Pre-Budget submission 2017-18

Submission to Treasury



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PREVENTION 1ST

Elevating preventive health policies to tackle chronic disease:
Australia's greatest health challenge

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About Prevention 1st

Prevention 1st is a campaign by the Foundation for Alcohol Research and Education (FARE), the Public Health Association of Australia (PHAA), Alzheimer's Australia, and the Consumers Health Forum of Australia, calling on all Australian governments and political parties to commit to a strong preventive health agenda to tackle Australia's greatest health challenge.

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Introduction

Australia has a strong international track record in preventive health, particularly when it comes to vaccination, road safety and tobacco control. In tobacco control, the *Every cigarette is doing you damage* campaign (beginning in 1997), aimed at encouraging smokers to quit and the introduction of the world's first plain packaging of tobacco products in 2012, again saw Australia heralded as a world leader in preventive health. Australia has also been responsible for a range of innovative health campaigns such as: *Life. Be in it* in the 1970's, which featured the character 'Norm' and was aimed at promoting a healthy active lifestyle; and the Cancer Council's Slip Slop Slap campaign, launched in 1981 to protect against skin cancer and the Grim Reaper campaign in 1987, aimed at raising public awareness on the dangers of AIDS.

Australia should be proud of this history. However today, Australia's investment in preventive health is declining as the population ages and rates of chronic disease increase. This is causing health care costs to skyrocket and is increasing the burden on the Commonwealth budget.[1] Chronic diseases are the leading cause of illness, disability and death in Australia, accounting for 90 per cent of all deaths in 2011, and are Australia's greatest health challenge. [2]

One in two Australians has a chronic disease.[3] Chronic diseases are long-lasting diseases that have persistent effects and include heart disease, dementia, stroke, chronic kidney disease, lung disease, type 2 diabetes and cancer. Chronic diseases are also linked to a range of mental health conditions such as depression and anxiety.[4]

Many of these diseases are preventable since a third of chronic diseases can be traced to four modifiable risk factors: alcohol consumption, tobacco use, physical inactivity and poor nutrition.[5] Action to address these risk factors will lead to a reduction in chronic disease.

Dealing with these diseases comes at an estimated $27 billion cost to the Australian community and accounts for more than a third (36 per cent) of our national health budget.[6] As the population ages, this burden will grow, placing even greater pressure on our already overstretched healthcare system and the health budget. Individuals are also bearing an increasing burden through rising private health insurance fees and out-of-pocket expenses.

This impact has been recognised by the World Health Organization (WHO), which has developed a set of global targets to achieve a 25 per cent reduction in premature mortality from chronic disease by the year 2025. Australia is a signatory to this plan, but with declining investment in prevention and no national plan to address chronic disease, it will be difficult for Australia to meet its obligations.

Australia's leading health experts have collaborated over two years – facilitated by the Australian Health Policy Collaboration at Victoria University – to develop targets for Australia that will get the nation on track to better health by 2025; in line with the WHO aims.[7] The collaboration of experts has agreed on ten policy priorities that will help build a comprehensive strategy to achieve the targets. For Australia to be a healthier nation by 2025, planned and comprehensive prevention policies and actions to reduce preventable chronic diseases are a national priority of the highest order.

2017-18 Budget

The 2017-18 Budget is an opportunity to take strong policy action to address the rising tide of chronic disease and address the significant under-investment in preventive health. This submission draws on the work of The Australian Health Policy Collaboration (AHPC), a national collaboration of Australia's leading chronic disease experts and organisations, which developed ten priority policy actions to get Australia on track to reach the WHO 2025 non-communicable disease targets and significantly reduce preventable illness and disability in Australia.

This submission identifies four actions to target the key chronic disease risk factors:

1. Use corrective taxes to encourage healthier food and beverage choices, minimise the broader costs and maximise the health and economic benefits to the community.
2. Coordinate action across governments, increase expenditure on preventive health and fund programs aimed at reducing the impact of chronic disease.
3. Phase out promotion and marketing of unhealthy food and beverages that are associated with increased risk of chronic disease.
4. Fund national public education campaigns to raise awareness of the risks associated with alcohol, tobacco, physical inactivity and poor nutrition.

