

Dear Sir or Madam,

I am writing this submission for the Inquiry into the obesity epidemic in Australia. Please see my hyperlinks for sources of the information below.

The causes of the rise in overweight and obesity in Australia;

[The Nutrition Coalition](#) says “There has been widespread criticism about the **lack of scientific evidence** behind the Dietary Guidelines.

In 2015, Congress mandated the first-ever outside peer review of the Dietary Guidelines, by the National Academy of Sciences, Engineering, and Medicine. The report, Redesigning the Process for Establishing the Dietary Guidelines for Americans, was published in September 2017. Report excerpts:

- “To develop a trustworthy Dietary Guidelines of America (DGA), the process needs to be redesigned.”
- “The current DGA process for reviewing the science falls short of meeting the best practices for conducting systematic reviews.”
- “Methodological approaches and scientific rigor for evaluating the scientific evidence need to be strengthened.”
- “The adoption and widespread translation of the DGA requires that they be universally viewed as valid, evidence-based, and **free of bias and conflicts of interest to the extent possible. This has not routinely been the case.**”
- “The methodological approaches to evaluating the scientific evidence require increased rigor to better meet current standards of practice.”

The Nutrition Coalition applauds this report on the process used to develop the Dietary Guidelines for Americans (DGA).”

[Nina Teicholz of the Nutrition Coalition](#) says “It’s clear that a low-fat diet, defined in the scientific literature as between 20 and 35% of calories as fat, is not a healthy diet. This diet has been tested in multiple, NIH-funded clinical trials, on more than 55,000 people, all of which found that **the low-fat diet was completely ineffective for combatting obesity, diabetes, heart disease, or any kind of cancer.**

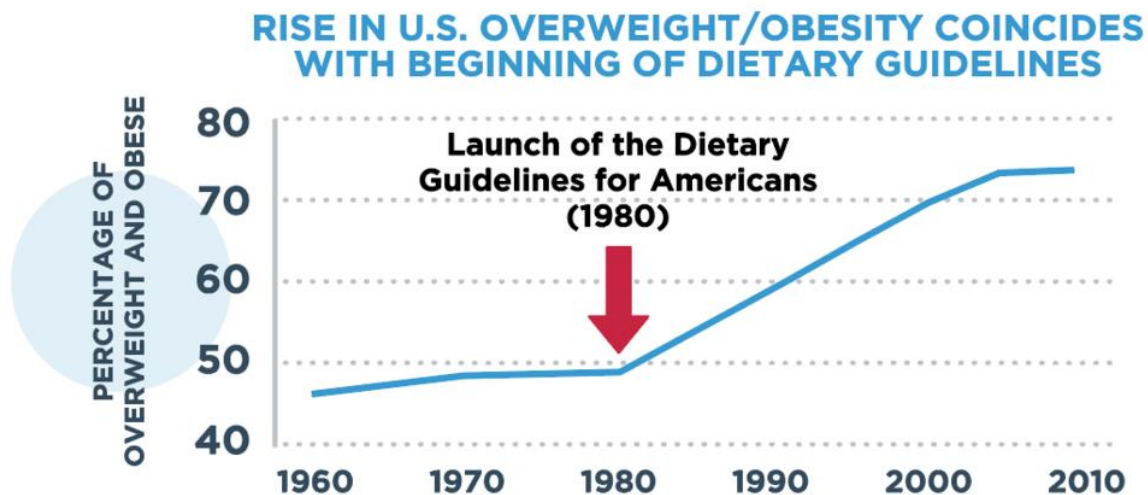
Worse than that, **the low-fat diet has been shown to worsen various disease risk factors.** According to the expert report for the 2015 US Dietary Guidelines, low-fat diets are “associated with dyslipidemia”—meaning that the low-fat diet is linked to heart disease. Worse than that, rigorous evidence shows that the low-fat diet actually causes these harmful effects. Low-fat diets reliably cause HDL-C (the “good” cholesterol) to drop and triglycerides to rise, both signs of increased heart-disease risk. **These factors also signal the onset of the metabolic conditions that cause obesity and diabetes.**

Given this data, the low-fat diet is no longer officially recommended by our major nutrition authorities. The American Heart Association (AHA) dropped its longstanding limits on total fat in 2013, and the US Dietary Guidelines (DGAs) followed suit by eliminating any reference to limits on total fat in 2015. This doesn’t mean that low-fat caps don’t still exist in the fine-print of the DGA report, but the official, topline advice, to eat a low-fat diet, recommended by the AHA since 1970 and the DGAs since 1980, is gone.

