



CPME/AD/Brd/110306/020/EN

At its Board meeting in Brussels on 11 March 2006, the CPME adopted the following policy: **EU Commission “Green paper” consultation on the fight against obesity in Europe: CPME contribution** (CPME 2006/020 Final EN/FR)

The Standing Committee of European Doctors (CPME) welcomes the initiative taken by the European Commission on the prevention of overweight, obesity and the related chronic diseases. CPME is very much concerned by the growth patent of obesity in the EU especially in children and is trying to find ways to curb the trend.

The “Green paper” gives a thorough overview of the problem and addresses important questions some of which are not easily answered in an evidence based manner, and some probably not without controversies.

JOINING FORCES TO PREVENT OBESITY

We fully agree that given the multi-factorial nature of the problem, a multi-stakeholder response is needed to address it. We also agree that prevention of obesity in the long run is a better way to meet the problem than just treating it when it has already evolved.

It is a fact that no single tool like information, education, labelling, changes of prices, awareness campaigns... is very effective alone when it comes to changing behavioural patterns. Therefore it is important to combine available tools to increase the likelihood of changing behavioural patterns in the preferred direction.

Change in behaviour happen following raising awareness campaigns of different kinds but its is noticeable that when the study or campaign ends, behavioural patters very soon returns to what it was like before.

It is therefore important to bear in mind that the action against obesity must be long term, at least 10 to 20 years and whenever possible scientifically evaluated to give us better information about what works, and what does not.

Reaching out to the public and its various components is possible by tailoring specific messages to address different groups.

Encouraging and helping member states in the fight against obesity is an aspect of the EU added value.

THE INFORMED CONSUMER

There is a real effort and a substantial focus on healthy diet, physical activity and the prevention of obesity nowadays and that is to be welcome. CPME believes that objective information can help putting the preventive message across. To reduce consumer confusion, it is important to give a clear and simple message, and to give it positive media coverage. There are several examples of healthy lifestyle campaigns both within and outside the EU that can serve as models and inspiration for new ones. If such campaigns are sponsored by the food industry, the message must be objective and without commercial influence.

Social marketing should be used to give consumers knowledge about healthy diet, drinking habits and cooking, and the importance of regular meals. Media should also be used actively to vehicles positive messages that can inspire and inform people about the importance of physical activity and give concrete advices about how to improve ones physical condition.

Food labels should mention the nutrient profile detailing the amounts of fat, sugar and salt in the product in a way that is easy to understand. CPME suggested using colours code. CPME also welcomed the Council position reinstalling nutrition profiles in the Health claims legislative proposal, a move CPME had advocating strongly, and is now urging the European Parliament to accept. CPME also suggested to use simple tools like colour code on food labels.

Regarding the issue of addition of vitamins and minerals, CPME feels caution is needed as this can blur the healthy eating message, raises food safety issues and confuse the consumer.

All education and information must bear in mind that it is important not to stigmatise vulnerable people in ways that could increase the problem of eating disorders.

A FOCUS ON CHILDREN, YOUNG PEOPLE...

CPME considers children and young people to be the most important single target group to address in the struggle against obesity in Europe.

Behavioural patterns established in childhood and adolescence to a very large extent follows the individual into adult life. Children and young people have nutritional habits which are similar to adults with too much fat, salt and sugar, and too little fibre, vitamins, fruit and vegetables. However they tend to eat and drink more sugar than adults.

All (pre-)schools should offer their children/pupils a free and healthy meal including fruit, vegetables and juice or water daily and sufficient time to have lunch in a cantina or similar suitable surroundings.

School canteens should be stimulated to sell/serve healthy food and beverages at reasonable prices and to reduce the amount of unhealthy food available.

All pupils in schools should have at least 1 hour of physical activity a day. There should be a wide range of alternative activities.

Schools are important areas for teaching good nutritional habits, and schools should provide cooking education.

When addressing children and adolescents it is also important to address their parents. The parents need to be informed and educated in how to cook healthy meals and to serve healthy beverages, and both children and parents should know the importance of regular meals and of eating breakfast every day. Children and young people and their parents should be informed about the need to achieve a balance between active and passive leisure activities. Walking to school campaigns should be set up,

Campaigns for healthy diets and lifestyles should be set up to address these age groups specifically. It is a special challenge to make healthy food attractive to children and young people. An example could be to sell water in trendy bottles etc.

Governments should stimulate widespread distribution of facilities for physical activities aimed particularly at children and young people who should participate in the planning of school- and leisure activities in their local communities. Protected bicycle routes should be provided where needed.

The EU should thoroughly consider whether or not to strictly limit/ban advertising of unhealthy food and drinks directed to children under a certain age. At least such advertising should be substantially reduced and if not, legislation should be the answer. Advertising to children should be monitored specifically by a body without commercial interests.

AND FRAGILE SOCIO-ECONOMIC GROUPS

Changing behavioural patterns in people from underprivileged areas is a special challenge as pointed out in the "green paper".

Lowering prices of healthy food and inexpensive possibilities for physical activities could be even more important for this group.

Changes in behaviours may be influenced by children through messages delivered at school or by their local doctor or other health workers. Traditionally the more fragile socioeconomic groups will change behaviour a considerable time after the other groups in society.

This is a field where more attention and information need to be devoted. Specific studies are needed to understand how to best target those populations and optimise/accelerate the changes in behaviours.

TOWARDS AN HEALTHY ENVIRONMENT

Information and education will have limited impact on changing behavioural patterns unless steps are taken within the environment to facilitate the implementation of new knowledge.

Access to health food

Healthy food, like for instance fruit and vegetables, and healthy beverages with low sugar content should be easily available in shops, schools, at work etc, and at a reasonable price. Steps may need to be taken to lower the costs of healthy products, may be at the expense of the unhealthier ones. An option could be to subsidised fruits and vegetables so as to insure incomes for producers and low prices for consumers.

Access to physical activity facilities

It is equally important to increase the possibilities for people to take part in physical activity that they can enjoy. The EU should inspire national governments to stimulate widespread distribution of facilities for physical activities aimed at all ages. Governments, schools and places of work should stimulate walking or bicycling to school or work, and protected cycle routes should be provided in urban areas. The working place can also stimulate healthy lifestyle by selling healthy food at reasonable prices in their cantinas, have drinking water available, organize physical activities or stimulate membership in fitness studios etc. This may reduce the amount of sick leaves, and could be stimulated by the place of work and Government in cooperation.

THE ROLE OF HEALTH SERVICES

Both the primary and secondary health care system can play important roles in the prevention and treatment of overweight and obesity in different ways. The health care system needs to be resourced properly to be able to handle this important, but demanding task. Education, training and incentives are needed to make the health care system function at its best for the benefit of the fight against overweight and obesity.

CPME believes doctors can, and should play an important role both by being role models, by addressing the problem of obesity when suitable, and by giving advice about necessary life style changes when needed. Health workers can also deliver important premises for further action and research.

CPME and its members are firmly committed to helping fight the obesity trend in the EU. Joining forces is the best way forward and it is where CPME sees the EU added value.

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