The case for putting Prevention 1st

Prevention refers not just to preventing a disease or injury from occurring but also to activities that prevent, delay or reduce the impact of the onset of disease. The WHO describes prevention as:

> *"Approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability."*[8]

Prevention operates at different levels. The most commonly understood level of prevention is primary prevention, which is designed to minimise the probability of a disease or disorder developing. An intervention at the early stages of a disease or disorder to prevent or slow down its progress is referred to as secondary prevention. Treating a disease or disorder in order to stop the damage that has already occurred and prevent further damage is known as tertiary prevention.[9] All three areas are important and need to be resourced properly.

Why is prevention important?

Prevention is important because of the potentially debilitating impact of a range of short-term and long-term conditions and the costs associated with these. By preventing these conditions from developing, the government can avoid the costs to the health care budget of managing complex conditions later on. These conditions contribute to the burden of disease in Australia, a metric that looks at premature death and the impact of suboptimal health and disability in the population.

By preventing illness, Australians can experience better health and wellbeing and as a result live happier, longer and more productive lives. Governments should, therefore, be investing in prevention to reduce the impact of illness and injury on society and improve quality of life. This has an obvious benefit of reducing pressure on the health budget and increasing workplace participation and productivity through reduced sick leave and under productivity.

Many health conditions and injuries are preventable and action can be taken to minimise their impact or delay their onset, should they occur. Health prevention activities are an essential part of any strategy to enhance the health and wellbeing of the community and need to be funded accordingly.

Does prevention work?

Prevention is important as a vehicle to change long-term social and cultural norms and Australia needs to look no further than to its own efforts to find examples of highly successful programs. Over the years, Australia has positioned itself as a world leader in this area, implementing policies that have proven to be effective in reducing disease and harm.

Beginning from as early as 1971 to now, tobacco control has incorporated a suite of strategies such as sustained public education, graphic warning labels and plain packaging laws.[10] In that time there has been an associated decrease in smoking, from 25 per cent of adults in 1991 to 13.3 per cent in 2013,[11] and male deaths from lung cancer and obstructive lung disease have dropped from peak 1970's and 1980's levels.[12] Similarly, drink driving has been the target of concentrated efforts since the late 1970's and early 1980's, with the introduction and enforcement of Random Breath Testing, public education campaigns and more recently, ignition interlock devices for extreme or repeat offenders. Numerous evaluations around Australia have found significant decreases in fatal motor vehicle crashes, particularly during high alcohol hours.[13]

Is prevention cost-effective?

Return on investment studies have shown that small investments in prevention are cost-effective and have substantial returns, both in the short and longer terms.[14] Studies have found that for:

- every $1 spent on tobacco cessation programs, the average return is $1.26[15]
- every $1 invested in food and nutrition education, there is a $10 return in reduced healthcare costs[16]
- every $1 invested in cardiovascular research, there is an estimated benefit of $5,[17] and
- every $1 invested in infrastructure to increase cycling in the community, leads to a $10-$25 benefit.[18]

Other studies have also quantified the economic benefit of investing in prevention. Health promotion campaigns aimed at reducing tobacco consumption had net benefits of at least $2 billion in the 30 years between 1970 and 2000, and in 1998 alone, more than 17,000 deaths were averted.[19] A large study evaluating 123 preventive interventions and 27 treatment interventions identified a number of cost-effective population-based preventive measures that would achieve a reduction in the burden of disease. These included tax increases on tobacco (30 per cent increase), alcohol (30 per cent) and unhealthy foods (ten per cent), as well as mandatory salt limits on processed foods. [20] These measures would have an instant impact on the health system. Together they would result in 650,000 fewer years lived with a disability for the Australian population and generate $6 billion of net savings to the health system.[21,22]

More importantly, are the substantial health and social benefits derived from such preventive measures. Happier and healthier communities are key strategic outcomes for the government as part of its responsibility to protect the health and safety of the community. The fact that these communities are generally more productive and reduce the demand on the health care system is an important additional incentive for such action.

