

SUBMISSION TO THE SENATE SELECT COMMITTEE INQUIRY INTO THE OBESITY EPIDEMIC IN AUSTRALIA

INTRODUCTION

This submission is written on the premise that the outcome and recommendations of this Inquiry already have been determined.

This Inquiry was established on a motion by the Australian Greens. Its terms of reference were drafted by the Australian Greens. Presumably, it is intended to endorse the policy position of the Australian Greens on obesity, and what the Greens consider appropriate measures to deal with the problem. That policy was announced in the 2016 election campaign and remains current. The Leader of the Australian Greens, as chairman of this Inquiry, clearly believes passionately in interventionist policy solutions to solve the obesity problem¹. That is his right.

There is no guarantee that emerges from this Inquiry that questions the prevailing view of the Greens or its Leader, and the public health establishment whose views the party echoes, will receive positive consideration in the majority report. The wording of the Terms of Reference makes that clear. It is uncertain that submissions and witnesses supporting contrary views, or questioning the validity of the prevailing opinion on addressing obesity in the Australian community, will receive an open-minded hearing before the Committee.

That especially applies to the food and beverage industry, which among public health advocates, organisations and federal and state government agencies – let's call them Big Public Health – is of course known as Big Food. To Big Public Health, Big Food generically are evil capitalists seeking to exploit vulnerable parents and children for immoral profit. That they may have a sense of public and commercial responsibility, and common decency, does not even enter the heads of their critics. The recent *Four Corners* programme on sugar and obesity, biased firmly against food and beverage producers and enthusiastically endorsed on social media by the chairman of this Inquiry as cited above, is a reasonable indicator of the tenor of the "debate": producers are in the dock and public health advocates are prosecutor, judge and jury.

If the majority report of this Inquiry contains recommendations varying from current Greens policy, it will be in terms of refinements and extensions of that policy. Nevertheless, it is important that even if the outcome of this Inquiry will never be in doubt, that contrarian views challenge the prevailing public health thinking, and asks sincere questions about that thinking. are at least put forward.

If this Inquiry is genuinely to be more than a show trial of Big Food, it must be fair and open-minded (and hopefully at least some individual senators will keep an open mind) and prove that it is at least willing to points of view other than those of the Australian Greens and Big Public Health.

¹ Richard Di Natale, Twitter, 30 April 2018,
<https://twitter.com/richarddinatale/status/990909135884500992?lang=en>

OBESITY IS A SOCIAL PROBLEM

That overweight and obesity is now a chronic social problem is not disputed here. The scientific and empirical evidence is clear.

One can dispute the reliability of particular opinion or evidence, criticise the easy use of emotive language like “obesity epidemic”, or question the measurement criteria, not least the use of Body Mass Index² to determine (and condemn) a person’s weight status. But the undeniable fact is that we Australians are a fat bunch and getting fatter. Nor can it be disputed that morbidities of overweight and obesity, notably cardio-vascular and musculo-skeletal diseases and Type 2 diabetes, are affecting more and more Australians, and causing significant attendant costs on our health and welfare budgets.

Submissions to this Inquiry use those high social and economic cost to justify the sort of extensive policy interventions proposed by the Greens³. They do not, however, take in the net benefit of the fact that shortened lives also ease the burden of “lifestyle illnesses” on the community. A recent study published by the Institute of Economic Affairs in the UK (of which I am an affiliate Fellow) estimated that, in Britain, overweight and obesity-related early deaths reduce the net cost of obesity from 6-10 billion pounds to around 2.5 billion⁴.

In Australia, such net wastage is affordable in terms of the overall budget, and is but a fraction of the cost of just one of the next-generation submarines that both sides of politics insist we must have. It is important that the Committee does not just accept claims about the prevalence and economic cost of the problem at face value.

What is more relevant is having a realistic understanding of the causal factors of overweight and obesity, and not rushing to judgment.

