Select Committee into the Obesity Epidemic in Australia

July 2018

Submission from Cancer Council Australia

Overview

Cancer Council Australia is the nation's peak non-government cancer control organisation. Cancer Council Australia welcomes the opportunity to provide a submission to the Select Committee on the Obesity Epidemic in Australia.

Collectively, the independent risk factors of overweight and obesity, physical inactivity, and poor diet are second only to tobacco as modifiable risk factors for cancer.[1,2]

Addressing obesity is a priority for reducing Australia's cancer burden given obesity and overweight have reached record levels in the Australian population. In 2015, Cancer Council commissioned a study to quantify the number of cancer cases attributable to modifiable factors in Australia. The study found that 3,917 cancer cases in 2010 were attributable to overweight/obesity.[3] Another analysis in 2017 found nearly 2000 cancer deaths were attributable to overweight/obesity in 2013.[4]

Recommendations

An urgent policy response is required to reverse the alarming increase in cancers associated with obesity discussed in relation to the terms of reference.

The evidence supports:

- Implementing a comprehensive national obesity prevention strategy, which prioritises high-risk groups especially Indigenous Australians and those from lower socioeconomic groups
- Creating environments that support healthy food choices
    - Developing a national food and nutrition action plan to improve the availability, accessibility and affordability of health foods
    - Improving Health Star Rating system and making it mandatory to facilitate healthier food choices
    - Restricting exposure of children to the marketing of unhealthy foods
- Creating environments that support physical activity
    - Developing a national active transport strategy
- Developing economic interventions for preventive health
    - Increasing taxes on energy dense and nutrient poor food products including introducing a 20% health levy on sugar-sweetened beverages

Addressing the terms of reference

a. The prevalence of overweight and obesity among children in Australia and changes in these rates over time

The prevalence of overweight in Australian children doubled from the mid-1980s to the mid-1990s and rates of obesity have trebled.[5,6] Since then levels have continued to increase, but at a slower rate.[7] Over a quarter of children (27.4%) aged 5-17 years were overweight or obese in 2014-15.[8]

Obesity in childhood significantly increases the risk of being obese in adulthood.[9] Nearly two in three Australians (63.4%) aged 18 years and over are overweight or obese.[8]

Some population groups, including Indigenous Australians and adults living in disadvantaged areas, have higher rates of obesity. In Indigenous Australians, almost one-third of children (30%) aged 2-14 years and two-thirds of people (66%) aged 15 years and over were overweight or obese in 2012-2013.[10] Adults living in most disadvantaged areas had a higher rate of obesity (33%) compared to adults living in least disadvantaged areas (19%).[11]

Australia's adult obesity rate is the fifth highest among OECD countries.[12] Adult obesity rates in Australia have nearly tripled in the last 30 years, and if effective interventions are not put in place, it is estimated that 7.2 million Australians (34% of the projected population) will be obese by 2025.[13]

b. The causes of the rise in overweight and obesity in Australia

Healthy diet and adequate physical activity are both important for maintaining a healthy weight. However, diet is the more important factor based on current evidence of the relative impact of poor nutrition (overconsumption and energy dense, nutrient-poor foods) and inactivity. The World Cancer Research Fund International concluded that fast foods and sugar-sweetened beverages are independently associated with an increased risk of overweight or obesity.[14]

Food environments that increase the availability and promotes the consumption of nutrient-poor foods and drinks are a major contributor to overweight and obesity levels across all age groups.[15] An analysis conducted by the Australian Bureau of Statistics, partnered with the Department of Health, found that discretionary foods accounted for 58% of consumers' spending on foods in 2014 compared to 17% spent on fruit and vegetables.[16] Furthermore, the promotion of nutrient-poor foods is associated with a high rate of consumption at approximately one-third of a person's total daily energy (35%) coming from 'discretionary foods'.[17]

In 2012-13, the National Secondary School Diet and Activity Survey reported that 40% of students consume fast food at least once a week. Boys were more likely than girls to report eating fast food on a weekly basis.[18] Frequent consumption of foods prepared outside the home result in poorer quality of diet and are associated with weight gain.[19-22]

The 2011–2013 Australian Health Survey revealed that just over 60% of children aged 5-17 years met the guideline of at least 60 minutes of physical activity per day.[23] Only one in five (19%) met the guideline on all seven days prior to the survey.[23]

The combination of increased availability and promotion of nutrient-poor foods and insufficient physical activity has contributed to the rise in overweight and obesity in Australia. Overweight children are likely to become overweight adults.[24]

c. The short and long-term harm to health associated with obesity, particularly in children in Australia

Overlaps in obesity and overweight, and other lifestyle-related risk factors make it difficult to quantify their specific impact on cancer burden. For example, physical inactivity and low fruit and vegetable consumption are independent cancer risk factors, but they also contribute to high body mass, which is another risk factor.