2017-18 Budget proposals

1. **Use corrective taxes to encourage healthier food and beverage choices, minimise the broader costs and maximise the health and economic benefits to the community.**
   a) Introduce a 20 per cent tax on sugar-sweetened beverages that will reduce their consumption and raise $429 million per year.
   b) Apply corrective taxes on alcohol beverages to reduce the associated harm and raise revenue of at least $2.9 billion annually.
   c) Maintain the Goods and Services Tax (GST) exemptions for fresh food and vegetables, saving $1.43 billion over the lifetime of the 2003 population.
2. **Coordinate action across governments, increase expenditure on preventive health and fund programs aimed at reducing the impact of chronic disease.**
   a) Increase spending on preventive health by 2020 to at least five per cent of total health expenditure, at a cost of $8 billion over three years.
   b) Establish a national preventive health agreement with state and territory governments to coordinate and facilitate action to reduce the impact of chronic disease.
   c) Support primary health care providers to reduce the risks of cardiovascular disease by including screening and ongoing management as part of the new Quality Improvement Incentive payment and by establishing a Medicare Benefits Schedule item for this assessment.
   d) Reallocate transport infrastructure funding to active travel initiatives, to encourage and support safe walking to and from school, and instigate a national physical activity plan.
   e) Commit to funding of the Australian Health Survey and its associated National Health Measures Survey every five years, at a cost of $12 million per survey for the biomedical component.
3. **Phase out promotion and marketing of unhealthy food and beverages that are associated with increased risk of chronic disease.**
   a) Phase out sponsorship of sport and cultural events by unhealthy foods, sugar-sweetened beverages and alcohol brands, and support the transition away from these industries by establishing a Sponsorship Replacement Fund of $200 million over four years.
   b) Restrict television advertising of unhealthy foods, sugary drinks and alcohol products between 5am and 9pm.
4. **Fund national public education campaigns to raise awareness of the risks associated with alcohol, tobacco, physical inactivity and poor nutrition.**
   a) Fund sustained, evidence-based public education campaigns that address alcohol, tobacco, physical inactivity and poor nutrition to encourage healthy living at a cost of $400 million over four years.
   b) Implement a series of supporting, evidence-based health promotion activities in key settings, such as workplaces, primary healthcare and schools, to reinforce knowledge and skills for behaviour change, at a cost of $400 million over four years.

Budget savings prevention measures

1. Use corrective taxes to encourage healthier food and beverage choices, minimise the broader costs and maximise the health and economic benefits to the community.

It is well known that price is a key driver of consumer behaviour.[23] Tax is one strategy that can be used to discourage consumption of less healthy options and improve the affordability of healthier food products. The price of tobacco products, for example, has an inverse relationship with the rate of smoking in a population.[24] Corrective taxes such as those applied to tobacco and alcohol, have been used to change behaviours, prevent harms and reduce the social costs of these harms on the community.

In 2015, Australians bought approximately 1.1 billion litres of sugar-sweetened beverages from supermarkets alone, at a cost of $2.2 billion. This doesn't include purchases made at fast-food outlets, cinemas, vending machines, hotels and convenience stores.[25] Sugar-sweetened beverages include soft drink, cordial and sports drinks. The level of sugar in these drinks is high with a single can of Coke containing 40g of sugar (approximately ten teaspoons).[26]

Sugar-sweetened beverages are often available very cheaply. A search of supermarket offerings found a 750 ml bottle of coke retailing for as low as $1.42 for a single bottle.[27] The cheapest equivalent sized bottle of water (other than a home brand) sold for $2.59.[28] A sugar tax in Australia could increase the cost of these products, save more than 1,600 lives and raise $400 million per year for obesity prevention initiatives.[29]

A similar situation exists for alcohol. Australia is one of the top ten countries for per capita consumption of alcohol by people aged 15 years and over.[30] Almost one in five (18.2 per cent) Australians or approximately four million people aged 14 years and over consume alcohol at levels that place them at risk of lifetime harm. In addition, more than one in three Australians consume alcohol at a level that places them at risk of short-term harm, with one in four of these (26 per cent) doing so as often as monthly. At the time of writing, alcohol was available as cheaply as 29 cents per standard drink. [i] Prices were similar to bottled water with a bottle of red wine available for $2.69 per bottle compared to a 750ml bottle of still water at $2.59.[31]

Recently, the United Kingdom announced a new tax on sugar-sweetened beverages to address child obesity levels, since sugar-sweetened beverages are a significant contributing factor to childhood obesity. The revenue from the new tax will be used to provide more sports funding for schools. In announcing the new tax, the Chancellor of the Exchequer, George Osborne, said "I am not prepared to look back at my time here in this parliament, doing this job and say to my children's generation, I'm sorry. We knew there was a problem with sugary drinks. We knew it caused disease but we ducked the difficult decisions'."[32]

