

# [Obesity one step further towards tackling obesity epidemic](https://assignbuster.com/obesity-one-step-further-towards-tackling-obesity-epidemic/)

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Obesity is a prevalent and challenging condition affecting more andmore people nowadays. In 2015 in the UK, 58% of women, 68% of men and 30% ofchildren were overweight or obese (NHS Digital 2017, British Heart Foundation2015). In the past few years, there has been growing support for reducing theamount of sugar contained in our diets.  Freesugars are defined as sugars “ added to food or those naturally present inhoney, syrups and unsweetened fruit juices, but exclude lactose in milk andmilk products” and their intake should be limited to 5% of daily dietary energyintake according to Scientific Advisory Committee on Nutrition (SACN) (Gov. uk, 2016a). Overconsumption of sugar has negative health effects such as weightgain from excessive calorie intake, increased risk of type 2 diabetes, certaincancers and tooth decay (Gov.

uk, 2014). National Diet and Nutrition Survey(NDNS) results showed that the majority of UK population exceeds therecommended free sugar intake of 30g per day with sugar-sweetened beverages(SSBs) being among the main contributors to this, especially for children andteenagers who consume an average amount of up to 212g/day (Gov. uk, 2016b). SSBscontain a high number of calories yet they lack nutritional value and theirliquid form does not maintain satiety for long (Vargas-Garcia et al., 2015)which is why SACN recommends that their consumption should be minimised (Gov. uk, 2014). While it has both advantages and disadvantages, a levy on sugary drinksalong with other measures such as marketing restrictions and productreformulation might be one step further towards tackling obesity epidemic (BritishHeart Foundation, 2015).

There is strong evidence demonstrating that one of the major healthoutcomes associated with high calorie and high sugar intake diets is weightgain. A double-blind randomised control trial conducted by de Ruyter et al.(2012) showed sugar-free beverages to reduce body fat gain in children aged4-11 years compared to SSBs. The findings were supported by Malik et al. (2013)who reported a positive association between SSBs consumption and weight gainand obesity both in children and adults.

A systematic review led by Woodward-Lopezet al. (2010) concluded that SSBs consumption contributed significantly toobesity increase in the US population. Additionally, SSBs have a high glycaemicindex associated with postprandial hyperglycaemia and primary hyperinsulinemiaand their high fructose level has further implications for increasing visceralfat deposits and liver fat synthesis (Popkin et al.

, 2012). A meta-analysisconcluded that the consumption of 1-2 daily servings of SSBs increased the riskof developing type 2 diabetes by 26% (Malik et al., 2010). Furthermore, thefindings of a prospective study of Thai adults suggested that a high SSBsintake is linked to increased chances of diabetes in women (Papier et al., 2017). It has also been suggested that such drinks can modify and increasepreference for sugary foods (Cassady et al. 2012) by stimulating dopaminerelease which has a rewarding effect and leaves the consumer wanting for more(Cph. org.

uk, 2013). Several limitations of the studies were: lack of intake fornon-carbonated sweetened beverages, self-diagnosis of diabetes, self-report ofbeverages consumption, confounding diet and lifestyle factors, heterogeneityetc. Price is a major factor contributing to food choice which is why ingeneral people coming from lower socio-economic backgrounds display a highertendency towards consuming SSBs such as soda, fruit drinks and juices. This canbe further explained by the low cost of such beverages which has remainedconstant throughout time irrespective of the inflation rates, which made themmore affordable compared to healthier foods which became more expensive(Cph.

org. uk, 2013). Gibson and Shirreffs (2013) noted that soft drinksconsumption was the highest among young adults with an average intake of140g/day for women and 216g/day for men respectively, as well as amongadolescents for whom SSBs accounted for 14% of total energy intake asdocumented by Ng et al. (2011).

While the latest evidence showed thatconsumption of SSBs declined in children aged 4-10 years from 130g to 100g perday, the recommendations are still exceeded across all age groups (Gov. uk,, 2016b). In the UK, according to the Family Food Survey 2015 (Gov. uk, 2017b) therehas been a 6. 3% decrease on soft drinks purchased between 2012 and 2015. Yet, there is still a discrepancy between higher and lower household incomes withpeople coming from the latter category including more free sugars in theirdiet.