THE DEFAULT POSITION: THE AUSTRALIAN GREENS’ OBESITY POLICY

Under the heading of *Taxing Sugary Drinks*, the Australian Greens (the Greens) 2016 election policy on childhood obesity is found on the party’s website⁵ although, curiously, it is not included in its headlined Health policy platform statements⁶.

To summarise, the elements of the Greens policy are:

- Taxing sugary drinks: Imposing a tax of 20 per cent sugar-sweetened drinks, specifically:
 - An excise equivalent to 20 per cent of the retail price levied on water-based beverages with more than five grams of sugar per 100 millilitres.
 - Payable by producers or importers, not retailers.
 - But assuming the additional cost per item will be passed on to consumers.

² It is anecdotal, but when Tony Abbott was Health minister his BMI made him clinically obese. A well-known fitness fanatic, Mr Abbott was (and is) very lean and highly fit from his punishing exercise regime. His BMI figure was the result of his high-muscle and low-fat body mass: muscle being considerably heavier than fat distorted his BMI reading to the point of ludicrousness.

³ For example, the Cancer Council submission (No 39), page 3.

⁴ IEA Discussion Paper No 80, *Obesity and the Public Purse*, January 2017.

⁵ https://greens.org.au/sites/greens.org.au/files/160622_Sugar%20Sweetened%20Beverages%20Tax.pdf

⁶ <https://greens.org.au/platform#health>

- Money raised from this tax to be reinvested into public health, preventive health and health education.
- Mandate clear food labelling laws to ensure families have accessible information about the food they buy and encourage reformulation of the least healthy products.
- Introduce “effective” restrictions on advertising “food” to children.
- Support physical activity through better civic planning and a \$250 million Active Transport Fund for bicycle and walking infrastructure.
- Invest \$20 million to support disadvantaged families to assist with costs associated with children’s sport and exercise.

To their credit, the Greens don’t use weasel words to describe their central measure. Unlike the Obesity Policy Coalition and other public health advocates, they don’t try and cutely dress it up as a euphemistic “health levy”. They firmly call it a tax and so they should: an impost levied by government to raise revenue is a tax.

The Greens claim the Parliamentary Budget Office estimated their sugar tax policy would raise \$500 million in revenue annually, not including presumed flow-on savings to the health system, although the party chose not to share this PBO advice to substantiate their statement. The assumption is, however, that this revenue windfall would “not only lead to better health for more Australians, but would lead to significant savings to the health-care system”⁷.

The statement quotes an article⁸ stating a recent study found that, over 25 years, a 20 per cent rise in the price of sugary drinks and flavoured mineral waters would save just 1,600 lives. Over 25 years, however, that surely is a low return in terms of the scale and intrusiveness of the proposed policy interventions and the financial cost of implementing them.

Related policy statements since June 2016

It is likely that, through this Inquiry, Greens policy will be refined further by incorporating other Australian policy proposals made since the party launched its obesity policy. These include:

- A November 2016 report by the Grattan Institute, *A Sugary Drinks Tax: Recovering the Community Costs of Obesity*⁹. That report was launched by Senator Di Natale; and
- A September 2017 collaboration by the Obesity Policy Coalition (OPC) and the Global Obesity Centre (GLOBE), *Tipping the Scales*.

The Grattan report went further than the Greens to propose a graduated sugar tax of 40 cents per each 100 grams of sugar content, estimated to raise the then price of a two-litre bottle of soft drink by 80 cents. Grattan’s rationale for the structure of its tax as a volume-based excise is that it would encourage manufacturers to reformulate products with lower sugar content. This differs significantly from the Greens’ current *ad valorem* sugar tax.

Tipping the Scales is, however, a more comprehensive policy paper than the Grattan’s tax-specific report. It has been endorsed and recommended by several submissions to this Inquiry. Clearly, it is informed by the Greens’ policy position, and its recommendations overlap with the Greens’ policy statement. Its “8 policy actions for obesity prevention” add to the Greens’ statement in the following areas:

⁷ For whatever reason, only the title of the article was published in the Greens policy statement: from where it was sourced was not stated. Presumably this was an oversight rather than an attempt to avoid scrutiny.