The Australian Health Policy Collaboration and the Obesity Policy Coalition recommends that a 20 per cent tax is applied to all sugar-sweetened beverages to increase their cost. This is estimated to reduce

[i] Based on the regular price of $11.99 for a four litre cask of Stanley shiraz Cabernet, 13 per cent alcohol volume with 41 standard drinks available at Dan Murphy's on Thursday 8 December 2016, viewed at https://www.danmurphys.com.au/product/DM_901253/stanley-shiraz-cabernet-cask-4l

consumption by 12.6 per cent and decrease obesity rates by 2.7 per cent for men and 1.2 per cent for women. In addition, there would be a sustained reduction in the incidence of chronic diseases over time, including the prevention of 16,000 cases of type 2 diabetes, 4,400 heart attacks, and 1,100 strokes.[33] This would result in savings to the health system of $609 million over 25 years (approximately $29 million per year) by reducing harm and generate $400 million annually, which could be spent on health and nutrition education and information programs.

Alcohol taxation is also effective in reducing consumption and consequent harms among targeted groups (such as harmful drinkers and young people) and is cost beneficial. Introducing a differentiated tax for all alcohol products and applying a ten per cent increase to all alcohol excise will raise $2.9 billion annually and achieve a 9.4 per cent reduction in alcohol consumption. There is strong evidence to demonstrate that the lower the price of alcohol, the higher the levels of consumption.[34] Young people and heavy drinkers are particularly sensitive to alcohol price, with the heaviest drinkers more likely to seek out cheaper drinks than moderate drinkers.[35] The evidence clearly demonstrates that alcohol taxation reform is the most cost-effective measure to reduce alcohol harms. Reinvesting this money in prevention activities is supported by 51 per cent of Australians.[36]

At the same time as taxing products appropriate to their risk of harm, it is essential that fresh produce remains exempt from the Goods Services Tax (GST). Modelling has shown that adding GST to fruits and vegetables would result in an additional 90,000 cases of ischaemic heart disease, stroke and cancer over the lifetime of the population at a cost of $1.04 billion (based on the value of the dollar in 2003), which allowing for inflation would equate to $1.43 billion in 2016.[37,38]

Recommendations:

- Introduce a 20 per cent tax on sugar-sweetened beverages that will reduce their consumption and raise $429 million per year.
- Apply corrective taxes on alcohol beverages to reduce the associated harm and raise revenue of at least $2.9 billion annually.
- Maintain the Goods and Services Tax (GST) exemptions for fresh food and vegetables, saving $1.43 billion over the lifetime of the 2003 population.

Government investment

2. Coordinate action across governments, increase expenditure on preventive health and fund programs aimed at reducing the impact of chronic disease.

The rising prevalence of chronic disease is a national problem that requires a national solution and cannot be addressed by any one government alone. Despite this, no agreement currently exists between the Commonwealth, state and territory governments to coordinate and facilitate action to reduce the impact of chronic disease. While a National Partnership Agreement on Preventive Health (NPAPH) was announced by the Council of Australian Governments (COAG) in 2008, the agreement was discontinued from 2014-15.[39]

Cessation of the NPAPH has affected efforts to address chronic disease in multiple ways. For example, a framework for coordinated action across governments in preventive health no longer exists. Closure of the Australian National Preventive Health Agency, an organisation established to provide national capacity to drive preventive health policies and programs, has contributed to a loss of policy leadership and coordination in this space, and cessation of funding has reduced the capacity of states and territories to implement preventive health programs and initiatives.

Spending on public health in Australia is low with just 1.5 per cent of total recurrent health expenditure allocated to preventive health,[40] a reduction from a high of 2.2 per cent in 2007-08.[ii] This is significantly less than expenditure in other countries. In 2012-13, the Organisation for Economic Co-operation and Development (OECD) reported that New Zealand dedicated seven per cent of total health expenditure to public health, with Canada close behind at 5.9 per cent.[41] Australia ranked in the lowest third of OECD countries.

Addressing preventive health requires renewed leadership, coordination and action. A key first step is the establishment of a preventive health agreement with state and territory governments, which creates the strategic foundation for action, outlines respective governments' responsibilities, and supports the implementation of programs and initiatives required to curb the rising prevalence of chronic disease.

Australia must increase its level of expenditure on prevention. Action on reducing chronic disease is urgently required if we are to improve the health of those at risk and meet the Australian, and global, 2025 targets which include a 25 per cent reduction in chronic disease by 2025.

