



The Royal Children's Hospital Melbourne  
50 Flemington Road  
Parkville Victoria 3052 Australia  
TELEPHONE +61 3 9345 5522  
[www.rch.org.au](http://www.rch.org.au)

June 24<sup>th</sup> 2018

Committee Secretary  
Department of the Senate  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Phone: +61 2 6277 3228  
Fax: +61 2 6277 5829  
[obesitycommittee.sen@aph.gov.au](mailto:obesitycommittee.sen@aph.gov.au)

Committee Secretary,

**RE: Submission to the Select Committee into the Obesity Epidemic in Australia**

Overweight and obesity is a challenging problem across the world for people of all ages and in all communities. This includes Australia, which has one of the highest rates of obesity in the world. Australia also has very high rates of overweight and obesity in children and adolescents, which carry lifelong risks for poor adult health outcomes, including Type 2 diabetes, cardiovascular disease and cancer. The personal cost of these disorders on our community is outweighed only by the cost on the public health system.

The Centre for Adolescent Health is an academic centre of excellence based at the children's hospital campus in Melbourne. We are part of the Royal Children's Hospital, the University of Melbourne and the Murdoch Children's Research Institute. We have undertaken longitudinal cohort studies which have helped to describe the changing prevalence of obesity across adolescence and into young adult life.

In particular, and as shown in the attached paper, we have documented that obesity doubles across adolescence, with significant movement into and away from overweight categories – the extent depends on both the severity and persistence of adiposity in earlier adolescence. These results were obtained from a prospective 8-wave cohort study in Victoria, in which we tracked 1,520 adolescents aged 14 years for the next 10 years. The proportion of overweight individuals increased from 20% in mid-adolescence to 33% at 24 years of age. Obesity rates doubled, increasing from 3.6% to 6.7% over this same period. While this study showed that no individual with persistent obesity in adolescence had a BMI <25 at 24 years, perhaps the more important aspect of this study was the extent of



upward trends in weight across adolescence for those who started adolescence at a normal weight. Approximately 40% of young adults with a BMI  $\geq 25$  had been persistently at normal weight during adolescence and approximately 80% had been at a normal weight at some point. Furthermore around half of obese young adults had never been classified as obese as adolescents. Thus, while few adolescents who peaked into obesity or who were persistently overweight achieved a normal weight in young adulthood, resolution was more common in those who were less persistently overweight as teenagers.

Given the extent of these transitions in weight category (normal, overweight, obese) from adolescence into young adulthood, the data suggest significant scope for interventions during adolescence. Yet, this will not happen without urgent, sustained and comprehensive actions, and with a major focus on adolescence.

We endorse the recommendations of the [Tipping the Scales](#) report including:

1. Legislation to implement time-based restrictions on exposure of children (under 16 years of age) to unhealthy food and drink marketing on free-to-air television up until 9:30pm.
2. Setting clear reformulation targets for food manufacturers, retailers and caterers with established time periods and regulation to assist compliance if not met.
3. Make adjustments to improve the Health Star Rating System, and make mandatory by July 2019.
4. Developing and funding a comprehensive national active travel strategy to promote walking, cycling and use of public transport.
5. Funding high-impact, sustained public education campaigns to improve attitudes and behaviours around diet, physical activity and sedentary behaviour.
6. Placing a health levy on sugary drinks to increase the price by 20%.
7. Establishing obesity prevention as a national priority with a national taskforce, sustained funding, regular and ongoing monitoring and evaluation of key measures and regular reporting around targets.

The Royal Children's Hospital Melbourne  
50 Flemington Road  
Parkville Victoria 3052 Australia  
TELEPHONE +61 3 9345 5522  
www.rch.org.au



8. Developing, supporting, updating and monitoring comprehensive and consistent diet, physical activity and weight management national guidelines.

Given that 30 other countries have already introduced sugar taxes for drink, we particularly urge consideration of #6. We believe that much can be learned from the UK Behavioural Insights team within the UK government to tax sugar sweetened drinks. In committing to a sugar tax in 2016, within months, companies had elected to reformulate the sugar content of drinks such that, as hoped, 750 mill/l of drinks had been reformulated by the time the tax was introduced earlier this year – only 2 years later. This is going well beyond the overly 'soft' recent proposals from the soft drink industry in Australia that has suggested reducing sugar content by 20% over the next 7 years! In the UK, within months of the proposed tax, the amount of sugar was halved in the formulation of Sprite, the sugar content of Fanta fell from 7 to 4.5 gms, and that of 7Up fell from 11 to 7 gms. These UK gains show that far quicker and greater sugar reductions can be achieved than what is proposed for Australia.

We urge more sustained, extensive and comprehensive interventions.

Yours sincerely,

Professor SM Sawyer MBBS MD FRACP  
Director  
Centre for Adolescent Health  
Royal Children's Hospital  
Department of Paediatrics The University of Melbourne  
Murdoch Children's Research Institute