Low-carbohydrate diets have now been tested in at least 70 clinical trials [see attached Low-Carb-Diet-Studies.xlsx-By-Year] on nearly 7,000 people, including a wide variety of sick and well populations, mainly in the U.S. Thirty-two of these studies have lasted at least six months and six trials went on for two years, enough time to demonstrate the lack of any negative side effects. In virtually every case, the lower-carb, higher-fat diets did as well or better than competing regimens.[2] The cumulative evidence shows that **low-carb diets are safe and effective for combating obesity,[3] highly promising for the treatment of Type 2 diabetes,[4] and they improve most cardiovascular risk factors.[5]**

Fiona Godlee, editor-in-chief of The British Medical Journal said that "[One big reversal \[in our thinking\] is the demonization of fat,](#)" Godlee said in wrapping up. "I think we've got to recognize those reversals, acknowledge them, and have some humility about what is said....And I think that the **humility must extend to guidelines.**" She called for science-based evidence that is "transparent, reproducible, and independent" to adequately address the global nutrition crisis.

Since the introduction of the Dietary Guidelines in America (which influenced the Australian Dietary Guidelines) there has been a sharp increase in nutrition-related diseases, particularly obesity and diabetes. See graph below from <https://www.nutritioncoalition.us/dietary-guidelines-for-americans-dga-introduction/>



According to Diet Doctor, the largest low-carb site in the world "[the obesity epidemic started in the 1980s, at the same time as well-meaning American politicians started to push low-fat diet advice](#) to every man, woman and child in the nation. This was based on **unproven theories about the health effects of natural fats that have since been disproven.** But by then these theories had become dogma and official policy, not just in the US **but around the world.**

Less fat in food means less taste and less satiety. The food industry quickly added cheap and addictive sugar and other processed carbs instead... **carbs that become blood sugar as soon as they are digested, raising blood glucose and blood levels of the fat-storing hormone insulin. That's how the obesity epidemic started, that's how the type 2 diabetes epidemic started.**

There are at least 31 modern scientific studies of the highest quality (RCTS - Randomised Control Trials) that show significantly better weight loss with low carb diets. This according to the latest count by the [Public Health Collaboration UK](#).

DietDoctor.com was started by Dr Andreas Eenfeldt, a GP from Sweden. Diet Doctor receives no money from industry, has no products for sale, and no ads. Diet Doctor has articles and videos by:

