



Friday 6 July 2018

Committee Secretary

Department of the Senate

Via email: obesitycommittee.sen@aph.gov.au

Dear Committee Secretary,

RE: Select Committee into the Obesity Epidemic in Australia

CHOICE has been helping Australian consumers for over 50 years through our advocacy, testing and advice. With over 180,000 members, we are an independent, not-for-profit organisation that exists to advance the interests of consumers. Our website www.choice.com.au is Australia's leading online hub for information and advice about consumer issues.

CHOICE is pleased to make a submission to the Select Committee into the Obesity Epidemic in Australia. Food environments are stacked against Australians. Unclear labels and missing information about sugars, oils and overall nutritional value of food makes it difficult and in many cases impossible for people to make healthy and informed food choices. Urgent action is needed to ensure we have a coordinated, whole-of-government approach to help people make more informed decisions. This is one of the first steps needed to tackle the growing rates of obesity in Australia.¹

The causes of the rise in overweight and obesity in Australia;

The key area CHOICE is concerned with in relation to this inquiry is how food is promoted and sold. Australians are continuously exposed to million dollar marketing campaigns, misleading claims and manipulative marketing hype. Large companies create products and spend millions promoting them in ways which restrict people's ability to make informed, healthy choices. Currently, places where people make decisions about food like supermarkets are heavily promoting profitable, energy-dense foods, rather than food choices in line with the Australian Dietary Guidelines (ADGs).

The availability and promotion of energy-dense foods play a major role in obesity and overweight rates. The last Australian Health Survey found that on average, just over one-third (35%) of total

¹ Australian Institute of Health and Welfare, 2017, *A picture of overweight and obesity in Australia 2017*
<https://www.aihw.gov.au/getmedia/172fba28-785e-4a08-ab37-2da3bbae40b8/aihw-phe-216.pdf.aspx?inline=true>

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daily energy consumed was from discretionary foods.² Discretionary foods are high in energy and the ADGs recommend that to maintain a healthy body weight, consumption of discretionary foods should be reduced.³ Despite this in 2011, 10% of the total burden of disease in Australia was due to dietary risk factors.⁴

As an example, Australians over-consume added sugar but cannot get clear information about added sugars on food labels to reduce intake. In 2011-12 Australians consumed on average 60 grams or 14 teaspoons of added sugar a day. For some teenage males this number increased to 38 teaspoons of added sugar per day, equivalent to the sugar in almost four cans of coke.⁵ Added sugars provide empty kilojoules, or kilojoules with little or no associated nutrients.⁶ Excess intake of added sugar is associated with an increased risk of type 2 diabetes, obesity, dental caries and cardiovascular disease.⁷ Despite this, consumers have no clear way of knowing how much sugar has been added to a food by looking at the label. The solution is clear and is strongly supported by consumers: clearer labelling of added sugar. Not only would this allow consumers to make an informed choice but it would also encourage manufacturers to reformulate, and reduce added sugars in their products. While this was a recommendation in a 2011 Food Labelling Review, it is only being considered by Food Ministers in late 2018.⁸ This example shows that large amounts of risk nutrients such as added sugar in the food supply combined with poor labelling and lack of action can contribute to risk factors associated with obesity.

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

While there are a variety of programs and policies at varying levels of government, Australia currently lacks a cohesive, all-of-government approach to address obesity. Without this, existing policies and programs lack the leadership and framework to achieve real change on this issue.

One initiative introduced to help people make healthier food choices is Health Star Ratings. This system has the potential to be a leading front-of-pack labelling initiative to help people make informed and healthy choices. However the system is voluntary and still largely driven by the needs

² Australian Bureau of Statistics, 2014, *Discretionary Foods*, <http://abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~Discretionary%20foods~700>

³ National Health and Medical Research Council, 2013, *Australian Dietary Guidelines*. Canberra: National Health and Medical Research Council,

https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/n55_australian_dietary_guidelines_130530.pdf

⁴ Australian Institute of Health and Welfare, 2017, *A picture of overweight and obesity in Australia 2017* <https://www.aihw.gov.au/getmedia/172fba28-785e-4a08-ab37-2da3bbae40b8/aihw-phe-216.pdf.aspx?inline=true>