Investment in prevention will create savings by avoiding treatment of more complex and costly conditions later on. Alzheimer's Australia estimates that the introduction of an intervention that delays the onset of dementia by five years would reduce the cumulative number of people with dementia by 30 per cent, sparing almost a million people from a diagnosis.[42] Participating in regular physical activity can reduce cardiovascular disease-related deaths by up to 35 per cent with higher rates and intensity of physical activity associated with greater risk reduction.[43] In addition, approximately 80 per cent of coronary heart disease can be avoided by addressing the key risk factors outlined above.[44]

[ii] Prior to 2007-08, expenditure was maintained at 1.8 to 1.9 per cent.

Cardiovascular disease is one of the leading contributors to the burden of disease in Australia[45] and is the most expensive, with costs increasing by nearly 50 per cent over nine years, from $5,207 in 2000-01 to $7,717 in 2009-09.[46] Eighty per cent of coronary heart disease could be avoided by addressing the key risk factors outlined above.[47] The Heart Foundation estimates that tens of thousands of premature deaths could be averted if people aged 45 or older had a cardiovascular risk assessment and those at high risk were well managed. This could be conducted as part of an assessment for a range of illnesses that have common risk factors. General practice and primary care setting could be supported to conduct these integrated assessments and undertake ongoing management of patients, by including them in the Quality Improvement Incentive payment currently being developed and by establishing a Medicare Benefits Schedule (MBS) item for the assessment.

The Australian Health Policy Collaboration, in line with clinical guidelines, have called for Aboriginal and Torres Strait Islander people to be screened from 35 years of age and for all assessments to be supported by strategies to increase engagement, enhanced case management and investment in service infrastructure.[48] As a first step, a screening program should be introduced and further work undertaken to explore this approach.

Action is urgently needed to reduce the burden of disease in Australia, and chronic disease in particular. Both population level and targeted approaches are needed, noting that population-level approaches are more cost-effective, costing on average five times less than individual interventions.[49]

Australia routinely collects health data through the National Health Survey, the Australian Aboriginal and Torres Strait Islander Health Survey and Survey of Disability, Ageing and Carers. Australia has also collected data on the nutrition and physical activity status through the 2007 Australian National Children's Nutrition and Physical Activity Survey and the 1995 National Nutrition Survey.[50]

In 2011-13, the Australian Bureau of Statistics conducted the Australian Health Survey, the most comprehensive survey of Australian health ever undertaken, involving approximately 50,000 people aged two years and older. It comprised of three parts – the National Health Survey, the National Nutrition and Physical Activity Survey and the National Health Measures Survey – and collected data from the general and Aboriginal and Torres Strait Islander populations located in urban and rural areas in all states and territories.[51] The National Health Measures Survey collected important information not previously collected on this scale. It collected data on indicators such as obesity, blood pressure, measures of nutritional status and chronic disease markers from biomedical samples, providing a much more accurate picture of health and wellbeing than that provided by self-reporting surveys.

These surveys have provided baseline data and, if continued, would enable effective monitoring of health trends to inform the development of future preventive health policies and programs and improve health and wellbeing.

Renewed leadership, coordination and greater investment in prevention should be prioritised, with health funding quarantined for preventive health. The community supports greater investment in prevention, with 4 in 5 Australians (79 per cent) calling for the government to take this action.[52]

Recommendations:

- Increase spending on preventive health by 2020 to at least five per cent of total health expenditure, at a cost of $8 billion over three years.
- Establish a national preventive health agreement with state and territory governments to coordinate and facilitate action to reduce the impact of chronic disease.

- Support primary health care providers to reduce the risks of cardiovascular disease by including screening and ongoing management as part of the new Quality Improvement Incentive payment and by establishing a Medicare Benefits Schedule item for this assessment.
- Reallocate transport infrastructure funding to active travel initiatives, to encourage and support safe walking to and from school, and instigate a national physical activity plan.
- Commit to funding of the Australian Health Survey and its associated National Health Measures Survey every five years, at a cost of $12 million per survey for the biomedical component.

3. Phase out promotion and marketing of unhealthy food and beverages that are associated with increased risk of chronic disease.

Advertising plays a significant role in promoting consumption by individuals of the advertised product. It shapes preferences and embeds the consumption of such products as a normal part of everyday life. In doing so, advertising has a significant influence on consumer behaviour, especially for young people who are forming habits that may persist to adulthood. The greater the exposure to advertising, the more influence the advertising has and the greater the consumption of the product.