- Dr Jason Fung – Nephrologist and co-founder the [Intensive Dietary Management Program](#), which specialises in the use of therapeutic fasting for weight loss and type 2 diabetes reversal in his IDM clinic. He is also author of the bestsellers ‘**The Obesity Code**’ and ‘The Complete Guide to Fasting’.
- Dr David Unwin – a UK GP treating patients with type 2 diabetes and other [metabolic issues with low-carb nutrition](#). Dr Unwin has done free videos on [Low Carb for Doctors](#).
- [Registered Dietitian Franziska Spritzle](#), who says her patients have benefited from a low-carb diet.
- [Dr. Aseem Malhotra, cardiologist](#) from the UK. Dr Malhotra says that obesity epidemic is all about the types of calories that we are consuming and that the biggest driver behind that is [refined carbohydrates](#).
- Dr Eric Westman MD - Director of the Lifestyle Medicine Clinic at Duke University where he formulated the HEALcare [clinically tested low-carbohydrate program that controls obesity](#) and puts pre-diabetes and type 2 diabetes into remission.
- Dr. Ted Naiman – a family physician who has been coaching his patients in low-carb eating for [20 years](#) for obesity and diabetes who says that [your fat mass is under insulin control](#).
- Dr Sarah Hallberg who is a Board-certified obesity medicine doctor and low-carb nutrition physician. Dr. Hallberg is the Medical Director at Virta Health, [the first clinically-proven treatment to safely and sustainably reverse type 2 diabetes without medications or surgery](#). As a physician and exercise physiologist Dr Hallberg says we need to [ignore the guidelines](#) to treat obesity and reverse diabetes. Dr Hallberg says it [is insulin that is making us fat](#).
 - The Virta Treatment is founded on decades of research and supported by ongoing clinical studies. Virta’s treatment and results have been [peer-reviewed and published in JMIR Diabetes, Diabetes Therapy, Cardiovascular Diabetology](#) and have evaluated the effect of the Virta Treatment. It has demonstrated that patients can safely improve health outcomes associated with type 2 diabetes and obesity. Excess weight represents risk for both type 2 diabetes and cardiovascular disease. Virta patients sustained the [loss of 12% of their body weight over the year](#). The prevalence of class III obesity among participants was reduced from 46% to 20%. The Virta Treatment is currently only available in the United States, with the exception of Louisiana (temporarily). People in Australia can still reach out to them at support@virtahealth.com to be added to their waitlist! Virta’s mission is to reverse diabetes in 100 million people by 2025.

The short and long-term economic burden of obesity, particularly related to obesity in children in Australia;

Diet Doctor offers a [free video course for doctors](#) features Dr. David Unwin, a family physician in England, who’s involved in educating doctors and has been treating patients with low-carb diets since 2012.

The course covers very practical tips for doctors, like how to effectively discuss the low-carb lifestyle with patients, how to handle medications, safety, patient motivation and much more.

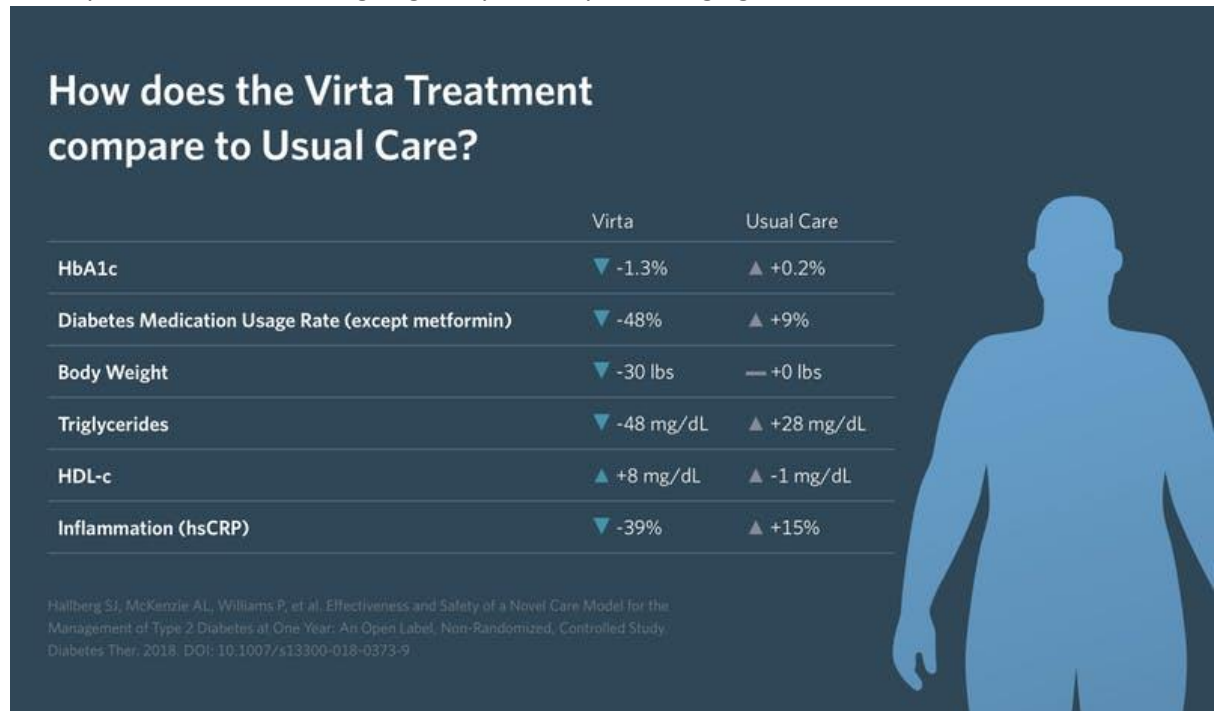
Diet Doctor hopes this will encourage even more doctors to learn how to use low carb in a simple, safe and effective way to empower their patients. For Dr. Unwin it not only helped his patients and **saved money for his clinic (and the UK's National Health Service)**, it made being a doctor feel rewarding and meaningful again.

