Australian National Preventive Health Agency (Abolition) Bill 2014 Submission 2



Level 1, 40 Thesiger Court Deakin ACT 2600

PO Box 19 Deakin West ACT 2600

T 02 6122 8600 F 02 6232 4400

www.fare.org.au

ABN 91 096 854 385

4 June 2014

Jeanette Radcliffe Committee Secretary Senate Standing Committees on Community Affairs PO Box 6100 Parliament House Canberra ACT 2600

Dear Ms Radcliffe

INQUIRY INTO THE AUSTRALIAN NATIONAL PREVENTIVE HEALTH AGENCY (ABOLITION) BILL 2014

Thank you for the invitation to provide input to the above Inquiry.

From the outset, I would like to say that FARE supports the continuation of the Australian National Preventive Health Agency (ANPHA) and recommends that the Committee rejects the Australian National Preventive Health Agency (Abolition) Bill 2014.

ANPHA is an essential body if we are serious about reducing the incidence of preventable disease in Australia and the health, social and economic burden that is associated with it. Chronic diseases diabetes, heart disease, cancers and chronic lung diseases - are the leading cause of death in Australia and throughout the world. ANPHA was established to address the key risk factors of chronic disease through its focus on obesity, tobacco and alcohol. Focussing on prevention of the key risk factors will contribute to achieving a more sustainable health system, particularly relevant in light of the current budget debate, by improving general health and wellbeing in the community and reducing the amount of illness.

Australia has a long history as a world leader in health prevention activities. Its commitment to reducing the harmful effects of tobacco through its tobacco control policies over more than 30 years has meant that other countries look towards Australia to see what works. The recent plain packaging measures supported by both sides of parliament are a case in point. However, despite the successes over a number of years, the Council of Australian Governments considered that there was a need for a greater focus on preventative health and agreed to establish ANPHA as part of the National Partnership Agreement on Preventive Health.

Establishment of a national prevention agency was also a recommendation of the 2009 National Preventative Health Taskforce and the National Health and Hospitals Reform Commission. Since approximately 40 per cent of potentially preventable hospitalisations for chronic conditions are associated with alcohol, tobacco or obesity, it is easy to understand why the 2010 legislation for the establishment of ANPHA was passed by Parliament. Action needed to be taken.

The establishment of ANPHA recognised that individual responsibility is just one part of the prevention agenda. Individuals need to have access to *evidence-based* information to help them make informed decisions. Governments need to understand the drivers of consumption and behaviours so that these can also be addressed. This is why ANPHA's work on pricing and alcohol advertising (see below), for example, is so important, since these are key drivers of consumption and population-based measures to tackle these are some of the most effective strategies to reduce alcohol consumption and related harm.

Establishing a separate body has meant that the prevention agenda has been able to progress free of the impact of budget constraints and competing priorities within the Department of Health. ANPHA has made some significant achievements in the two and a half years since it opened its doors. Of particular relevance to FARE is the work ANPHA has done relating to alcohol. ANPHA has:

- established the *Be the Influence* campaign as part of the Community Sponsorship Fund the Australian Government has provided sponsorships to 16 key sporting organisations as an alternative to alcohol sponsorship to provide environments that are not only free from alcohol promotion, but also actively promote positive, anti-binge drinking messages;
- released a report on an alcohol floor price ANPHA engaged in a significant two stage consultation process to determine whether a minimum price for alcohol would be in the public interest;
- > published its alcohol research agenda, although this has not yet been publically released;
- consulted widely on the community's concerns on the effectiveness of the current alcohol advertising regulations – a two stage consultation process is currently underway and ANPHA is currently preparing the final report; and
- provided funding through the National Preventive Health Research Grants Program which aims to strengthen evidence based decision making and investigate ways to improve the population's health - for the following research projects:
 - Young Australians alcohol reporting system;
 - The public health impacts of liquor outlets in Queensland communities: outlet numbers, alcohol sales and alcohol related morbidity;
 - Online food and beverage marketing to children and adolescents;
 - Alcohol advertising and sponsorship in Australian sport: Associations with implicit and explicit alcohol attitudes and drinking behaviour;
 - Drinking patterns, regulation and market influences in Australia: the international alcohol control survey;
 - Identifying opportunities for the prevention of harmful use of alcohol, tobacco and other drugs among young Noongar (Aboriginal) people in the south-west of Western Australia; and

• A collaborative model for combating non-communicable diseases (NCDs): coherence between regulation on risk factors and international law.

FARE has significant concerns about the future of these programs and activities, in the event ANPHA is abolished. In his second reading of the Bill, the Minister for Health, Peter Dutton, said that 'essential functions' will be continued along with ongoing analysis and advice of 'key' health issues,¹ however specific details have not been given. Since ANPHA was established specifically to focus on key risk factors, it is not clear how these decisions will be made programs maintained.

One action FARE would like to see is the disassociation of industry from policy development. Industry involvement is not conducive to good policy. In the case of alcohol for example, the alcohol industry has a vested interest in ensuring that policies do not limit their commercial activity or reduce their profitability. The industry established DrinkWise Australia ostensibly as a way of demonstrating its corporate responsibility, however the real reason for its establishment is evident through its attempts to delay the implementation of effective policies and promote emphasis on personal responsibility, which distract from population wide measures that have been shown to be more effective in reducing alcohol related harm. Trish Worth, the inaugural Chair of DrinkWise, was appointed to the ANPHA Advisory Committee during her time as Chair, providing the opportunity for DrinkWise to have direct influence on the direction of ANPHA. The industry has a role in providing data on alcohol supply patterns, sales and marketing activities that will inform policy development, but has no place in the process of developing policy.

There were high expectations that ANPHA would quickly bring about a significant change in Australia's focus on preventative health. However, change takes time and an early shift in focus was probably unrealistic. It is too soon to judge the outcomes of the work done by ANPHA but what is clear is that shutting down the agency would be a backward step, especially since it emerged at Senate Estimates on Tuesday 3 June 2014 that the Government does not have a preventive health strategy that will ensure that the important work of ANPHA is carried forward.

In summary, FARE does not support the Australian National Preventive Health Agency (Abolition) Bill 2014 and recommends that the Committee rejects the Bill. The work of ANPHA must continue and prevention and early intervention must be prioritised. As Professor Fiona Stanley said after the Budget was handed down, its abolition will send a clear message about how little we value prevention in this country.²

I would welcome the opportunity to talk about this further.

Yours sincerely

MICHAEL THORN CHIEF EXECUTIVE

¹ Dutton, P (2014) *Australian National Preventive Health Agency (Abolition) Bill* 2014; *Second reading* Parliament House 15 May 2014 downloaded on 30 May 2014 from

http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22chamber%2Fhansardr%2Fb93d9c6e-c89b-4e3b-815b-42d1e54f2e99%2F0019%22

² <u>http://www.theaustralian.com.au/national-affairs/budget-2014/future-fund-both-curse-and-blessing/story-fnmbxudx-1226920693712</u>