quickly become mainstream.

N&S: Does scaremongering about the free market and the "Nanny state" prioritise ideology over a healthier population?

RT: Yes. The naysayers say you're removing choice, but you're actually making it easier to make *good* choices. If the environment is stacked against you living healthily, that actually erodes personal freedom. And the ideology that the free market will respond to our needs has failed time and again, like in the 2008 financial crisis and with climate change. This time, the perverse outcome is obesity and its subsequent health problems, like diabetes, yet there's still blind faith in the free market.

N&S: You write that free-trade agreements actually open the floodgates for junk foods and drinks?

RT: Yes. For instance, if a New Zealand government measure leads to a huge drop in sugary-drink sales – that's what we want, right? – then a drinks brand can challenge our government in an international tribunal under the TPPA. It's negligent to New Zealanders: we might sell a few more tonnes of milk powder to the US, but obesity's costs are huge. So you get a catch-22: government health departments saying "eat healthy" while trade and agriculture policies have the opposite effect.

N&S: Even economic purists accept the government should consider intervening in the free market if conditions meet one of the criteria of market failure.

RT: Yes. One is "externalities" – the costs borne by society, not just the individual. Healthcare expenditure and productivity loss caused by obesity cost New Zealand \$800 million a year. The second is "imperfect information": perverting our ability to make a reasoned decision, such as confusing food labels. Thirdly, "time-inconsistent preferences", which often result in satisfying short-term goals over

"Isn't the definition of insanity doing the same thing over and over and expecting different results?"

DR ROBYN TOOMATH





“I did what I had to do because I was enraged and driven, especially seeing teenagers with Type 2 diabetes.”

ROBYN TOOMATH

longer-term ones, like wanting a muffin and wanting to fit your jeans. But I’m most interested in the fourth criteria of “demerit goods”: products like alcohol and tobacco, and activities like gambling, which are dangerous or unhealthy. We’ve started to look at sugary drinks that way.

N&S: You argue we could start with “low-hanging fruit” like a sugary-drink tax, announced in the UK. Does that make it likelier to happen here?
RT: Definitely. Our government can ignore Scandinavian countries doing intelligent things with nutrition, but when the mother ship of Britain acts, surely we have to follow suit.

N&S: Dr Gerhard Sundborn from Fizz, a group of doctors and researchers who oppose sugar-sweetened beverages, said we need to reframe the question to “What harm would a sugary-drinks tax have?” Could that be applied to other government measures?
RT: That’s a very good lens. The harm usually cited is that poor people will end up poorer, because they’ll carry on buying unhealthy food. That’s what people said about tobacco taxes, but a big-enough price hike shocked people into stopping smoking.

N&S: You’re also calling for taxes on high-sugar and high-fat foods?
RT: Yes. There are many ways to do it, like taxing nutrients including sugar, fat and salt rather than particular

products. The Danish fat tax was highly effective, but got reversed by a new government more susceptible to food-industry lobbying.

N&S: You want sugary drinks and junk food banned in schools. In March, the Health and Education ministries asked schools to provide only water to drink. Good enough?
RT: No. It was just urging, not telling.

N&S: You advocate zoning restrictions on fast-food outlets. What about near schools? A dairy opposite Wellington High has just started selling hot chips and fried chicken.
RT: That shouldn’t be there. Often locals really want those places gone, but zoning rules allow them to stay.

N&S: Subsidies on fruit and veg?
RT: Yes. Remove GST or use variable tax rates, like other countries.

N&S: What about the visual spam of junk-food ads on buses, buildings, even public-toilet cubicles?
RT: Some countries don’t allow billboards or advertising hoardings. Here, you just need to find a spot to stick a sign on. Most New Zealanders support restrictions on junk-food advertising. What if we didn’t advertise food full stop? People don’t need an incentive to eat. It’s so naive to think teenagers and adults are impervious to advertising, when we restrict junk-food ads during kids’ TV until 5pm. But kids watch TV

later, so we need to ban those ads until 9pm. Have you seen that scary adver-gaming on kids’ websites like Cartoon Network? They sneak junk food products and logos in, then the kids see them at the supermarket.

N&S: Should we change the way supermarkets are laid out?
RT: God yes, because that’s where we buy most of our unhealthy food. The ways supermarkets manipulate us are incredibly clever, and not just the chocolate at the checkout. For instance, there’s tea and coffee on one side of the aisle, and junk food on the other, so you have to pass it. Wouldn’t it be fantastic if we applied that knowledge to encourage people to purchase healthy food?