Australian analyses have shown that overweight/obesity, physical inactivity and poor nutrition are responsible for a significant proportion of the cancer burden in Australia,[3,25-27] second only to tobacco smoking as a modifiable risk factor.[28] It was estimated that 3.4% (3,917 cases) of all cancers diagnosed in 2010 were attributable to overweight/obesity,[3] 1.6% (1,814 cases) to insufficient physical activity,[27] 4.0% (4,475 cases) to inadequate intake of fruit, non-starchy vegetables and dietary fibre, and 2.3% (2,614 cases) to consumption of red and processed meat.[26] Tumour-specific examples of a spike in cancer that appears associated with the rise in obesity include kidney cancer, rates of which have doubled in 35 years, and uterine cancer, which has increased by around 50% over the same period.[29] This includes earlier onset and a doubling of kidney cancer rates in early middle age (45+), a risk for an increasing number of overweight younger Australians.[24,29]

d. The short and long-term economic burden of obesity, particularly related to obesity in children in Australia

The total cost of obesity in Australia in 2011-12 was estimated to be $8.6 billion (in 2014-15 dollars), including $3.8 billion in direct costs (including GP, specialist services, hospital care, pharmaceuticals, and public health interventions) and $4.8 billion in indirect costs (including absenteeism, government subsidies and forgone tax).[30] The direct costs of obesity alone were equivalent to approximately 2.6% of national spending on healthcare in 2011-12.[30]

In Australia, healthcare expenditure has been shown to increase with body mass index (BMI).[31] For adults with a BMI between 30 and 35 and those with a BMI higher than 35, annual health spending is 19% and 50% higher respectively than that of normal weight individuals.[31]

The top five most expensive medications to government on the Pharmaceutical Benefits Scheme (Atorvastatin, Rosuvastatin, Esomeprazole, Pantoprazole, Perindopril) are for treating conditions related to poor nutrition, high body mass and digestive conditions. Use of these medicines, for predominantly preventable conditions, cost the Australian taxpayer $378 million in 2016-17.[32]

There is strong evidence to show that obesity is associated with 12 different cancers.[14] In 2008-09, the estimated total health system expenditure on cancer and non-cancerous tumours (neoplasms) was $4.5 billion.[33]

As prevalence of obesity increases, cancer prevalence will increase and subsequent healthcare expenditure for both obesity and cancer will increase.

e. The effectiveness of existing policies and programs introduced by Australian governments to improve diets and prevent childhood obesity

The Australian government has developed and implemented two large-scale policies and programs to improve diets of the Australian population and prevent childhood obesity. The Health Star Rating system assists consumers in making healthy choices through the interpretive front-of-pack labelling. The concept of this policy meets best practice,[34] however there are concerns regarding system implementation. A second program, Healthy Food Partnership, was introduced to encourage food reformulation and raise population awareness of better food choices and portion sizes but has had limited success with food reformulation.

The Health Star Rating system is a front-of-pack labelling system that assesses positive and risk nutrients in food and represents this using stars.[35] There are some concerns that the ratings of some foods (17%) do not align with the Australian Dietary Guidelines.[36] Cancer Council suggests these and other concerns are addressed in the five-year review to ensure the Health Star Rating system delivers on its objective to help consumers make healthier choices.

Unlike the Nutrition Information Panel, the Health Star Rating system is implemented on a voluntary basis.[35] Therefore, there are inconsistencies in the uptake of the Health Star Rating which make it difficult for consumers to compare food products and make healthy choices. The system has been well received by consumers as recent surveys have reported that consumers would like to see ratings on more products.[37] The Health Star Rating system has the potential to influence product reformulation.[38] Cancer Council recommends making the system mandatory and introducing a timeframe for industry to comply so consumers are better informed to make healthy food choices.

In Australia, food reformulation has been shown to be a cost-effective and cost saving preventive health measure.[39,40] Healthy Food Partnership is a cooperative initiative aiming to encourage food reformulation by food manufacturers and raise awareness of better food choices and portion sizes at a population level. Evaluations of the previous initiative, the Food and Health Dialogue, have shown that reformulation targets were partially achieved in some food categories, with significant variation in success between manufacturers.[41,42] Food reformulation is likely to increase the availability of healthier products, thus improving diet at a population level. To improve the success of the program, clear timeframes and sustained government commitment is recommended so that penalties can be enforced if manufacturers fail to meet targets.

f. Evidence-based measures and interventions to prevent and reverse childhood obesity, including experiences from overseas jurisdictions

In 2017, the Obesity Policy Coalition and the Global Obesity Centre (GLOBE) published Tipping the Scales, a consensus statement drawing upon national and international evidence to address obesity in Australia. This consensus statement is endorsed by Cancer

Council Australia and over 30 other community, public health, medical and academic groups.[43] Cancer Council Australia recommends that a comprehensive national obesity prevention strategy, based on this consensus statement, should be implemented. The first phase of the strategy should prioritise making the Health Star Rating system mandatory for food and beverage products, implementing stricter regulations of food marketing and introducing a levy on sugar-sweetened beverages.