⁹ *A Sugary Drinks Tax: Recovering the Community Costs of Obesity*, Chapters 4 and 5.

- Set clear reformulation targets for food manufacturers, retailers and caterers.
- Make the Health Star Rating System mandatory by July 2019.
- Fund high-impact, sustained public education campaigns to improve attitudes and behaviours around diet, physical activity and sedentary behaviour.
- Establish obesity prevention as a national health priority.
- Develop, support, update and monitor consistent diet, physical activity and weight management standards.

The *Tipping the Scales* eight-point statement did not recommend other ideas put forward by the OPC in particular, notably that governments should consider the plain packaging or similar of “junk” food, in the same way that cigarettes and tobacco products have been plain packaged in Australia since 2010¹⁰. It can again be assumed, however, that such ideas are on the table as far as Big Public Health and its political support base is concerned.

Given that all these Grattan and OPC/GLOBE recommendations “improve” the Greens original policy, it will be no surprise if this Committee endorses them. For the purposes of this commentary, therefore, they are assumed to be part of the Greens’ policy, and the default position of this Inquiry.

COUNTERPOINTS TO PONDER

If the outcome of this Inquiry already has been determined, it is pointless to make lengthy submissions to each of the Terms of Reference. Instead, this submission will make comments on some specific issues that are counterpoints to the prevailing zeitgeist on obesity.

These points are:

- The underlying causes of obesity are not simple
- All people are capable of making *informed* choices.
- Sugar and sin taxes patronise the poor
- Sugar and sin taxes are fashionable, but are they effective?
- Cui bono?

The direct causes are simple, but its underlying causes are not

The Commonwealth government’s *Healthdirect* website states the basic causal facts succinctly and, presumably with official government imprimatur:

In most people **obesity** is caused by eating too much and moving too little. If you consume high amounts of energy from your **diet** but do not burn off the energy through **exercise and physical activity**, the surplus energy will be turned into fat¹¹.

The Committee’s Term of Reference (f) firmly fingers the Australian food and beverage industry as the chief culprit, but it is not.

As the *Healthdirect* statement says, if one’s net calorie intake is greater than calories expended in physical activity. That is more than what we eat: it is more than what we do.

The reality is that, as a society, we *are* becoming less physically active. Our culture and our lifestyles are making us less physically active, more sedentary and, frankly, more lazy. We are more interested

¹⁰ “Cartoon face of fatty foods draws call for federal ban”, *The Sydney Morning Herald*, 26 December 2012, <https://www.smh.com.au/lifestyle/health-and-wellness/cartoon-face-of-fatty-foods-draws-call-for-federal-ban-20121225-2bvfm.html>

¹¹

in computers, smartphones and Netflix than getting out and about, walking, playing sport or exercising. Convenience and laziness rules. Even the exercise value of the noble sport of golf, which is in walking the course and not swinging a club, has been trashed by the infestation of golf buggies migrating from the US to Australia. There is no substitute for a walking or running pair of legs.

Indeed, studies indicate that Australians are less interested in sex, and the frequency of sex per person per year is decreasing.¹² Given that recent research shows men burn, on average, 100 calories during sex and women 70¹³, that is another consequence of our more stressful and sedentary lives leading to less exercise – an Inquiry recommendation to do more to fight obesity by having more sex would be welcome but no doubt unlikely.

Yet too often we're told not to take responsibility for our own choices and actions, and for setting poor examples for our children, by blaming Big Food, Big Advertising or some other convenient Big Whipping Boy if we or our kids become fat and lazy. We're constantly told by our public health betters that we're ignorant and innocent victims, not rational beings. That is misguided and wrong.

If we choose to reckless, feckless, cupid and stupid in our lifestyle choices, that's our problem, not the government's, Big Food's or anyone else's. If public policy has failed, it is in not doing enough to ensure that people have no barriers to being physically active and getting exercise, such as favouring residential development over playing fields, or not ensuring the freedom sporting and community groups can plan and deliver sport and other physical activities without the fear of litigation and crippling public liability insurance costs.

