



# Should sugar and fat be the new tobacco?

*Dr Paul Martiquet, Medical Health Officer*

**On October 23, the Ontario Medical Association (OMA)** introduced its new plan for combating obesity. Based on highly successful anti-tobacco strategies, the plan would treat “obesity-causing” foods with similar measures. Sounds like a great idea... if it works.

The aggressive new measures proposed by the OMA should help to improve the health of every Canadian, consequently preventing thousands of cases of chronic disease and thus thousands of premature deaths associated with obesity.

How serious is the problem? New figures from Statistics Canada count the number of overweight and obese children at 31.5 percent of the population of five to 17-year-olds. That is almost one in three. In the 1980s, the figure was at about half that rate, 14 to 18 percent. Worse, three-quarters of overweight kids grow up to be overweight adults.

Doug Weir, President of the OMA, spoke of the need for aggressive action: “The time for gentle admonitions has come and gone.

We need to fight this problem with proven tools like tax incentives and graphic warnings. There is an enormous body of evidence that these measures work.”

The elements of the strategy include increasing taxes on junk food and decreasing tax on healthy foods; restricting marketing of fatty and sugary foods to children; placing graphic warning labels on pop and other high-calorie foods with little to no nutritional value. Retail

displays of high-sugar, high-fat foods would need to have prominent information advising consumer of the health risks. The strategy would also restrict the availability of sugary, low-nutritional value foods in sports and other recreational facilities that are frequented by young people.

There is no question that the anti-tobacco strategy of the past 20 years has been effective. In fact, they have helped reduced the number of smokers from almost half of the Canadian population in the 1960s to 20 percent or less today. But is this the right strategy for obesity?

But is the new OMA approach too reliant on negativity and taxation? After all, these actions lean heavily to the ban, shame, blame, scare, punish approach. Can this perspective prove effective against childhood, and adult, obesity?

The OMA plan links overconsumption of sugary and fatty foods to obesity without any qualifiers. This, in

turn, does little more than reinforce stereotypes that obese people are obese simply because of the overconsumption of such foods.

Research actually

shows little correlation between individual behaviours and body weight: many who seldom consume such foods are overweight while many who do, are not.

Certainly we are facing an obesity epidemic with immense consequences for Canadians, and our healthcare systems and budgets, but is this the right way to combat obesity?

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