This is a concern since we are surrounded by advertising, be it through print and broadcast media, digital and social media, while at the supermarket, catalogues in our letterboxes, sponsorship of events, outdoor advertising or product placement. Television advertising is the dominant form of food marketing to children with unhealthy food products representing 63 per cent of products promoted during children's television viewing times.[53] Increasingly, however, advertising is being targeted at children via a blending of advertising messages and interactive content through smartphone applications and games.

Online advertising has particular advantages since it is easily accessible, is interactive, can lead to repetitive and sustained engagement (particularly with online games) and the advertising reach is extended exponentially as young people share with friends who in turn share with their friends and so on.[54] Compounding the extended reach of online advertising is the increased power of the message associated with peer-to-peer recommendations.

Another powerful form of advertising and promotion is through sponsorship of activities such as sporting and cultural events. Industry sponsorship is growing as corporations are increasingly recognising the potential to increase brand awareness, enhance reputation and increase sales by improving their image through positive associations with these events.[55] These associations create connections that people, particularly children, respond to. The extent of the promotion is exemplified in the marketing of unhealthy food and beverages associated with sport, which includes naming rights for teams, events and sporting grounds, signage at sports club, logos on uniforms, fields and inside change rooms, branded merchandise giveaways, promotional fliers, and club marketing collateral.

Examples of sponsorship arrangements include partnerships between Hungry Jacks and the Australian Football League (AFL) and National Rugby League (NRL),[56] and Victoria Bitter's (VB) partnership with Cricket Australia.[57] These relationships are concerning when they target young children because of their susceptibility to advertising. Sponsorship arrangements targeted specifically at children include the agreements between McDonalds and Little Athletics[58] and Coca Cola and The Happiness Cycle, an

initiative to get teenagers riding their bikes.[59] Sponsorship arrangements with companies that offer alternative products are available and should be explored.

The high levels of advertising and promotion of unhealthy food and beverages undermine the few efforts to promote a healthy diet and maintain a healthy weight.[60] Significant amounts of money are spent on the advertising of these products. The spirits producer Diageo, whose brands include Johnnie Walker, Smirnoff and Guinness, spends approximately $20 million on marketing each year.[61] McDonald's reportedly spends $55 million on marketing per year in Australia.[62] This level of expenditure far exceeds the funding available for health promotion.

This is a particular concern because the majority of unhealthy food advertising is aimed at children[63] and although alcohol is prohibited for purchase by people under the age of 18, the evidence strongly demonstrates that young people are regularly exposed to alcohol advertising.[64] Not only have young people been exposed to this advertising, there is evidence that shows that producers and marketers specifically target young people.[65] This is even more concerning because exposure to alcohol advertising by young people has been shown to have an impact on their future alcohol consumption behaviours, with a higher volume of exposure associated with a lower age at which they start drinking and higher consumption levels if they are already drinking.[66]

Not only does alcohol advertising influence purchasing decisions by young people, it influences their perceptions of what their friends do. The Cancer Council NSW and the Prevention Research Collaboration, University of Sydney, found that children thought that the food and drink companies sponsoring their club and favourite team were 'cool' (69 per cent), and liked to return the favour to these sponsors by buying their products (59 per cent). They also found that most children also thought that other children bought food and drink products because these companies sponsored their sport (66 per cent).[67]

Regulation of the marketing of unhealthy food and beverages in Australia cannot be relied upon to protect the community. The current arrangements are voluntary and there are few if any, penalties or sanctions for those who breach the various provisions in the codes.[68] In the case of marketing unhealthy foods to children, the food companies themselves define whether a product is a 'healthier choice'.[69] As for alcohol advertising, the voluntary nature of the code means that not only do alcohol producers choose whether or not to participate in the Alcohol Beverages Advertising Code (ABAC) Scheme, but industry members also decide whether or not an advertisement breaches the ABAC.