From a social and cultural point of view, evening is regarded as “ beingthe time for eating and drinking” which is why drinks are consumed mainlyduring this period (Gibson and Shirreffs, 2013). Furthermore, researchsuggested that lacking food education can promote obesity (Kalavana et al., 2010) and that parents play a crucial role in the development of children’sfood behaviours which are established early in life and remain for the longterm (Jimenez-Cruz et al.

, 2010). The scientific evidence considered in the essay so far pointstowards the fact that overconsumption of SSBs is linked to excessive sugarintake which promotes obesity and type 2 diabetes. Therefore, a sugar tax wouldseem a sensible option to improve diet and health, but further implicationsneed to be taken into account. On the one hand, it would benefit the healthsystem by discouraging buying such beverages, thus reducing obesity rates andcosts for treating patients, but on the other hand it would add pressure to thefood industry. One reason why such a levy would be beneficial is because it isapplicable to a non-essential food group and it would focus on the major sourceof free sugars in children’s and adults’ diet (Cph. org.

uk, 2013). Theeffectiveness of the levy can be analysed from countries such as Denmark, USA, France, Ireland and Mexico which have implemented such taxation. For example inMexico, a rise in healthier drinks such as water has been observed compared toprevious year after an introduction of 10% per litre SSBs tax in 2014 (IBT, 2015).

Contrary to Mexico, however, the 5% soft drinks tax in the USA was noteffective on reducing obesity rates and in response, the food industry spent70$ million on lobbying campaigns against soda taxes (Sustain, 2013). Theresults of a comparative risk assessment modelling study conducted byUniversity of Oxford estimated a 1. 3% reduction (180, 000 people) for obesityand 0. 9% reduction (285, 000 people) for those overweight based on a 20% tax onSSBs in the UK (Briggs et al.

, 2013). Statistics show that currently in the UK there is difference of 20years spent in good health between individuals coming from the most deprivedand least deprived areas (Gov. uk, 2017a). According to Mytton et al.

(2012)” health related food taxes are regressive” which means that poor people end uppaying more from their income compared to those with money, yet their healthbenefits are progressive and can further lead to diminishing inequalities. Astudy conducted at University of Oxford revealed that a 20% tax on SSBs wouldprove most effective for young people and its low level would minimally impactacross different income groups (Briggs et al., 2013). Given the fact that thosecoming from lower socio-economic backgrounds consume more SSBs they areaffected more by the price fluctuations and are thus more likely to benefitfrom a positive change in their diet (Powell and Chaloupka, 2009). In order tohelp with the regressive aspect of the levy, Cornelsen and Carreido (2015)proposed making healthier foods more affordable along with an expansion of theHealthy Start programme which proved effective at increasing fruit andvegetables consumption. Another argument in favour of the tax would be relatedto the role parents play in shaping children’s eating behaviours.

Changing lowincome parents food behaviour by preventing them from buying SSBs due toeconomic reasons could further have positive implications. For instance, thiswould enable a better parental control of the child’s diet by limiting theconsumption of sugary drinks as a reward (van der Horst et al., 2013). Finkelsteinet al.

(2010) recognised the positive contribution such taxes might have onweight outcome for middle income families and suggested that the revenuegenerated from them to be reinvested in programs for prevention of obesity. To sum up, overconsumption of SSBs is linked to negative healtheffects and there is strong evidence supporting the benefits of limiting suchbeverages. Keeping in mind the price importance when purchasing a product, Iwould say that a sugar levy on sugary soft drinks could lead to a reduction inobesity and type 2 diabetes rates, but not entirely on its own. Changing eatingbehaviours and educating individuals towards a healthier lifestyle is a lengthyand complex process. The fact that the last few years in the UK marked areduction in consumption of SSBs should be considered as a good sign and peopleshould be further encouraged to substitute them with healthier alternatives. TheGovernment and health organisations should come with policy interventions toaccompany and increase the effectiveness of the tax. As for the health inequalities, the benefits the lower socio-economic groups would gain from this definitelyoutweigh the disadvantages.

Based on the evidence from other countries whichhave already implemented such taxes, a 20% levy seems a reasonable level tobegin with. This could be at first temporarily trialled in order to allow thefood industry to gradually adjust to the change. Additionally, it should beaccompanied by food reformulations to reduce the amount of free sugars and moreregulations on children marketing strategies for foods and drinks with a highsugar content (British Heart Foundation, 2015).