It is also well-established that some people are genetically-disposed to being overweight or obese¹⁴. But while those so affected deserve understanding and sympathy, genetic disposition does not exculpate people from the consequences of their own choices.

All people are capable of making informed choices

The arguments for pet Big Public Health solutions, especially a sugar tax, start from a presumption that people don't have the brains to do what's best for themselves. Even if allowance is made for their being well-meaning and kindly-intended, such presumptions by public health advocates are an insult to other people's intelligence.

Big Public Health especially is fond of *ex cathedra* pronouncements of what is good for the rest of us. Their groupthink reminds us of Aristotle's dichotomy of masters and servants in his *Politics: That some shall rule, and others be ruled is a thing, not only necessary but expedient; from the hour of their birth, some are marked out for subjection, others for rule*¹⁵.

But with an adult literacy rate of almost 100 per cent, surely it can be presumed that Australians can read and comprehend. They can read the nutritional information provided in food packaging; they can understand what a Health Star Rating is all about. They can get the message from effective social marketing (of which there's too little).

¹² Fron Jackson-Webb, "Australians are having less sex than a decade ago", The Conversation, 7 November 2014, <https://theconversation.com/australians-are-having-sex-less-often-than-a-decade-ago-33935>

¹³ Amy Rushlow and Melissa Matthews, "How many calories do you burn during sex?", *Men's Health*, 2 June 2018, <https://www.menshealth.com/sex-women/a19537023/sex-workout/>

¹⁴ Centers for Disease Control, Obesity and Genomics, <https://www.cdc.gov/genomics/resources/diseases/obesity/index.htm> last updated January 2018

¹⁵ Aristotle, *The Politics*, Book 1.

If we digest that information, and then choose to eat “junk” or pleasurable food and beverages knowing that overindulgence carries consequences, that is our choice. It is our doing, not a marketing conspiracy by Big Food and their advertising and media accomplices.

Similarly, when it comes to childhood obesity, Big Public Health too easily blames “pester power” for driving parents’ food and beverage purchasing. The Obesity Policy Coalition, for one, has declared war against attractive packaging, and grabbed easy media headlines by calling for the removal of cartoon characters from cereal packets¹⁶. It’s easy to make parents the victims, but it is wrong to create a mindset that allows people to doge responsibility for their own poor choices.

However they get their information, Australians do not need to have a PhD in public health to know that if they eat too much and exercise too little they’re going to get fat. provided the information they get is reliable, balanced and comprehensible they are well-capable and well-equipped to make their own informed judgments. Instead of taking down to them, Big Public Health should assume Australians are capable of making up their own minds and making informed decisions on diet, exercise and lifestyle factors that affect their weight, health and fitness.

If there is truly an effective role for government in addressing the obesity problem on the dietary side, it is in ensuring that Australians have adequate access to reliable diet, energy consumption and exercise information. That includes mandating and regulating the ingredient, energy sources and calorie content information on food and beverage packaging or at points of sale – including ensuring the print’s able to be read without the aid of a microscope.

To its credit, in its submission the Australian Beverages Council states its commitment to providing quality consumer information and its support for the Health Star Rating system¹⁷. Instead of condemning Big Food out of hand, Big Public Health should congratulate the industry for understanding and acting in the public interest.

Sugar and sin taxes patronise the poor

By extension, the assumption that people can’t decide responsibly for themselves underpins the Big Public Health solution of choice for the obesity problem: a sugar tax.

But whether it is *ad valorem* or an excise linked to sugar volume, the notion of a sugar tax on soft drinks is providing a price signal to consumers to either deter them from sugary drinks altogether, or shifting to less sugar-laden alternatives. Either way, however, it is a regressive tax with its heaviest burden falling hardest on the less well-off.

That seems to be deliberate. As Anita Lal, then a PHD candidate and co-author of a Deakin University study of sin taxes wrote for the public health activist *Croakey* website:

We predict that health benefits are likely to be better felt by lower socioeconomic groups as they are typically more price sensitive – so more likely to stop buying sugary drinks when prices

¹⁶ Obesity Policy Coalition press release, 29 June 2018.

