EDUCATION AND HEALTH STANDING COMMITTEE

INQUIRY INTO THE ROLE OF DIET IN TYPE 2 DIABETES PREVENTION AND MANAGEMENT

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 7 NOVEMBER 2018

Members

Ms J.M. Freeman (Chair)
Mr W.R. Marmion (Deputy Chair)
Ms J. Farrer
Mr R.S. Love
Ms S.E. Winton

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Hearing commenced at 10.06 pm

Mr MAURICE SWANSON
Executive Director, Australian Council on Smoking and Health, examined:

The CHAIR: On behalf of the committee I would like to thank you for agreeing to appear today to provide evidence in relation to the committee's inquiry into the role of diet in type 2 diabetes prevention and management. I am Janine Freeman. I am the Chair of the Education and Health Standing Committee. Bill Marmion is the Deputy Chair of the committee. Josie Farrer is not here yet. She may attend. She is also involved in native title negotiations, so that does take some time. Shane Love is on the committee, and Sabine Winton is to my left. For the purposes of Hansard, it is important that you understand that any deliberate misleading of this committee may be regarded as a contempt of Parliament. Your evidence is protected by parliamentary privilege. However, this privilege does not apply to anything that you might say outside of today's proceedings.

Mr Swanson: Thank you, Janine. Thank you for the opportunity to speak to the committee. I am currently the executive director of the Australian Council on Smoking and Health, which is a leading advocacy organisation both locally and nationally and sometimes internationally, for strategies to reduce the prevalence of smoking and the overall health impact of smoking on the Western Australian community and the Australian community. I took up that appointment at the end of June. Prior to that, I was the chief executive of the WA division of the Heart Foundation for 20 years. Prior to that I worked for the health department. The last 10 years or so of working for the health department I was the director of health promotion services. I was responsible for the Quit campaign, DrinkSafe and the various nutrition and immunisation campaigns that at that stage the health department ran internally.

The CHAIR: You also probably have been speaking to our two clerks here—Sarah and Jovita. Before we begin asking you some questions, do you have any questions about your attendance here today?

Mr Swanson: No.

The CHAIR: Do you want to make a brief opening statement or shall we just head straight into questions?

Mr Swanson: I had prepared a few notes to just run through. I promise you it will not take two hours.

The CHAIR: That is good because we do not have two hours. We will be in Parliament at 12.00.

Mr Swanson: I was about to say that Sarah very kindly sent the invitation to me and I understand that Professor Mike Daube was going to talk to you, but he has admitted to me that he has an addiction to Kit Kats and it might be inappropriate for him to come before a standing committee that is focusing on the prevention of obesity.

The CHAIR: We are not the prevention of obesity. We are type 2 diabetes and diet.

Mr Swanson: Perhaps if I just start there. I will be confining my remarks just to the prevention of obesity, because obesity is the major driver of the prevalence of type 2 diabetes in the community. I will not touch at all on the treatment of type 2 diabetes, purely focusing on the prevention of type 2 diabetes by reducing the prevalence of obesity in the community.

I am sure that you have had a chance to read the submissions that you have received from other organisations, but I just wanted to pick up on a couple of things. About two-thirds of Australian

adults are now either overweight or obese. About a quarter of children in Western Australia are overweight or obese. I was looking at the prevalence graph for obesity for Australia and it really started to take off in the early 1980s. There has been very little determined action by governments to reduce the prevalence of obesity. In fact, it was not until 1997 that the National Health and Medical Research Council produced a major report on obesity in Australia called "Acting on Australia's Weight". Sadly, if you look at that report now, many years later, almost all of the recommendations that were contained in that report have not been implemented. Very little action.

Obesity is such an important issue because it is a significant risk factor for not only type 2 diabetes but strokes, heart attacks, about 13 different cancers are caused by obesity. And you have got other complications like fatty liver disease that you have probably seen mentioned in the advertising campaign that I initiated when I was at the Heart Foundation called LiveLighter. If those present trends continue, there are going to be about 1.75 million deaths in people over the age of 20 years caused by overweight and obesity between 2011 and 2050. That is the modelling that has been done. Preventable deaths—those deaths that occur before age of 75—people who die as result of their obesity will lose on average about 12 years of life because they are overweight or obese. Obviously, more seriously for those who are obese compared to those who are only slightly overweight.