⁵ Australian Bureau of Statistics, 2015, *Australian Health Survey: Consumption of Added Sugars 2011-2012*

⁶ Louie et al, 2014, *A systematic methodology to estimate added sugar content of foods*, *European Journal of Clinical Nutrition*, Vol 69

⁷ Bernstein et al, 2016, *Total and Free Sugar Content of Canadian Prepackaged Foods and Beverages*, *Nutrients*, Vol 8, Issue 9

⁸ FSANZ, 2017, *Labelling Review recommendation 12* <http://www.foodstandards.gov.au/consumer/labelling/review/Pages/Labelling-review-recommendation-12.aspx>

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of food manufacturers. CHOICE believes the system needs five key changes as part of the five year review to meet the needs of consumers and improve diets. They include;

1. Foods high in sugar, fat or salt should not receive a high star rating.
2. Health stars should appear on all products, at the very least, on products marketed to children.
3. Companies should not be able to claim a high rating based on mixing their product with something more nutritious.
4. Added sugar should be incorporated into the health star calculation.
5. Health stars should promote whole foods not their processed alternatives.

Initiatives like Health Star Ratings need to be driven solely by the needs of consumers and their health outcomes rather than the needs of the food industry.

For an analysis of whether Australia is implementing policies that improve diets and create healthier food environments, we recommend consulting The Food Policy Index.⁹ The headline finding is that there are a number of areas where Australia is significantly lagging behind other countries in relation to addressing unhealthy diets and obesity.¹⁰

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

Interventions to prevent and reverse childhood obesity need to address the way food is labelled, promoted and the spaces where food is sold. No single intervention can achieve this, a suite of measures are needed.

CHOICE endorses the recommendations of the Tipping the Scales report which arose from a collaboration of 35 leading community, public health, medical and academic groups including CHOICE. The recommendations include:

1. Legislation to implement time-based restrictions on exposure of children (under 16 years of age) to unhealthy food and drink marketing on free-to-air television up until 9:30pm.
2. Setting clear reformulation targets for food manufacturers, retailers and caterers with established time periods and regulation to assist compliance if not met.
3. Make adjustments to improve the Health Star Rating System, and make mandatory by July 2019.
4. Developing and funding a comprehensive national active travel strategy to promote walking, cycling and use of public transport.

⁹ Global Obesity Centre Deakin University, 2017, *Policies for tackling obesity and creating healthier food environments: Scorecard and priority recommendations for Australian governments*

https://www.heartfoundation.org.au/images/uploads/publications/OVERALL_Food_EPI_Report_v3.pdf

¹⁰ Ibid

5. Funding high-impact, sustained public education campaigns to improve attitudes and behaviours around diet, physical activity and sedentary behaviour.
6. Placing a health levy on sugary drinks to increase the price by 20%.
7. Establishing obesity prevention as a national priority with a national taskforce, sustained funding, regular and ongoing monitoring and evaluation of key measures and regular reporting around targets.
8. Developing, supporting, updating and monitoring comprehensive and consistent diet, physical activity and weight management national guidelines.

We also recommend assessing The World Health Organisation's Ending Childhood Obesity plan. This provides a summary of actions needed to address and end childhood obesity.¹¹

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

CHOICE is concerned that the food industry plays an overly influential role in Australia's food regulatory system. This influence is a major contributor to poor diets and obesity and is evidenced by a number of common tactics that make it difficult for consumers to make informed choices. Some of these include:

- Overly large serve sizes that promote over-consumption of energy-dense foods or unrealistically small serve sizes to display nutritional information (thereby lowering the perceived contribution of kJs, salt, fat or sugar to a person's diet);
- Targeting children in the marketing of junk food despite self-regulatory initiatives to reduce advertising of unhealthy food;¹²
- Misleading food labelling: in 2015, CHOICE made a complaint to the Australian Competition and Consumer Commission (ACCC) regarding a number of snack foods that were misleading parents by using self-made school canteen certifications on packaging to imply that their junk food was a good option for school lunchboxes. These companies were subsequently found to have made misleading representations and fined by the ACCC;¹³
- Obfuscation of facts: in 2015, Coca-Cola was found to be funding the Global Energy Balance Network which claimed to be helping end obesity, but cautioned against focusing too much on bad eating habits;¹⁴
- Delay or stop tactics: many basic public health initiatives take many years to eventuate and are often voluntary when introduced e.g. Health Star Ratings; and
- Powerful networks and lobbying: food companies have great access to and influence with political decision makers. This was best highlighted when the Health Star Rating website was