Evidence-based measures and interventions to prevent and reverse childhood obesity, including experiences from overseas jurisdictions;

- **Review dietary guidelines**
 - The real issue at the heart of public health in the UK is that they are **generally following the advice they have been given for the past 20 years**, and [it's not making them healthier but have contributed to making the UK unhealthier.](#)
 - Remove limits on saturated fat like the USA
 - Ensure there is no bias in the dietary guidelines from food industry groups and pharmaceutical groups
 - Don't use epidemiological studies as the basis of the guidelines as these have proven to be unreliable. Association of 2 things doesn't show causation.
- **Discard the Calories in vs Calories Out model of obesity.** This is the model has been proven to be wrong in studies.
 1. In one study sugary foods and drinks, white bread and other processed carbohydrates that are known to cause abrupt spikes and falls in blood sugar appear to stimulate parts of the brain involved in hunger, craving and reward, the new research shows. The findings, published in The American Journal of Clinical Nutrition, suggest that these so-called high-glycaemic foods influence the brain in a way that might drive some people to overeat. For those who are particularly susceptible to these effects, **avoiding refined carbohydrates might reduce urges and potentially help control weight**, said [Dr. David Ludwig, the lead author of the study and the director of the New Balance Foundation Obesity Prevention Center at Boston Children's Hospital.](#) "This research suggests that based on their effects on brain metabolism, all calories are not alike," he said. "Not everybody who eats processed carbohydrates develops uncontrollable food cravings. But for the person who has been struggling with weight in our modern food environment and unable to control their cravings, limiting refined carbohydrate may be a logical first step."
 2. Sam Feltham, the Director of the Public Health Collaboration proved this [with his own experiment](#) that showed eating 5800 cal a day of a high-fat, low carb meal over 3 weeks resulted in him actually losing 3 cm from his waist. Then he did a low-fat, high carbohydrate 5800 cal a day for 3 weeks and put on 9 ¼ centimeters on his waist.
- Remove Conflicts Of Interests for health organisations and government organisations that disseminate health information. [UK Obesity researcher Dr Zoe Harcombe](#) reported that Kellogg's funded a health study and promoted it as "government advice", yet the main evidence relied upon for the Australian Kellogg's report is another Kellogg's report". This should include banning doctors, the Dietitians Association of Australia (DAA), Australian Heart Foundation, Diabetes Australia and other similar organisations from receiving financial

support and other benefits from food industry groups and pharmaceutical groups that would result in a Conflict Of Interests. [The DAA has received financial support from Nestle, Coca-Cola South Pacific, Campbell Arnotts, Sugar Australia, General Mills, Lion, Unilever and PepsiCo.](#) Dr Maryanne Demasi has reported that cereal giants, [Kellogg's and Sanitarium, have infiltrated doctors' clinics nationwide, using GPs to promulgate industry propaganda, disguised as dietary advice.](#)

- Work with [Virta Health](#) to learn from their success in helping reversing type 2 diabetes and reducing body weight through a ketogenic / very low carbohydrate diet and remote care. The 1-year results of their ongoing study are very encouraging – see table below.