One other important background fact is that Australians spend 58 per cent of their food dollars on junk food and 35 per cent of the average adult food energy intake comes from these foods. These are figures from the Australian dietary survey and the work done on the "Australian Dietary Guidelines". It is a huge problem and is second only to smoking as a cause of burden of disease in Australia. Smoking is a leading cause of burden of disease that is preventable at around nine per cent. Overweight and obesity is seven per cent. It is a huge problem.

I thought you might be interested in what I think needs to be done. I am now going to move on to what I think your committee should recommend. Just a couple of preliminary remarks, if I may. No single strategy is going to be effective. There is no silver bullet. What you need to implement is a comprehensive approach. Many evidence-based strategies acting in concert with each other will be successful over time, but it is worth emphasising that overnight success takes time. I have been working on tobacco, as Bill will know, since the early 1980s. When we started the prevalence of smoking across both men and women was 32 per cent. Now it is down to less than 10 in WA, so it has taken us many years, but also the implementation of many strategies, including regulation, to get there.

I strongly endorse the comprehensive approach that you have been provided by the Obesity Policy Coalition, which is based principally on a document that I initiated called "Tipping the Scales: Australian Obesity Prevention Consensus". About four years ago in the Heart Foundation boardroom I said to a small group that what distinguishes our work on tobacco from obesity is that there is no plan. Whereas tobacco we have had a 10 or 12 point plan since the early 1980s, we all agreed that you needed to knock off advertising and promotion, you needed to continually increase the price of cigarettes. You will have seen recently that from 2012 you have got plain packaging and now many countries are following Australia's lead. But no single strategy is going to reduce smoking. It is all of those strategies acting in concert, as it would be with obesity, except if I was asked, "Can you name a regulation that has an impact on what people eat in Australia?", the only one that I can think of as it pertains to WA is the traffic light labelling system in schools, which has been very effective in school tuck shops. But there are no other regulations that I can think of that complement public education and information programs to have an impact on what people choose to eat, which is astounding in 2018, given that the National Health and Medical Research Council in 1997 said we had a major problem with obesity.

So, what could you do in your recommendations? First, I would strongly suggest that you recommend that the COAG Health Council, of which Roger Cook is a member, for example, support a health levy on sugary drinks of about 20 per cent, because that will reduce the consumption of sugary drinks and therefore consumption of sugar, and it will have an impact on obesity. There are 28 jurisdictions around the world that have such a tax in place. They vary in terms of how it is applied, but 28 exist.

Mr R.S. LOVE: Do you have evidence that in target groups it actually reduces the consumption of sugary drinks? I mean, tobacco prices have gone up, but I still see people who are obviously not wealthy struggling to pick out the $40 or whatever to buy their packet of cigarettes. What it has done is actually impoverished people who are already poor. You say that is what you like to see happen, but do you have evidence that it actually works at those levels?

Mr Swanson: Shane, I can give you bucketloads of evidence that increasing the price of tobacco in any country that you choose has the greatest equity impact on people on low incomes, not people on high incomes. That might sound strange, because people who campaigned against that say it is a regressive tax, as you are suggesting there, but the impact of the evidence —

Mr R.S. LOVE: I do not see too many wealthy people smoking. I see poor people still smoking and the cost of cigarettes has gone through the roof, so I do struggle to follow your argument.

Mr Swanson: I will show you the prevalence of smoking in WA, if you want it, that we recorded from the early 1980s, and what you have got is smoking much higher in lower income groups, if you use total income as a proxy for socioeconomic status or if you use education, but the decline in the prevalence of smoking among those groups is at the same rate. It is just that they started a lot higher. So, when I started on tobacco in 1980, very few doctors smoked. Why is that? Because they had access to the information about smoking and health a long time before the general community did. It was only after massive campaigning that you could honestly say that people knew, at least in some detail, more than what they had before, about the health impacts of smoking. But in answer to your question, I can provide you with the evidence that it is the most effective strategy to reduce smoking, as it would be in depressing or reducing the impact of sugary drink consumption. There is good evidence from some of the jurisdictions where they have evaluated it, of those 28 that I mentioned, particularly Mexico, where they slapped a 10 per cent increase in the price of soft drinks, that it drove the consumption down and it drove it down in low SES groups.