Following a review of the algorithm used to calculate the ratings of each product, the next step should be to make the Health Star Rating mandatory so consumers can compare all food products and are empowered to make healthier food choices.[36] A study, conducted in New Zealand, examining the effect of front-of-pack labelling (including Health Star Rating) concluded that shoppers bought products that were healthier when purchased after labels were viewed compared to products that were not purchased after labels were viewed.[44] This study shows that the Health Star Rating is effective in encouraging consumers to make healthier choices and by mandating this system, consumers will be able to make comparisons across more products.

There is strong evidence that food and beverage marketing influences the types of food and beverages children demand, desire and consume.[45,46] In Australia, current industry self-regulatory approaches aimed at restricting the marketing of unhealthy food and beverages to children have proved ineffective.[47] The mix of limited government regulation, voluntary advertising codes and voluntary food industry initiatives used to cover food marketing to children provides a complex and confusing arrangement with inadequate restriction of children's exposure to unhealthy food advertising. This is an area where Australia is significantly lagging behind global best practice, and is a priority area for action given the evidence around its cost-effectiveness.[48,49]

Improvements to current regulations are needed, including mandatory restrictions on unhealthy food and beverage marketing on television between 5.30 pm and 9.30 pm when the greatest numbers of children are likely to be watching,[50] as well as Government endorsed standards for what constitutes 'healthy' food and drink.[43] Regulations should apply to all media and forms of marketing which appeals to children aged under 16 years, or to which a high number of children under 16 years are likely to be exposed.[43] Strong governance, compliance and enforcement provisions should be enforced by an independent agency. Meaningful disincentives and sanctions for breaches should be overseen by the agency chosen.

Price is another factor that influences lifestyle choices. It is recommended that the Australian Government investigates the potential benefit to health and healthcare cost savings of fiscal levers such as taxation and incentives to encourage physical activity and healthy diets. Currently, basic foods such as fresh fruit and vegetables are not subject to the goods and services tax (GST), and it is important that this exemption is maintained. Specifically, the development of a policy for taxing and subsidising food and drink can improve consumption patterns contributing to obesity.[51]

A levy on sugar-sweetened beverages and healthy food subsidies have been shown to be effective in promoting changes in dietary habits. Additionally, a recent Australian study has examined the cost-effectiveness of combining taxes on unhealthy foods and subsidies on healthy foods.[52] The combination of the taxes and subsidies could avoid as many as

470,000 disability-adjusted life years in the Australian population, at a net cost-saving of AU$3.4 billion to the health sector. The largest gains in health were achieved by a sugar tax. A fruit and vegetable subsidy is cost-effective when added to a package of taxes.[52,53]

Lack of physical activity is associated with increased body mass. Initiatives to encourage participation in exercise and sports as well as improved walkability in Australian cities are essential to preventing and reversing obesity in adults and children. Evidence suggests that an individual's physical environment can influence their physical activity levels. A study conducted in Canada showed that children living in walkable neighbourhoods had lower BMIs.[54] Additionally, active transport is a public health intervention that has potential benefits across the health, environment and transportation sectors. Australian modelling suggests that active transport interventions may contribute small but significant obesity-related health benefits across populations.[55] Safe outdoor environments and supportive infrastructure such as wider sidewalks, more zebra crossings and other marked pedestrian crossings, bicycle lanes, and adequate public transport will promote physical activity and support healthy weight maintenance in children.

To prevent and reverse childhood obesity, Cancer Council recommends prioritising the implementation of these strategies as part of a comprehensive national obesity prevention strategy; making the Health Star Rating system mandatory for all food and beverage products, restricting food marketing to children and introducing financial disincentives to facilitate healthy food choices. The second phase of the strategy can focus on developing a national food and nutrition action plan, social marketing to support dietary guideline messaging and improving the physical activity environment.

g. The role of the food industry in contributing to poor diets and childhood obesity in Australia

Poor uptake of Health Star Rating by the food industry

Front-of-pack labelling has been shown to be effective in assisting consumers to identify healthier food choices at the point of sale.[56,57] As the Health Star Rating system remains voluntary, the interpretive ratings do not appear on all food and beverages. At the 2-year progress review, only 2,031 products out of an eligible 14,102 products displayed the ratings (14%).[58]