<http://www.opc.org.au/media/media-releases/cartoons-sweet-talking-kids-into-sugar-laden-snacks.html>

¹⁷ Submission 22.

increase. They are also the highest consumers of sugary drinks, so there is a greater scope for reduction in their consumption¹⁸.

That may be so, but it is written by an academic with a comfortable, upper middle-class view of the world, presumably also with an income and assured career giving her scope for discretionary spending on what her preferred pleasures. She perhaps forgets that for someone on Struggle Street, a soft drink, a pizza or a trip to Maccas, may be affordable pleasures, highlights in otherwise mean existences for themselves and their children.

Regardless of their socio-economic status, people being able to make informed choices about diet and exercise is what matters. If such items as soft drink give people pleasure, what right does it give others to try and force that judgment to conform with what they think is right, rather than that person?

Too often people in Big Public Health, and the political class generally, think they need to tax people into submission. That cavalier attitude is unhelpful: perhaps these experts and policy-makers should get out and talk to the people whom they are trying to help rather than simply presume they know what's best for them. Blacktown and Broadmeadows are not Balmain and Brunswick.

Sugar and sin taxes are fashionable, but are they effective?

Sugar and other sin taxes, such as steep increases in tobacco and alcohol excise, and “fat” taxes, are the current public health fashion.

Much has been made of the introduction of a soft drink sugar tax in Mexico earlier this decade, a sweetened beverage tax by the UK Conservative government that commences earlier this year, and other sugar and fat taxes introduced in the European Union and North America.

But it is not all sweetness and light, nor have the success of such measures been proven successful. The Danish and Mexican taxes are reasonable illustrations.

Denmark and Mexico

In 2011, Denmark introduced a “fat tax” in a noble attempt to limit the population's intake of fatty foods. It was scrapped 12 months later and the Danish Government quickly cancelled its plans to introduce a sugar tax. According to the Danish government, this was because of increased prices for consumers, increased administrative costs which created a bureaucratic nightmare for producers and retailers, and because it put jobs at risk. All the while, Danes simply travelled across the border to Sweden and Germany make purchases of substantially more expensive food products.

As my IEA colleague Christopher Snowdon¹⁹ has pointed out, the Danish fat tax also failed dismally where it was intended to succeed. It had a very limited impact in the consumption of unhealthy foods. One survey found only seven per cent of the population reduced their consumption of butter, cream and cheese. Another found 80 per cent of Danes did not change their shopping habits at all.

Optimistic predictions and computer modelling did not, it seems, match reality.

¹⁸ Anita Lal, “A sugar tax ‘will benefit our most disadvantaged groups’, study finds”, *Croakey*, 28 June 2017, <https://croakey.org/a-sugar-tax-will-benefit-our-most-disadvantaged-groups-study-finds/>

¹⁹ Christopher Snowdon, *The proof of the pudding: Denmark's fat tax fiasco*, Institute of Economic Affairs, May 2013

Mexico introduced a soft drink tax in January 2014, one of the first jurisdictions to do so. It was applied at a rate of one peso (current exchange rate of 14 pesos to one Australian dollar) per litre to apply to fizzy drinks, energy drinks, bottled tea and coffee, fruit juice and any fruit-flavoured drink with added sugar.

Nevertheless, the results to date are inconclusive. As noted in the Australian Association of Convenience Stores submission²⁰, according to industry and the Mexican Secretariat of Finance and Public Credit (Treasury), sales of taxed products declined in 2014-15 when the tax was introduced, only to rebound to pre-tax levels and grow beyond that. It is also unclear whether the sugar tax itself deserves the credit for the either the temporary consumption dip or slowing the rate of overall consumption growth.²¹ It may well be much wider economic and discretionary income factors could be as much or more likely to be influencing Mexican soft drink consumption rates as the tax.

