

**Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Atal iechyd gwael - gordewdra**

**This response was submitted to the Health and Social Care Committee consultation on Prevention of ill health - obesity**

**OB33 : Ymateb gan: Overeaters Anonymous, Red Dragon Intergroup |**

**Response from: Overeaters Anonymous, Red Dragon Intergroup**

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### **Overeaters Anonymous response to the Senedd Consultation on the Prevention of Ill health – Obesity**

Overeaters Anonymous (OA) is a mutual aid fellowship of individuals who are recovering from compulsive overeating. OA is based on the 12 steps of Alcoholics Anonymous. Overeaters Anonymous believes that the disease of compulsive overeating is threefold: physical, emotional and spiritual. The three components of this disease are intrinsically linked. The physical manifestation of the disease of compulsive overeating, may result in obesity, immobility, diabetes, and other-obesity related co-morbidities. Alongside the physical component of the disease the compulsive overeater – addict – experiences physical cravings towards their “alcoholic trigger foods” (these “alcoholic” or “trigger foods” are unique to each individual, although sugar and ultra processed foods are often identified as alcoholic or trigger foods by many of our members). These cravings are often linked to emotional states as well as learned responses. The spiritual aspect recognises that this abnormal response to food and emotion may have begun as an effective defence mechanism to cope with life and its ups and downs.

Overeaters Anonymous is for anyone who has a problem with food. Our members are of all sizes and may have identified eating disorders such as binge eating disorder, anorexia or bulimia or never have been diagnosed. What we have in common is knowing that our relationship with food is not like that of other people, not ‘normal’, and usually we have lived with this for many years or a lifetime before finding hope in OA.

<https://media.oa.org/app/uploads/2021/08/22222211/oa-is-not-a-diet-club-we-in-oa-believe-we-have-a-threefold-illness-physical-emotional-and-spiritual-111.pdf>

We also have specific information and support for healthcare professionals who are working with people who have difficulties with food.

See <https://oagb.org.uk/healthcare-professionals>

This is a YouTube video specifically made for professionals in the field, our audio has personal testimonies from members and details for the evidence base as well as resources for patients and clients.

We would strongly encourage Welsh and UK based health professionals to explore the resources available on this website.

The recent Cochrane report found that 12 Step intervention was more effective than CBT for alcoholics.

<https://www.cochrane.org/news/new-cochrane-review-finds-alcoholics-anonymous-and-12-step-facilitation-programs-help-people>

A similar study has not yet been carried out for food addiction. Our global experience indicates the same may well be true

**Gaps/areas for improvement in existing policy and the current regulatory framework (including in relation to food/nutrition and physical activity);**

We believe that a greater understanding of the role of eating disorders and binge eating disorder as drivers of obesity is required by health professionals, as is improved identification and management of binge eating disorder and its underlying psychological drivers across policy and healthcare. We would like for obesity to be recognised as a complex disease with many drivers – many of which are social, pharmacological, or a result of mental health and physical or psychological conditions. Our experience suggests that there exists a subset of people with obesity who are in the grips of a psychosocial obsession and physical addiction with food and who are using food in a similar way in which an alcoholic uses alcohol. Until the driving psychological and emotional factors which underpin the individual's compulsive eating and food addiction are addressed there may be little hope of them ever achieving a healthy body weight. Indeed, across the wider membership of Overeaters Anonymous we hear stories of people who have lost weight following diets or gastric surgery, only to regain this weight later as their food addiction and compulsive eating behaviours have not been addressed.

Our experience and knowledge indicates policy gaps in the understanding and management of people with obesity and in considering the implications of food addiction and public health messaging on the subset of individuals who are in the grips of a food obsession. People with obesity often feel shamed for their weight and for an obsession which is beyond their control. Binge eating disorder was itself only identified as a mental health condition and a named eating disorder in 2013. In a world and country where food – particularly ultra processed and sugary foods - are available in abundance, this creates huge challenges for population health as greater numbers of people, and children have unrestricted access to these types of food, leading to the potential for the prevalence of compulsive overeating and food addiction to grow.