¹¹ World Health Organization, 2016, *Report of the Commission on Ending Childhood Obesity; Implementation Plan* <http://apps.who.int/iris/bitstream/handle/10665/259349/WHO-NMH-PND-ECHO-17.1-eng.pdf?sequence=1>

¹² Cancer Council NSW, 2017, *Food Industry Failing to Self-Regulate Junk Food Ads* <https://cancercouncil.com.au/blog/food-industry-failing-self-regulate-junk-food-ads-kids/>

¹³ ACCC, 2016, *Unilever and Smith's pay penalties for misleading healthy food representations*, <https://acc.gov.au/media-release/unilever-and-smiths-pay-penalties-for-misleading-healthy-food-representations>

¹⁴ CHOICE, 2015, *Coca-Cola Company* <https://choice.com.au/shonky-awards/hall-of-shame/shonkys-2015/coca-cola-company>

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pulled down a day after it was published. It was revealed that the Chief of Staff for the then Assistant Minister for Health, Fiona Nash, was the co-owner of a lobbying firm that represented junk food clients.¹⁵

We are concerned that the tactics being used by the food industry mirror those used by tobacco companies to oppose health policies.¹⁶

It is in Australia's interest to create policies that help everyone make better food choices. Companies that profit from the status quo will lose money if food labels are clearer and policies are brought in to help people choose healthy foods rather than processed, energy-dense options. This needs to be recognised in policy consultations and ongoing policy discussions.

We strongly encourage the Committee to consider whether companies like Nestle, Mars, Sanitarium and other food manufacturers should continue to play an active role in policy decision making. For example, many of these companies' interests are represented by the Australian Food and Grocery Council and the Australian Industry Group (representing the confectionery sector) who are both members of the Health Star Rating Advisory Committee. This allows them to influence the system so that front-of-pack labelling reform remains voluntary and that the rating calculation allows products high in sugar, fat and salt to receive high star ratings. Companies should be consulted on the specifics of reform but not in a way that allows them to lessen the impact of that reform to their commercial benefit.

We believe food policy should be approached in a similar way to tobacco policy. The World Health Organisation has clear guidelines that state "In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law."¹⁷ We encourage the Committee to recommend a similar approach to food policy. In setting and implementing public health policies, we need government departments and regulators to put in place processes that protect policy development from the commercial and other vested interests of the food and beverage industry.

In summary, to achieve a reduction in overweight and obesity, we need a strong food regulatory system that is free from undue influence from the food and beverage industry. Obesity and overweight levels are high and rising and require immediate action and leadership. We urge the Committee to take action on this issue as a priority so that Australians, including children, can live healthy and productive lives and are free to make informed and healthy choices.

¹⁵ Harrison D, 2014, *Health star rating system website relaunched after controversy*, <https://www.smh.com.au/politics/federal/health-star-rating-system-website-relaunched-after-controversy-20141206-121mcp.html>

¹⁶ Saloojee, Y. & Dagli, E. 2000, *Tobacco Industry Tactics for resisting public policy on health* <http://www.who.int/bulletin/archives/78%287%29902.pdf>

¹⁷ Article 5.3 of the WHO convention on tobacco control: http://www.who.int/tobacco/wntd/2012/article_5_3_ftc/en/ and Implementation guidelines http://www.who.int/ftc/guidelines/article_5_3.pdf

CHOICE would be happy to further explain our position. Please contact Campaigns and Policy Team Lead, kday@choice.com.au or at 02 9557 3307.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Katinka Day', with a stylized, cursive script.

Katinka Day
Campaigns and Policy Team Lead