- **Reduce sugar consumption and introduce a sugar tax**
 1. Introduce a sugar tax. The UK has introduced a big bold tax on soda, as a major part of their childhood obesity strategy. Britain joins a growing number of other countries, like Mexico, with similar taxes on sugar and soda. The WHO backs a tax on sugar. [It is clear that sugar has addictive qualities and excessive sugar intake, particularly from soda, drives our current epidemics of obesity, diabetes and other diseases.](#) Maybe it is a bigger threat to public health than tobacco. Certainly for kids it is. The fight is on and **sugar is the new tobacco and needs to be treated similarly.** This should include products showing how much sugar is in them in teaspoons of sugar. We've seen massive health gains in the last 50 years from people to a large degree giving up smoking in the developed world. The future health gains from reducing sugar consumption may be even more impressive.
- Ban junk food vending machines at hospitals
- [Health and obesity experts Dr. Aseem Malhotra, Professor Robert Lustig and Professor Grant Schofield](#) propose an [eight-point plan](#) to reverse the type 2 diabetes epidemic in the UK. These same 8 points would also apply to reversing the obesity epidemic. The points are:

1. **Education** for the public should emphasise that there is no biological need or nutritional value of added sugar. Industry should be forced to label added and free sugars on food products in teaspoons rather than grams, which will make it easier to understand.
2. There should be a complete ban of companies associated with sugary products from **sponsoring sporting events**. We encourage celebrities in the entertainment industry and sporting role models (as Indian cricketer Virat Kohli and American basketballer Stephen Curry have already done) to publicly dissociate themselves from sugary product endorsement.
3. They call for a ban on loss leading in **supermarkets** and running end-of-aisle loss leading on sugary and junk foods and drinks.
4. Sugary drinks **taxes** should extend to sugary foods as well.
5. They call for a complete ban of all sugary drink **advertising** (including fruit juice) on TV and internet demand services.
6. They recommend the discontinuing of all governmental **food subsidies**, especially commodity crops such as sugar, which contribute to health detriments. These subsidies distort the market and increase the costs of non-subsidised crops, making them unaffordable for many. No industry should be provided a subsidy for hurting people.
7. Policy should prevent all **dietetic organisations from accepting money or endorsing companies that market processed foods**. If they do, they cannot be allowed to claim that their dietary advice is independent.
8. They recommend **splitting healthy eating and physical activity** as separate and independent public health goals. We strongly recommend avoiding sedentary lifestyles through promotion of physical activity to prevent chronic disease for all ages and sizes, because 'you can't outrun a bad diet'.
9. However, physical (in)activity is often conflated as an alternative solution to obesity on a simple energy in-and-out equation. The evidence for this approach is weak. This approach necessarily ignores the metabolic complexity and unnecessarily pitches two independently healthy behaviours against each other on just one poor health outcome (obesity). The issue of relieving the burden of nutrition-related disease needs to **improve diet, not physical activity**.

[2] Johnston BC, Kanters S, Bandayrel K, Wu P, Naji F, Siemieniuk RA, Ball GDC, Busse JW, Thorlund K, Guyatt G, Jansen JP, Mills EJ. Comparison of Weight Loss Among Named Diet Programs in Overweight and Obese Adults A Meta-analysis. *JAMA*. 2014;312(9):923–933. doi:10.1001/jama.2014.10397

[3] Bueno, N., De Melo, I., De Oliveira, S., & Da Rocha Ataide, T. (2013). Very-low-carbohydrate ketogenic diet v. low-fat diet for long-term weight loss: A meta-analysis of randomised controlled trials. *British Journal of Nutrition*, 110(7), 1178-1187. doi:10.1017/S0007114513000548

[4] Dietary carbohydrate restriction as the first approach in diabetes management: Critical review and evidence base Feinman, Richard D. et al. *Nutrition*, Volume 31, Issue 1, 1 – 13

[5] *Obes Rev*. 2012 Nov;13(11):1048-66. doi: 10.1111/j.1467-789X.2012.01021.x. Epub 2012 Aug 21.