Mr R.S. LOVE: How has it gone with Aboriginal people and reducing smoking?

Mr Swanson: Their prevalence of smoking or are you talking about sugary drinks here?

Mr R.S. LOVE: You are talking about taxation as a method of reduction of consumption in general. The only example you have got is Western Australia's tobacco, so let us use tobacco.

[10.20 am]

Mr Swanson: If you look at the prevalence of smoking in Aboriginal communities, when I started back in the early 1980s it was as high as 70 or 80 per cent in some Aboriginal communities, because we went out and measured it. In recent years it had come down to about 50 per cent and in the most recent surveys by AIHW it is down to 42 per cent on average.

Mr R.S. LOVE: That is interesting, because I attended an Aboriginal health forum in Geraldton recently and I was told it is up around 70 per cent—the smoking rate amongst Aboriginal people in Western Australia—so that is an interesting change of numbers.

Mr Swanson: I could take you to a community and we could do a survey and it would be 70 per cent; I am not saying that is not right. I am saying that the average figure now is around 42 per cent, and

I can give you the data for that. What is happening in Aboriginal communities is that the federal government is funding a tackling Indigenous smoking program, which the Heart Foundation, wearing my previous Heart Foundation hat, along with the AMA, others and Mike Daube advocated for, and it was funded for $110 million over four years. The funding has been slightly reduced, but a credit to Ken Wyatt, he as federal Aboriginal affairs minister has continued the funding.

The CHAIR: Health minister. Scullion is federal Aboriginal affairs minister.

Mr R.S. LOVE: He is aged, is he not?

The CHAIR: Aged care, yes, sorry.

Mr Swanson: I will rephrase that. Through Ken's personal advocacy the funding for that program has continued. But I can give you that data as well, Shane, if you like.

Mr R.S. LOVE: The idea of using taxation in areas: if you have got a group of people who are already impoverished and you slap higher and higher taxation upon them when you know they are not going to change, the majority are still—you have changed their habits, perhaps there are other methods. I suggest probably not the taxation, but some of the other health and education programs would have some of that effect. So, basically you are taxing very poor people for an outcome that is not affecting the general population, because they are already not smoking.

Mr Swanson: I can assure you, if you ask me what single strategy will work, I will say let us not talk about it, because no single strategy will have a population-wide effect, but if you combine 10 strategies, as we have done with tobacco, including taxation, you drive down the prevalence in all groups, including those who are on low incomes. I can show you the data.

Mr R.S. LOVE: But you advance the tax as your first measure.

Mr Swanson: No, I am saying tax is the most effective way of reducing consumption. Do not misinterpret this: if you just increase the price of sugary drinks and do nothing else, then you will only have a small effect. It is getting that along with the other measures and making them work in concert that you have a population-wide effect.

The CHAIR: Do you want to go onto the other queries? The Minister for Health will go to COAG and take a position on what the federal government does with the sugar tax. We are a state parliamentary —

Mr Swanson: But you as a committee can look at the evidence, and I can provide it to you, and you can say that a health levy on sugary drinks should be considered because the evidence says that it is helpful in terms of reducing the consumption of sugary drinks in these other jurisdictions—you have looked at the evidence. That is all I am asking you to do.

Mr R.S. LOVE: You will find this other campaign has already done that.

Mr Swanson: Which one?

Mr R.S. LOVE: The sugar sweetened LiveLighter campaign has already reduced sugary drink consumption amongst adults according to you.

The CHAIR: Shane, can we just —

Mr R.S. LOVE: It is just interesting that people have these ideas that sometimes I do not really think are evidence-based; they are just accepted among some groups these are the ways to tackle a problem and that is the mantra.

The CHAIR: Perhaps if Maurice gives us the evidence, and as long as you acknowledge the evidence, then we might move forward.

Mr R.S. LOVE: Give us the evidence, rather than make the statement up front. I am happy to examine the evidence.

Mr Swanson: I am very happy to provide you with the evidence that has been published in peer-reviewed journals regarding tax increases on tobacco. I can also give them to you for the impact of the tax increase on sugary drinks in Mexico.