## **The impact of social and commercial determinants on obesity;**

Our obesogenic environment within which ultra processed, sugary and highly calorific foods are readily available on almost every street corner, poses huge challenges for compulsive overeaters, both in and out of recovery. For those in active addiction cheap and plentiful access to food for binges can be found everywhere. Offers and deals in shops mean that those in active addiction can purchase tremendous quantities of their alcoholic foods at low prices – the financial cost of obtaining a food “fix” is significantly below the cost of purchasing strong liquor or drugs. Additionally, “yellow sticker” type of sales where the price of perishables are slashed significantly also present opportunities for compulsive overeaters to obtain huge quantities of food for binges at drastically low prices.

Within our meetings we often hear people share that they feel compelled to buy food and eat everything they've bought before they get home or of going to multiple shops on the way home. For many members the obsession to consume food is all consuming. This is expensive and may create debt and conflict within relationships and family life.

It is not possible to watch TV or walk down the street without seeing the latest food or drink substance being advertised, for compulsive overeaters in active addiction and in recovery food is everywhere. We understand obesity in the context of compulsive eating and addiction and the solution our members have found is in sharing experience, getting and giving support and in finding new ways to deal with life and our behaviours rather than use food.

When signing up to supermarket reward schemes it's possible to request an opt-out for promotions and deals around alcohol, however, as yet, it is not common occurrence for compulsive overeaters to opt out of promotions and offers around their trigger substances. For a compulsive overeater in the early stages of recovery, or who is vulnerable in their recovery at any point in time, those promotions have the potential to lead them back into active addiction through relapse. Compulsive overeaters must navigate a need to consume food for subsistence, whilst avoiding the foods or ingredients which they have identified as being their triggers.

Within our membership sugar is often but by no means the only, ingredient which may trigger the obsessive thinking which fuels the process of addiction. As a result, many members in recovery may choose to avoid eating specific ‘trigger’ foods. We find that there is hidden sugar in almost everything – e.g. roast chicken breast slices. Furthermore the “diet culture” means that many so-called healthy or “low-fat” options are packed full of sugar or artificial sweeteners. Our members often find that artificial sweeteners are as triggering to their compulsion as pure sugar. Sugar can be hidden even in food staples, or ‘ready’ meals.

## **The stigma and discrimination experienced by people who are overweight/obese;**

Within the rooms of OA we hear many stories of the shame our members have felt and experienced for being obese; among them:

- Being looked at and feeling judged for what you have put in your supermarket trolley
- Being unable to buy clothes or shoes that fit nicely – or even at all, and feeling like you don't belong with your friends and excluded from things because the clothes that fit you aren't flattering. Finding something to wear to a wedding can be challenging enough without there being nothing made in your size.
- Being too heavy to use home exercise equipment but not wanting to go to the gym because you feel like everyone is staring at you and judging you for not being able to do the simplest exercises, and feeling awful about yourself because you did this to yourself and now you find the simplest of exercises – even walking or climbing the stairs – a massive struggle.
- Hearing people snicker behind you and wondering if they are making fun of you, because you still remember being bullied in school and people calling you a whale because you weren't quite as thin as all your peers.
- There being years (decades even) of your life without any photo's of you because you have avoided them at all costs, because looking in the mirror is hard enough and you don't want to see yourself next to people who are half your size, and not being able to recreate those memories and have photographs taken with people you love who are no longer around.
- Feeling fat shamed and worthless each time you see a model or a beauty magazine because you have been led to believe your worth and value lies in the number on the scales and the size of clothes you wear, and beating yourself up every time you gain weight or go up a clothes size, because you should be able to do this and loose the weight by this point, and that you are unworthy of being loved because you are not thin.
- Knowing that every time you go to the doctor they are likely to bring up your weight – however unrelated it is to your reason for visiting – and getting the impression that your doctor only sees your weight and feeling unheard because it seems like for them it always comes down to the weight.
- Going to the doctor about your weight but being told to eat less and exercise more. As a food addict, things just aren't that simple or you would have done it already.

