

House Standing Committee For Health, Aged Care And Sport

I am writing in relation to your work on managing diabetes in Australia.

I write as a 62 year old Type 1 diabetic of forty two years, but also as a Sociologist familiar with the social drivers of increased rates of diabetes.

Firstly, my personal story.

I was diagnosed at twenty and have had a very healthy life, with no side effects from the condition, despite having three children (identical twin sons and a daughter).

This is because I have had a typical HBA1 count of 6.2, managed by constant glucose monitoring and careful food intake. I have had the resources to ensure my diet is of high quality, and low in carbohydrates through most of this time.

Ten years ago, I made the decision to cut all carbohydrates out of my diet, after reading the work of people who advocate this. In doing so, I've reduced my insulin intake by 90% and have never been in better health as a consequence.

As an example, when I do eat carbohydrates, my BSL and insulin requirements are extremely high and I have come to see that I am effectively 'allergic' to carbohydrates.

The NDSS subsidy of glucose monitoring sensors has been life-changing for me, and my brother and two nephews who share the condition.

For me, it has ended the anxiety of driving, giving lectures/talks and being unable to do a blood prick test. Instead, I receive a subtle alarm on my smartwatch (or phone) telling me that I am out of ideal blood sugar range and I can correct before a dangerous hypo takes hold (this is also very discreet, which is important to me).

My brother, who has less income and has had diabetes from five years old has - through the subsidy - been able to manage his condition so much better. My teenage nephews see CGM as a relaxed and new normal, stress-free, part of their lives. It has enabled them to establish the daily habit of good BSL control which will stand them in good stead for their future.

Secondly, the social aspect

I saw that the House Standing Committee For Health, Aged Care And Sport is curious about the rise in Type 2 cases, and gestational diabetes.

For what it is worth, from a Sociological perspective, you will note that there are socio-economic factors at work here:

- T2 is much more prevalent in low SES areas
- Low SES populations often live in obesogenic environments where they cannot walk, and have to drive to shops, schools etc
- Carbohydrate foods are cheap, and easily bought
- People on low incomes will buy foods which they feel sure that their families will eat without wastage (especially fast foods which are comparatively very prevalent in LSES areas, and attractive to children)
- Low SES living areas tend to also have fewer parks where women can walk safely for exercise. Instead, there are male-orientated sporting grounds used for a few hours a week.

Each of these are small pieces of the jigsaw, but when fitted together provide an insight into why it might be that the rates of obesity/diabetes are rising as they are.

In a nutshell:

1. Keep the NDSS subsidy for sensors
2. Encourage diabetics to limit their carbohydrate intake as much as possible to reduce insulin need, to reduce obesity, and improve their overall health.
3. In town planning try to ensure that walking tracks and amenities are inside a ten minute walking distance from as many places as possible so people have natural exercise as a normal part of their days

I hope this is of assistance as you undertake your review, and thank you for the opportunity to contribute to this important discussion.