The CHAIR: That would be great; we would appreciate those.

Mr Swanson: The other thing I think is really worth this committee considering—again, it is not entirely a state-based issue—is that the current self-regulatory approach of advertising junk food to kids is an abject failure, because it has been written by the industry for themselves and there has actually been an increase in the advertising of junk food, particularly on TV, to kids. So, you need to take it away from the industry regulating themselves on that issue, because they are totally conflicted. Again, it is a COAG issue. Much of it needs to be tackled at the federal level, but there are state-based opportunities for reducing exposure of kids to unhealthy food and drink advertising. We did that with the Tobacco Control Act in 1990 where, for example, I had the job of negotiating with the outdoor advertising industry and them getting out of tobacco advertising by 1995. That is an example of where the state had control of certain types of advertising. It does not have control of television advertising, so you have got to rely on the commonwealth to do that.

The CHAIR: You are talking like bus shelters and the back of buses?

Mr Swanson: Exactly—all of those things that are under state control could be considered, and you have listed some of those there, Janine.

Mr W.R. MARMION: Just on the junk food: what is the definition of junk food? I notice that all the junk food providers are putting out lettuce and tomatoes and vegie burgers—all sorts of stuff. People want to sell their brand, so they will come up with food. They will actually end up advertising what is not junk food. Then you have got to define what junk food is.

Mr Swanson: Yes. The best way of doing that is through a nutrient profiling, Bill. You have got to get a group of nutrition experts together. Broadly, junk food—they are not foods; they are products. They are mass-produced products that are generally high in sugar, fat and salt, with very few nutrients that your body needs. That would be my definition of junk food. Professor Daube's addiction to KitKat is a junk food.

Mr W.R. MARMION: I can understand a KitKat being obviously one, but if you have a special dietary —

Ms S.E. WINTON: Can I? I have heard the word twice now. May I? A few times now I have brought up the question about addiction.

Mr Swanson: Yes; sorry, I was being very flippant there, Sabine.

Ms S.E. WINTON: I do not know whether it was flippant or not. Do you think there is an addictive element to the consumption of sugar?

Mr Swanson: I think that —

Ms S.E. WINTON: You do not?

Mr Swanson: No, I do not. To the extent that, if you are a child and you are brought up in a situation where you go to the fridge whenever you like and there is full-strength Coca–Cola there, then your tastebuds get attuned to sugary foods. There is no doubt about that. You probably look forward to them because they are what you normally eat. There is a fantastic book that I will give you the title of by David Kessler, who is a former FDA commissioner, and he goes into very acute detail of how

the food industry not only constructs food products—loosely called food products—but tunes them to the nth degree by manipulating the ingredients and then taste-testing them with panels of people where they use Harvard professors of behavioural psychology to do the testing. You get that—he calls it something like the bliss moment, when you consume a food. It is a bit like I am very fond —

Ms S.E. WINTON: Is that not similar to the bliss moment when you are inhaling nicotine, to a certain extent?

Mr Swanson: I do not think eating Red Rock chilli chips, which I am rather fond of but are an absolute junk food, has an effect on your central nervous system, whereas nicotine has a very clear and very well documented effect on your central nervous system.

Mr R.S. LOVE: With respect, you are not obese.

Mr Swanson: No.

Mr R.S. LOVE: Somebody who is obese may have developed some sort of a different, shall we say love affair, with particular sorts of food such as the sausage rolls here in the committee room!

[10.30 am]

The CHAIR: But a love affair is not an addiction.

Mr R.S. LOVE: If you have a craving for something —

Ms S.E. WINTON: It is a craving.

Mr R.S. LOVE: — and the only way you can satisfy it is to ingest Kentucky Fried Chicken or whatever it is that you have the craving for, and that leads you to become an unhealthy person to the point where you cannot do anything except order take-out because you cannot even walk around your kitchen anymore, I would say that you have probably developed some sort of a psychological dependency upon that food. Is that an addiction?

The CHAIR: So, the question was asked, "Is it an addiction?" and Maurice is saying —

Mr Swanson: I am —

Mr R.S. LOVE: He used his own personal experiences to justify the answer, so I think I am entitled to challenge it.

