Introduction

This submission is from FOE (Fight the Obesity Epidemic), a Charitable Trust concerned with reducing obesity within New Zealand.

We wish to appear before the Committee to speak to our submission.

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Summary

This submission addresses one aspect of the second term of reference (the impact of tobacco use on the health, economic, social and cultural wellbeing of Māori), and the fifth term of reference (policy and legislative measures).

FOE supports the Smokefree Coalition’s goal of a smoke free New Zealand by 2020, and endorses their time-linked action plan for achieving this.

Our concern in this submission is with the well-established link between smoking cessation and weight gain. This is particularly important for Māori who, relative to the general population, have high rates of both tobacco use and obesity.¹ We argue that, because quitting smoking leads to a weight gain for most people, a reduction in smoking among Māori will require interventions to reduce resulting increases in obesity.

Evidence is presented that drug and behavioural interventions to reduce weight gain following smoking cessation have limited success at best. Bariatric surgery can help a limited number, but environmental changes to make healthy food and activity choices easier for quitters is the most important long-term solution.
Smoking cessation and weight gain

A report by the National Health Committee provides a succinct summary of research on the relationship between smoking cessation and weight gain:

- anxiety about weight gain is an important impediment to smoking cessation
- the majority of smokers who quit smoking gain weight, with women tending to gain slightly more weight than men
- for many smokers, particularly women, concerns about weight or fears about weight gain are motivators to start or continue smoking
- weight gain following smoking cessation is a negligible health threat compared with the risks of continued smoking.²

A Cochrane systematic review of interventions for preventing weight gain after smoking cessation repeated some of these messages, reporting that:

- most people who give up smoking put on weight
- concern about weight gain often puts people off trying to quit or leads people going back to smoking after managing to quit.³

Reducing weight gain after smoking cessation: drug and behavioural interventions

The Cochrane review came to the following conclusions regarding interventions to prevent weight gain after quitting smoking:

- while a number of drugs were able to reduce weight gain following smoking cessation, no evidence of maintenance of the treatment effect was found at six or 12 months after the drug treatment stopped
- some behavioural interventions to reduce weight gain tailored to individuals showed some success in both improving abstinence from smoking and reducing long-term weight gain
- there was some evidence that exercise reduced long-term weight gain after quitting.³

The Cochrane review noted a drawback from attempting to control weight gain immediately after quitting through reducing food intake.

There is evidence that hunger and cigarette cravings are related, and that hunger can undermine quit efforts and increase urges to smoke. This suggests that interventions that limit dietary intake may potentially reduce smoking cessation success. The adage that smokers should stop smoking first and then tackle weight gain has become common in smoking cessation clinics (p3).
Reducing weight gain after smoking cessation: bariatric surgery

Associate Minister of Health Hon Tariana Turia has recently suggested that revenue from increased taxes on tobacco should be used to increase the funding for bariatric surgery. Bariatric surgery provides the best opportunity to make large health gains through reduced weight for many obese people with major weight-related health problems. It is particularly effective in resolving or improving type 2 diabetes, a very serious disease among Māori.

Two points can be made about the Associate Minister’s suggestion that are pertinent to this Inquiry:

- Smokers can be reluctant to quit, or may start again after quitting, because of concerns about weight increases. For the morbidly obese, knowing that publicly funded bariatric surgery is a realistic option is therefore likely, in some cases, to help with making the decision to quit and sticking with it.

- Reductions in the number of Māori who smoke will, in the absence of drastic preventative measures, result in more Māori becoming morbidly obese. Greater availability of publicly-funded bariatric surgery for Māori can help to mitigate this, bringing potentially large health gains for the individuals involved with consequent savings for the health budget.

Bariatric surgery cannot, however, be the solution for weight gain following smoking cessation for more than a small minority. The operation is expensive and has risks and side-effects that make it something only to be undertaken in return for substantial health benefits.

Reducing weight gain after smoking cessation: modifying the “obesogenic” environment

Obesity is a particularly serious health issue for Māori, not least because of its role in the very high incidence of type 2 diabetes in the Māori population. Marked reductions in the level of smoking among Māori (which FOE, like all health groups, wants to see) will result in increased obesity among Māori unless strong actions are taken.

The evidence reviewed above shows that drug or behavioural interventions focussing on individuals have little effect on reducing weight gain resulting from smoking cessation, particularly once the interventions cease. Further, attempting dietary restriction after quitting may be counterproductive.

Bariatric surgery will be very helpful for some people with morbid obesity, but is a substantial and costly operation that can have serious side-effects. It needs to be seen as an option when other measures have failed.
The common view throughout the New Zealand health sector and among public health academics and professionals is that obesity is best addressed by changing aspects of the environment that have resulted in the current obesity epidemic (the “obesogenic” environment). Measures are required that have impact across the whole population, and particularly among high risk groups including Māori. Health sector submissions to the 2006/07 Health Select Committee Inquiry into Obesity and Type 2 Diabetes consistently supported changes including:

- regulation of advertising and other forms of promotion of energy-dense and nutrient-poor foods and drinks ("junk food")
- price incentives (taxes and subsidies) to encourage more healthy eating
- changing the built environment to make it easier for people to become more physically active as part of their everyday life.

Māori who quit smoking are likely to face a continuing battle against weight increases. While drug and behavioural interventions may help some, typically the effects of these interventions fade quickly once they come to an end. Changes to the obesogenic environment such as those listed above, however, can continue to have an effect throughout life by making it easier for people to make healthy choices. They provide the supportive environment required to making more achievable the difficult task of controlling weight increases after smoking cessation. And they are equitable: they can benefit everyone, including those not reached by individual interventions, or unlikely to benefit from education and information campaigns.

Public health views on what will work to reduce obesity have been substantially influenced by experience with reducing tobacco use. The key in achieving smoking reduction to date, including among Māori, has been a series of environmental changes that have made smoking less attractive. These changes include tax increases, limiting opportunities for smoking, and placing warning labels on packaging. Such changes have made it easier for people to make, and stick with, the decision to quit smoking.

**Conclusion**

The reduction of smoking among the Māori and its eventual elimination are hugely important health goals for New Zealand. A side-effect, however, is an almost certain increase in obesity because of the strong relationship between smoking cessation and weight gain. It is important that this effect is recognised, and that strong measures are put in place to reduce it.

Drug-based interventions, or those focussed on changing individual behaviour, have been shown to have limited effectiveness at best, particularly in the longer term. Bariatric surgery will greatly benefit a small minority, but cannot be the main solution at a population level. This will need to come through changes to the environment that make it easier for all New Zealanders, including Māori, to make more healthy food and activity choices.
Recommendations

FOE recommends that the Select Committee:

1. recognises the health benefits of reducing and eliminating smoking by Māori and endorses a strategy for achieving this such as that proposed by the Smokefree Coalition

2. notes that reduced smoking will lead to increased obesity among Māori

3. accepts that, as part of the strategy to reduce smoking, strong measures will be needed to reduce the impact of smoking cessation on obesity among Māori, including
   - a substantial increase in public funding for bariatric surgery
   - making changes to the environment that make it easier for Māori and other New Zealanders to make healthy food and activity choices.

References