Action is required to ensure a reduction in children and young people's exposure to promotions of unhealthy food and alcohol products. This action is supported by the WHO, which calls on governments to reduce children's exposure to food and alcohol marketing.[70]

There is already clear evidence that a reduction in exposure to advertising works. The United Kingdom was the first country in the world to ban television advertising of unhealthy food during children's programming and reported that by 2009, children were exposed to 37 per cent fewer advertisements promoting unhealthy foods compared to 2005.[71] In Australia, a ban on advertising of tobacco contributed to the decline in smoking rates[72] and the ACE Obesity project found a restriction of television marketing on unhealthy food to be the most cost-effective population intervention to prevent unhealthy weight gain of the 13 interventions analysed.[73] Other interventions examined included community organisation interventions, school-based programs, and family-based GP programs.

To manage the change in revenue to sporting teams, a Sponsorship Replacement Fund is recommended to facilitate the phasing out of sponsorship of sport by unhealthy food and beverages. Given the current levels of sponsorship by these industries, a modest investment of $40 million over four years would allow sufficient time for sporting codes to adjust. Alternative sponsorship arrangements already exist. The NRL, for example, has a contract with Telstra, and its most recent contract was more than four times greater than that of the largest alcohol sponsor ($6.5 million compared to $1.5 million with Carlton United Brewery).[74]

There is strong community support for action on advertising and sponsorship with three-quarters of Australian parents supporting the introduction of policies to restrict unhealthy food and beverages' sponsorship of children's and elite sports.[75]

Recommendations:

- Phase out sponsorship of sport and cultural events by unhealthy foods, sugar-sweetened beverages and alcohol brands, and support the transition away from these industries by establishing a Sponsorship Replacement Fund of $200 million over four years.
- Restrict television advertising of unhealthy foods, sugary drinks and alcohol products between 5am and 9pm.

4. Fund national public education campaigns to raise awareness of the risks associated with alcohol, tobacco, physical inactivity and poor nutrition.

Australia needs public education campaigns to counter the plethora of advertising of unhealthy food and beverages and raise awareness of the risks associated with alcohol, tobacco, physical inactivity and poor nutrition. These can be effective and lead to behaviour change when planned, well executed, reach a wide audience and are introduced as part of a comprehensive framework of action to reduce harm that includes other prevention activities.[76] [77] Adequate funding and sustained implementation over time are also critical.

We need similarly effective campaigns to reduce consumption of unhealthy food and beverages, especially by children, since 26 per cent of children and 30 per cent of young people are overweight or obese in Australia. Children are influenced by the environment in which they are born and raised and problems associated with unhealthy behaviours during childhood can become evident later in life.

We should not be surprised about the rising obesity levels in Australia. Children and young people get approximately 40 per cent of their daily energy needs from unhealthy food and beverages. Obesity during adolescence is a risk factor for chronic disease later in life and can seriously impact on physical and mental development.[78] Healthy choices during childhood should be encouraged to avoid health problems as they get older.

There have been a number of ongoing campaigns associated with tobacco, physical activity and poor nutrition but there have been no sustained social marketing campaigns focused on alcohol apart from those relating to drink driving. It is vital to educate Australians on the importance of reducing or ceasing their alcohol consumption in preventing chronic disease. Most Australians associate illnesses such as cirrhosis of the liver (79 per cent) and liver cancer (71 per cent) with harmful alcohol use but fewer recognise the links between alcohol and chronic health harms such as heart disease (51 per

cent), stroke (44 per cent), mouth and throat cancer (30 per cent) and breast cancer (16 per cent).[79] The National Health and Medical Research Council (NHMRC) *Australian guidelines to reduce health risks from drinking alcohol* (NHMRC Alcohol Guidelines) were revised in 2009 and yet awareness of these guidelines is low. Just over half of Australians are aware of the NHMRC Alcohol Guidelines but only 12 per cent are confident about their knowledge of the content.[80]

Australian needs sustained, evidence-based public education campaigns that target all of the top four modifiable risk factors. These campaigns should draw on the success of previous successful public health education campaigns such as the smoking cessation, drink driving and *Live Lighter* healthy weight campaigns. They should be reinforced and underpinned by complementary health promotion initiatives targeted at key settings such as schools and workplaces and supported by supply and demand activities to drive behaviour change and encourage healthier choices.

Recommendations:

- Fund sustained, evidence-based public education campaigns that address alcohol, tobacco, physical inactivity and poor nutrition to encourage healthy living, at a cost of $400 million over four years.
- Implement a series of supporting, evidence-based health promotion activities in key settings, such as workplaces, primary healthcare and schools, to reinforce knowledge and skills for behaviour change, at a cost of $400 million over four years.

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