The CHAIR: Let us let Maurice answer the question.

Mr Swanson: Let us be clear: I was having what a former Minister for the Environment federally and lead singer of a rock band referred to as a jocular moment when I was referring to Mike Daube's addiction to KitKats. It is a standing joke between Mike and I. Personally, I do not believe that there is evidence that people are addicted to sugar. I think they have developed a habit and a taste preference for very highly sweetened foods, and they look forward to them. I think Shane is right there—they do. But does that mean that they have a chemically driven addiction to them? I do not think so. I do not think there is any evidence of that.

The CHAIR: In that way then, does it make it less difficult to be able to counter sugar consumption or unhealthy consumption because it is not a neurological addiction, it is habit based; it is an availability; it is a —

Mr Swanson: Marketing.

The CHAIR: Yes, a marketing cost. It is a cost implication. It is cheaper to buy a bottle of Coke than it is to buy a bottle of water or something—I do not really know that. Does that therefore mean—you need to keep going about your strategies—in terms of some of the strategies around trying to

address healthy eating, does that make it simpler because it is not addiction, or harder because it is such an ingrained habit?

Mr Swanson: No. I think it is slightly less difficult than it is with a chemical addiction, for example nicotine, but I say that in the context of having control of all the levers. I mentioned the school canteens' traffic light labelling system. That is a really good case study of altering an environmental context where the choices are removed or, if they are not completely removed, the green foods are more prominently displayed, the green foods are more available and the green foods might be discounted in price so that a child who comes to the canteen tuckshop can more easily make the healthier choice. You have heard this expression, Janine, we would like to see the healthier choices the easier choices, but at the moment food choices are very much skewed to the unhealthier choices; very much skewed towards that.

I was going to get to this in a few moments, but I mentioned you have got this major report in 1997 but not a single—or very few—of the strategies are implemented. Why is that the case? The credibility of the tobacco industry has been much diminished since the early 1980s because of the campaigning that we have done. I will just give you one example of that. I was present in the Legislative Council for all of the debates on the early attempts to get a ban on advertising in WA. I sat there for hours. In the first attempts, you had conservative members of the upper house making remarks like, "This bill is applying a bobcat to a problem that could be dealt with using a shovel." You can imagine, being a public health person, I was not terribly impressed by that comment, but I was just sitting there and listening. Ten years later, in 1989, when the bill was brought before the Parliament for a third time, not a single member of the Legislative Council made any remark that bordered on the idiocy that I had observed 10 years earlier. You ask yourself: why? We had run a Quit campaign with diseased lungs, diseased hearts, chopped off legs; we had Fiona Stanley appealing to women to give up smoking. There would not have been a person in WA who did not know smoking was not good for them. We have de-normalised smoking to such an extent with those campaigns, now people cannot—we went and bought four packs of Winfield the other day, or Peter Jackson, and you know that they are covered in a colour we referred to when we were developing the mock-ups as baby poo brown. It is quite disgusting. It was tested to be not attractive. You have got the grisly photos on the packs. Again, it de-normalises smoking. But you have got none of that with the food that is on offer.

The CHAIR: Do you not think that obesity at least is not necessarily de-normalised, but that it is stigmatised and not seen as normal, or do you think part of the issue now is that we are normalising overweight and obesity?

Mr Swanson: Yes, I think we are. We absolutely are. Two or three years ago I was sent a photograph—because I am from Adelaide—of a family event; they were having a picnic. I was looking at all my aunts and uncles, and other than my father, who has passed away from Alzheimer's unfortunately, all of them were overweight. They were all overweight. I thought: "This is incredible." They were not overweight when I was in my teens, but they have all become overweight into their 60s and 70s. So you are not out of step if you are overweight now. One of the other criticisms that we got initially with the LiveLighter campaign advertisements—we were really careful about this—is that if you notice the people in them are not massively obese. I made sure that we did not picture people who were very, very overweight—with a BMI above 25, for example—because we know psychologically that people turn off. When they see images that are not them, they say, "This message isn't for me." We did surveys throughout the campaign to measure stigmatisation, and I am very happy to say—it has now been published—that that campaign does not stigmatise overweight people. I can provide you with the papers because they have been published. We also —

The CHAIR: But do we not want to make them not normal?