More recently, in the US, the city of Philadelphia last year introduced a “soda tax” on soft drinks which had the immediate impact of raising prices for consumers. Additionally, as was the case with the Danish example, consumers immediately began making their purchases in neighbouring jurisdictions, harming local businesses. Similarly a soda tax was tried in Cook County, Illinois (Chicago) and discarded less than a year later.

Australia: does soft drink consumption justify a sugar tax?

In Australia, a sugary drinks sugar tax is problematic if the intention is to target the supposed obesity Public Enemy no 1. As official Australian Bureau of Statistics data show, Australians’ consumption of sweetened drinks has declined significantly since 1995. According to the ABS:

Overall, the proportion of people aged 2 years and over who consumed **Sweetened beverages** decreased from 49% in 1995 to 42% in 2011-12. This was driven primarily by a decrease in consumption of cordial (from 16% in 1995 to 7% in 2011-12), with a decrease in consumption among children from 35% in 1995 to 11% in 2011-12. The greatest decreases in consumption of **Sweetened beverages** were seen among children, with the proportion of children aged 2-3 years who consumed **Sweetened beverages** decreasing by more than half (67% compared with 31%)²².

More recent analysis supports that picture. In 2017 a study by the University of Sydney’s Charles Perkins Centre, a public health unit (and therefore part of the Big Public Health establishment), perhaps in spite of itself supported the ABS data and other studies. It concluded that *per capita* dietary sugar intake generally has also fallen in recent times, saying, “*Our results suggest there may be unintended consequences in focusing on a singular dietary component such as added sugars only, and more should be done in public health campaigns to address other concentrated sources of energy such as alcohol, starchy takeaway and savoury snacks*”²³.

²⁰ Submission No 6.

²¹ For example, “Soda sales in Mexico rise despite soda tax”, *The Wall Street Journal*, 3 May 2016, <https://www.wsj.com/articles/soda-sales-in-mexico-rise-despite-tax-1462267808>

²² Australian Bureau of Statistics, 4364.0.55.007 - *Australian Health Survey: Nutrition First Results - Foods and Nutrients, 2011-12*, May 2014, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.007main+features7102011-12>

²³ University of Sydney, *Soft drink and added sugar consumption on the decline in Australia*, 9 March 2017, <https://sydney.edu.au/news-opinion/news/2017/03/09/soft-drink-and-added-sugar-consumption-on-the-decline-in-austral.html>

In other words, good policy is to offer and ensure better information to help consumers make informed choices as rational individuals, rather than to tax the life out of one perceived but convenient cause of the obesity problem.

The parable of tobacco excise

In looking for parallels to sugar tax, the Committee should consider the impact that steep, draconian, annual 12.5 per cent tobacco excise increases have had on Australian smoking rates.

Precisely none.

Punitive tobacco excise is the equivalent of a regressive sugar tax. It is intended to make smokers give up by pricing their habit out of existence.

The annual 12.5 excise increase was instituted by the Gillard government in 2013 and continued by the Abbott and Turnbull governments. Support for them is bipartisan: they are still part of Labor policy²⁴.

For the period 2013-16 these excise increases were a constant feature of the Australian policy and fiscal environment, along with tobacco product plain packaging. The ABS's Drug and Alcohol Survey for the period 2013-16, nevertheless found the headline smoking rate for persons aged over 14 fell from 12.8 per cent in 2013 to just 12.2 per cent in 2016²⁵. This is despite the smoking rate falling from almost 25 per cent in the 22 years between 1991 and 2013, and despite smoking rates falling significantly in the UK and US over the same period – most likely due to the uptake of vaping instead of smoking.

And, if anything, smoking rates are *understated* because of the rise in illicit tobacco trafficking over that period, a trend fuelled by the skyrocketing costs of cigarettes on the open market.

Despite exposing the punitive excise hikes for the tawdry revenue grab they are, these ABS data highlight that regressive sin taxes can backfire. However well-intentioned they may be, they do not deter those determinedly set in their ways and will tolerate – however reluctantly – what regulators throw at them. Almost certainly a significant proportion, probably the overwhelming majority, of these diehard smokers are Australians from less well-off backgrounds: but instead of making their lives easier and their household budget more manageable, public policy and politicians have contrived to make them less well-off, dismissively saying “thank you very much mate” for the billions of dollars their excise payments have raked into the federal Treasury.