N&S: You mention the behavioural economics book *Nudge*, about how government can nudge us toward healthier behaviours. But you’re not a fan?
RT: No. Nudging is subtle and manipulative, making it hard to evaluate, and anyway I believe government should be upfront and explicit about their aims. They should say, “We want to deal with our obesogenic environment, and we’re going to do things to make it easier for people to make healthy choices.”

N&S: Some economists argue that public-health problems won’t be solved by regulation but by governments partnering with industry. Is this asking a fox to behave well in the henhouse?
RT: I like the idea of self-regulation but, basically, companies are created to make money and they only behave well when there’s a Damoclean sword of government regulation hanging over them. In developing countries without that threat of regulation, they’re selling chocolate and cookies, and grabbing land to grow sugarcane.

N&S: Do you blame industry?
RT: I almost admire the clever way they’ve invented these fake foods. I don’t expect them to suddenly behave ethically to protect health, because that’s not their job. It’s government’s job. International research shows obesity isn’t something individuals

or even the health sector can solve themselves. Only governments can make this happen.

N&S: You mention the book *Food Politics*, which outlines how the food industry influences government policy, through techniques like hiding behind pseudo-scientific advisory boards, and funding scientific studies. Might some think, “Maybe overseas, but not in New Zealand”?
RT: It’s absolutely happening in New Zealand. Right now. And let’s re-examine the appointment of those with vested interests to advisory positions. The Food and Grocery Council is an industry lobby group headed by ex-National MP Katherine Rich. Curiously, she was also appointed to the board of the Health Promotion Agency, a supposedly neutral government body.

N&S: What’s your view on the government’s new childhood obesity strategy, which includes referring overweight kids to health professionals?
RT: Programmes that identify obese people, including children, are harmful and ineffective. When I had a private practice, parents would sometimes bring me their overweight children. Everyone was terribly anxious, and nothing we did made a blind bit of difference. Here’s the thing: treating obesity as an individual problem not only stigmatises obese people but contributes to obesity, because it lets industry and government off the hook. The stigmatisation of Aids stopped the rollout of effective public-health measures, because people compartmentalised it as “just those people” and “just their problem”.

N&S: Let’s talk adults. Aren’t you underplaying the element of personal responsibility for your health?
RT: Well, nobody wants to be obese. The rewards of being slim are so powerful that the notion you need a health programme or professional to tell you to be slim is just ridiculous. But I don’t tell my patients to keep eating chips and drinking soft drinks. I validate their difficulties, and make suggestions.



Robyn Toomath: “I’ve copped criticism from bloggers. [Whale Oil’s] Cameron Slater called *me* a trougher... What a hoot.”

N&S: You hope people struggling with their weight will lead the call for new policies and a healthier environment?
RT: Yes. But my book’s not just for people who are ashamed of being overweight and shouldn’t be. It’s also for people who just don’t get it: the self-righteous skinny. The most important message is please, don’t judge or stigmatise obese people. We don’t acknowledge that obese people are significantly disadvantaged in society. For instance, we’re less likely to employ and promote them, and we pay them less.

N&S: You write that health professionals, from doctors to dietitians, are among the most judgmental.
RT: And that’s very dangerous, because some obese people avoid seeking advice or treatment. Sometimes I overhear health professionals making mean comments, and they get a flea in their ear.

N&S: Will this book piss off some colleagues?
RT: A few.

N&S: Have you ever copped flak as a privileged thin person opining on bigger, poorer people?
RT: Very rarely, because the fat, poor people I talk to know I get it. I’ve got skinny parents and it’s just the way I’ve been hard-wired. I’ve copped criticism from bloggers. [Whale Oil’s]

Cameron Slater called *me* a trougher, when my work for FOE was unpaid. What a hoot. When I stepped down, he said I was throwing my toys out of the cot. So I took a screenshot of his blog – with a photo of me and the speech bubble “I’ll tell them” – and made it my Facebook profile picture.

N&S: Nice. You stepped down from FOE in November after 14 years, feeling you hadn’t achieved anything. But surely you’ve provoked debate?
RT: Maybe, but if I’d been funded, I wouldn’t have been value for money. Still, I don’t regret it. I did what I had to do because I was enraged and driven, especially seeing teenagers with Type 2 diabetes. I’m still responding to queries through FOE. It’s stressful to be on my ward round [as clinical director of general medicine at Auckland Hospital] thinking about commenting for radio or TV. Having written this book, I will actually, properly step down. Stop my Twitter feed. Stop responding to journalists. I feel I’ve done everything I possibly can.

N&S: So how can people fight the obesity epidemic?
RT: Petition the government. Vote for parties with good policies. But we don’t need to be helpless while we wait. Start with controlling the environment you can: in your home, and your workplace. Nag if you need to. If our voices are loud enough, we’ll be heard. +