Mr Swanson: I think we want to —

The CHAIR: Make it not normal?

Mr Swanson: Yes, but you have to be careful not to stigmatise.

The CHAIR: People have been stigmatised for smoking.

Mr R.S. LOVE: It has stigmatised service stations!

Mr Swanson: Yes, for their sausage rolls that they stock. That was one of our best ads, by the way, in terms of response from the target audience.

Mr R.S. LOVE: I think of it every time I go to pay at the servo. It has stopped me buying many sausage rolls!

Mr Swanson: I am concerned that we do not do things in public health that stigmatise people, because I do not think that is the appropriate thing to do. We are there to be as supportive and helpful for people who want to change their health behaviour. We need to support them by making changes in the environment that support healthier choices, not unhealthy choices. That is, in a nutshell, what we need to. At the moment the food industry is in the ascendency; they have it all over the federal government—it does not matter what colour they are—in terms of any major change.

The CHAIR: But the food labelling stuff —

Mr Swanson: Food labelling is an interesting issue. The health star rating system is pretty good; it is not perfect. They are making changes to it to make it more effective. You will have picked up recently that people were complaining about Milo being given a four or five rating on health stars, when we all know it is very high in sugar. But they got away with the rating—the algorithm being applied—to pour yourself a glass of milk and put two teaspoons of Milo in there.

The CHAIR: Which is not what we do.

Mr Swanson: That completely changes the algorithm. So they have fixed that. That is what I mean by it is not perfect.

The CHAIR: You were with the Heart Foundation, were you not?

Mr Swanson: Yes.

The CHAIR: And you gave four ticks to McDonald's, did you not?

Mr Swanson: This is being recorded, isn't it?

The CHAIR: Yes.

[10.40 am]

Mr Swanson: The WA division of the Heart Foundation did not support the attempt to change the offerings offered by McDonald's, and there were very good reasons for that. But just to focus on what they did offer as the healthier alternatives, there is no doubt that there were healthier alternatives than a burger, fries, a sundae and a Coke—no doubt at all. But when you looked at what they did, it was the halo effect. So what they were aiming to do there—this is where they are so smart and they have the best brains working for them—was to go into partnership with a health charity that has a respected brand, you get the halo effect, and then you spend three penneths of nothing promoting the healthier alternative and you focus all your promotion on the burger, fries, chips and Coke, because that is what you want to flog because it has the highest margin. The other benefit is mum, who is health conscious and trying to do the right thing, goes in and buys the chicken

salad wrap, but then lets the kids go bananas with all the other stuff. So it was a brilliant marketing strategy.

But one of the qualities that distinguished the WA division of the Heart Foundation from the other divisions is that here we have had a 40-year history of being innovators in public health. So the WA division of the Heart Foundation ran the first attempt at a Quit campaign, and it was "give up smoking for a day" in 1981, and it later graduated and became a health department program under Barry Hodge in 1983. So we have a lot of experience and knowledge from our honoraries who know what a good public health program is and know how the adversaries—in this case big food; I am not talking about your corner greengrocer or your fishmonger or your butcher, I am talking about people who produce the junk that takes up 58 per cent of people's food purchases.

The CHAIR: But now when I go to the servo I see on the sign there is this packaged food that says healthy alternative.

Mr Swanson: Yes, well —

The CHAIR: It looks like it has broccoli in it, and it is in a nice little container so I can pick it up, chuck it in the microwave and take it home. How do I know, in terms of the star ratings or the ticks from a not-for-profit, that I am actually making healthy choices?

Mr Swanson: Okay. Just to finish the story.

The CHAIR: Yes.