Any honest consideration of a soft drink sugar tax, or any other behaviour-related tax over and above GST, therefore needs to keep the salutary lessons of tobacco excise in mind. The phenomenon can be likened to the proverbial frog in the saucepan: the water temperature may rise to the boil, but the poor frog adjusts to the increasing heat until it is too late.

Cui bono?

When looking at the submissions and evidence to this Inquiry it must be asked, who benefits?

This question applies not just to the food and beverage industry and companies. It applies also to the advocates and activists of the public health industry – to Big Public Health as well as Big Food.

²⁴ Australian Labor Party website, <https://www.alp.org.au/bestpracticetobaccopolicy>

²⁵ Australian Bureau of Statistics, *National Drug Strategy Household Survey (NDSHS) 2016 – Key findings*, June 2017, <https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-key-findings/contents/tobacco-smoking>

A quick review of Inquiry submissions available to date from advocacy and academic organisations, shows how these bodies call for greatly increased investment in obesity-related research, advocacy and social marketing as a central part of an obesity policy strategy. Certainly, making obesity a national health priority, as called for by OPC/GLOBE, would open the floodgates for public money to be made available for researchers and research institutions. That's not a bad thing in itself.

Nevertheless, research institutions calling for more research funding must be taken with a pinch of salt. Nobody benefits more from research funding than researchers themselves.

It therefore is incumbent on the Committee to consider any calls for increased public funding, or for imposts on private spending such as a sugar tax, in the light of who makes them and what their direct interest in the outcome may be.

CONCLUSION

The counterpoints discussed here are not exhaustive. These are some points that should be considered seriously, and tested, just as the evidence and claims for preferred policy and fiscal anti-obesity interventions should be.

Given the motivations for establishing this Inquiry and its Terms of Reference, however, it is unlikely this will be the case. I hope I am proven wrong in assuming this.

But if this Inquiry proves to be more than a political exercise to justify the policy position of the Australian Greens, and helps frame a better public conversation of the challenges of overweight and obesity in Australia, it can yet be worthwhile. It is up to the members of this Select Committee to be open-minded and do all they can to make it so.

It is a consummation devoutly to be wished, that instead of coming the heavy on ordinary Australians that governments and public health advocates would change their tune. Instead of rushing to tax and penalise people, and encouraging prohibition of and abstinence from “sinful” activities including consuming fatty foods and sweetened drinks, the best public health message should be *pan metron ariston* – moderation in all things. All of us should be able to enjoy what pleasures our miserable lives offer us, but it's up to us to know the risks and take care in doing so.

That, however, appears to be naïve and wishful thinking.

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ABOUT THE AUTHOR

From 1987, Terry Barnes worked for 20 years in both Australian politics and bureaucracy, including at senior executive level in the Commonwealth Department of Health.

He was a senior policy adviser to two Australian health ministers, Michael Wooldridge and Tony Abbott. Since 2007 he has been a consultant, policy analyst and political commentator in Australia.

Terry Barnes writes and talks regularly on health, politics and other policy subjects for Australian and overseas newspapers, *The Spectator's* Australian edition, opinion and news websites, radio and TV.

In 2014, his work became the catalyst for a major Australian political debate when he advocated mandatory patient co-payments for GP services in a discussion paper for the now-defunct Australian Centre for Health Research think tank. He did so in the face of constant distortion and misrepresentation from its political and health sector opponents. He continues to defend modest and affordable medical service price signals as sound policy in the context of much wider health financing reform.

In 2015 Terry Barnes was appointed a part-time fellow of the UK Institute for Economic Affairs, looking at lifestyle economics issues in Australia and New Zealand, and generally questioning nanny state policies and regulation. He has a strong interest in the vaping regulation debate, but also is interested in the politics and policy of “sin” taxes and the approaches of the public health sector to issues like obesity.