The mandatory adoption of the Health Star Rating would make it easier for consumers to make an informed decision about processed foods.[43] Consumers have expressed high levels of awareness and willingness to engage with the system which indicate the effectiveness of the Health Star Rating and the benefit for the system to be mandated by Government.[37]

Partial achievement of reformulation goals by the food industry

There is evidence that front-of-pack food labelling provides an incentive for food manufacturers to increase the availability of healthier products through product reformulation.[38] The Healthy Food Partnership enables government to work collaboratively with the food industry on the issue of reformulation.[59] Under the previous Food and Health Dialogue, reformulation targets were only partially achieved and to significantly varying

success between manufacturers.[41,42] Setting clear reformulation targets for the relevant nutrients in specific food categories, with time frames, and strict penalties for manufacturers who fail to meet these targets are essential to improving compliance with food reformulation goals.

Ineffective voluntary and self-regulated industry codes for food marketing

The marketing of unhealthy foods and sugar-sweetened beverages is related to childhood obesity.[60] In Australia, the industry's voluntary and self-regulatory approaches aiming to restrict marketing of unhealthy food and beverages to children have proved ineffective.[47] Existing codes, which extend beyond television advertising, typically contain many loopholes, use very permissive and inconsistent nutrition criteria to classify healthy foods, do not restrict the volume of food advertisements to children nor apply during high rating television programs,[61-63] and have no independent monitoring or sanctions for non-compliance.

A systematic review concluded that adherence to voluntary codes may not reduce the advertising of unhealthy foods or the exposure of children to that advertising.[64] In 2012, a study for the Australian National Preventive Health Agency found that 57% of all food advertisements shown during children's programs were for unhealthy foods, despite current self-regulatory initiatives.[65] Voluntary industry self-regulatory codes are insufficient. Strict advertising regulations are needed to ensure children aged under 16 years are not exposed to excessive food and beverage marketing.

Industry arguments against a health levy on sugar-sweetened beverages in Australia

Largely those within the beverage industry have argued that a levy on sugar-sweetened beverages would be regressive and disproportionately impact those on lower incomes. However, Australians from low socioeconomic groups are disproportionately affected by the high rates of chronic disease associated with poor diet, and are therefore likely to benefit most from a reduction in consumption of sugar-sweetened beverages. This is important because the costs of being overweight or obese falls mainly on the individual and their family. Of note, these groups are also more responsive to price increases and are therefore, more likely to reduce consumption and switch to water.

The significance of the financial regressivity of the levy has been challenged in a recent study.[66] This study demonstrated that while lower income households would pay a greater proportion of their income in additional tax, the financial burden across all households is small, with minimal differences between higher- and lower-income households.[66] The impact of inequitable aspects of a levy on sugar-sweetened beverages would be further limited if the revenue generated was used to subsidise healthy foods for low socioeconomic groups.

A levy on sugar-sweetened beverages would be relatively straightforward and inexpensive to administer, and there is strong public support for such a measure.[67] Research conducted on the attitudes of Australian grocery buyers found that 69% of participants supported the levy, provided the revenue was used to reduce the cost of healthy foods.[67]

h. any other related matters.

Public education campaigns utilise commercial marketing principles and mass media to distribute and promote public health messages. Increasingly, social marketing has been used as a public education strategy. Well designed and executed social marketing campaigns on health issues can be effective in changing health knowledge, beliefs, attitudes and behaviours across large populations.[68-70] While the bulk of current evidence relates to tobacco control, social marketing interventions have also been shown to be effective in increasing physical activity and improving nutrition.[68,71-74]

More recently, studies have highlighted the characteristics of effective obesity prevention mass media campaigns,[75,76] showing that presenting hard-hitting information about the health consequences of overweight and obesity appear most effective. These findings are consistent with the literature on anti-smoking mass media campaigns.[75,76] The effectiveness of social marketing interventions is improved when they are one component of a comprehensive approach targeting population health behaviours; outcomes of these interventions are generally better when they are supported by complementary policies and programs to support behavioural change, and competing marketing messages are restricted.[77]

Although not directly addressed in this submission, alcohol is also a contributing factor to the obesity epidemic in Australia. Briefly, alcohol consumption directly contributes to obesity and overweight in adults and is a direct cause of several cancers. Alcoholic drinks represent ‘empty kilojoules’ - meaning they are high in kilojoules but low in nutritional value. If people drink alcohol in addition to their normal dietary intake – that is, without a compensatory reduction in energy intake – they are likely to gain weight. Not only does alcohol provide extra kilojoules, it slows fat and carbohydrate oxidation thereby contributing to weight gain.

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