- Wishing you were an alcoholic or drug addict, because then there would be a clear route to help and understanding.
- Hearing in opinion pieces and from politicians how much obesity is costing the NHS and feeling like a burden to society.
- Being told by family members you would be so pretty if you weren't fat.

The fellowship of Overeaters anonymous encourages and promotes acceptance and inclusivity. All are welcome to join OA and are not excluded because of race, creed, nationality, religion, gender identity, sexual orientation or any other attribute. We welcome all who share our compulsion. OA Unity with Diversity Policy 1992 (Amended 2023)

Members of OA have found their lives changed, through the support of other members and working the 12 Step programme. They have lost weight and kept it off. They have abstained from their trigger foods and found a curb to their compulsions around food. They have dropped the feeling of shame and their lives have become more wholesome and fulfilling.

### **People's ability to access appropriate support and treatment services for obesity;**

Access to weight management services following referral can take a long time, similarly, eating disorders services in Wales have lengthy waiting lists from referral to assessment. From experience we understand that when someone is ready to make a change they need support immediately, and a wait of several months or weeks could lead to that person not being in the appropriate frame of mind to engage with services when they are eventually offered. There are OA meetings happening all over the world at any time – day or night online. At these online meetings a newcomer will find support and fellowship immediately. They will be able to connect to other people who share their experiences of living with compulsive overeating and access a peer support network with others at various stages of their own recovery.

OA members do not profess clinical expertise however sharing their own experiences provides strength and hope that there is a solution and a life outside the abuse of food. This immediate access to help and support is not available at the point of referral to clinical services. Therefore, greater awareness and signposting of OA by health care professionals could provide immediate and ongoing support to patients with obesity or food related difficulties alongside professional referral and/or treatment. Overeaters Anonymous is free to access. There are many online meetings available 24 hours a day (worldwide). There are face to face OA meetings which also take place weekly across Wales and also blended and online meetings via zoom. All meetings can be accessed easily via the oa.org website or found on oagb.com (UK based website)

Currently meetings are held in Cardiff, Bridgend, Bangor, Wrexham .... Local meetings in Wales are supported by our Intergroup, Red Dragon which has representation from all local Welsh and borders meetings. This means there is connection and support available locally, nationally in Wales, and also within the wider UK and World.

### **The relationship between obesity and mental health;**

The second component of this disease is emotional, many of our members come to a meeting in despair at their eating behaviour and weight. This has a big impact on everyday wellbeing and mental and physical health. Our members speak of how they have used food to manage their emotions, of enjoying food as a "treat" after a difficult day – and while this may be something a non-compulsive overeater can do in moderation, such moderation does not exist for a compulsive overeater. As such we know through our experiences, that there is a huge mental health element which contributes to compulsive overeating and food addiction – it is this unmanaged, untreated, and unsupported mental health component which drives the compulsive eating behaviours which can contribute to developing obesity. Members may have complex and traumatic histories and may also choose to engage with professional interventions and support alongside OA, this is always encouraged and supported.

A phrase often heard in meetings with reference to addictive or trigger foods is 'One bite is too many and also never enough'.

Within Overeater's Anonymous we have members who have lost upwards of 100lbs and are maintaining this weight-loss and a healthy body weight for years, without medical or surgical intervention. Addiction is a complex disease, and it is recognised that while recovery rates within 12 step fellowships such as AA are low (approx. 33%), these are still higher than those achieved through clinical interventions. There are specific online meetings that cater to the needs of members who are in relapse or need to lose over 100lb in weight but members are welcome in any meeting regardless of their size or state of abstinence or relapse/recovery.