Mr Swanson: Ticks have been dispensed with now; that is not run by the Heart Foundation. The health star ratings, unfortunately, are not mandated across all food products. There is a trial going on at the moment, and one of the things that needs to happen in the future—it is not in my recommendations here because I would have been here for three hours—is to make sure that once the algorithms are fixed so that there are no loopholes, that it is applied to all foods. Because people do not have time to do a nutrition and dietetics degree like I did years ago and go into a supermarket and read everything. They need a quick measure that they can trust and rely on to make a healthy choice, the bulk of people. I am not talking about your medically qualified people who want to delve into the detail. But that is what the general community needs. The health star rating system will become that when the algorithm is perfected and mandated, and that is what we need. To pick up the discussion I was having with Shane, a comprehensive approach would include a mandated and slightly improved health star rating system as one of your 10 or 15 strategies that you are going to implement. So, for example, in your recommendations you might want to consider a recommendation that the commonwealth speed up that process of mandation. If you were a company producing really healthy wholegrain bread, of course you want the stars. But if we are producing Mars bars, we do not.

Can I just quickly whip through these, Janine? I love this stuff, as you can appreciate, so interrupt me any time you like. Here is another action that the state government can take, and Roger is making some changes here already in terms of implementing the existing policy: restrict the sale and provision of sugary drinks on state-owned and operated assets and events, including hospitals and other health facilities. I had a bit of a debate with Kim Hames, when he thought it was draconian that the volunteers at Royal Perth were going to be stopped from peddling all their sugary stuff around on the trolleys. His view was, "They're fundraising for the hospital; let's let them do it." So he withdrew the policy that Jim McGinty had implemented. Also, reduce unhealthy food and drink sponsorship of sport and community events by sustaining the role of Healthway as a source of independent finance for health promotion programs, research and sponsorship.

The CHAIR: How do you sustain Healthway now that we cannot tax anything and pump it into Healthway?

Mr Swanson: Well, we are, because—Bill will remember this—that the —

The CHAIR: There is a percentage —

Mr Swanson: Yes. It was the state tobacco licence fee. It started off at 13.5 per cent and it soon went to 100. Every other state copied it, two retailers in New South Wales took action in the High Court, financed by the tobacco industry —

The CHAIR: They found out that it was a tax, not a levy.

Mr Swanson: Yes, and it goes back to the commonwealth as an excise. So, the commonwealth did a deal with all the states that it would give them the equivalent amount of money that they were getting from the state licence fee and it is just channelled through Treasury. Treasury then has an appropriation to the health department and part of that appropriation is the funding for Healthway. That is how it works.

Mr W.R. MARMION: The benefit is that it does not go through the grants commission and we only get a third.

Mr Swanson: Yes, that is right.

The CHAIR: We get the 100 per cent.

Mr Swanson: You would be getting a consistent flow that originated when the High Court decision came down. It is still tobacco tax, but it is not radioactively labelled by the time it gets to Healthway.

The CHAIR: If COAG agrees on a sugar tax, could you do that with a sugar tax?

Mr Swanson: You all know because you are politicians that generally politicians hate hypothecated taxes because it does not allow them to fiddle it.

Mr W.R. MARMION: I am the opposite. I am ex-Main Roads and we like to keep the money that we got.

Mr Swanson: And you always like that.

Mr W.R. MARMION: And Treasury hate it.

Mr Swanson: Bill, I am with you on that. If you are going to raise approximately $400 million from a sugary drinks tax, you do not want half of it hived off to build a bridge in Unawoopwoop. You want that $400 million dedicated to support services for people who are overweight and obese and prevention programs and activities.

Just a quick anecdote on sports sponsorship. I was fortunate enough to go the grand final. I was wearing my Eagles jacket in a viper's nest of Collingwood supporters. Apologies to any Collingwood supporters here. I said to my wife before I went, "Is there any way that you can get that bloody Hungry Jack's logo off my jacket because if I'm photographed with that on there, my reputation will be soiled." She said, "Bad luck. It's been so finely stitched on by the manufacturer that I can't get it off without a very fine unpicker." It is just a funny way of illustrating that people underestimate the normalisation.

The CHAIR: I could teach you how to get it off so you do not have to ask your wife next time.

Mr Swanson: Janine, I have dug myself a very large hole there!

Having major sporting teams sponsored by Hungry Jack's, McDonald's, Coca-Cola, just is so powerful, particularly for young people, in normalising the consumption of those foods. At least we have a vehicle in WA called Healthway that does the alternate thing. Maintaining the funding for

that LiveLighter campaign, I think, is essential because just like the Quit campaign, it provides an umbrella under which all the other activities can legitimately be implemented. I have not mentioned exercise.

The CHAIR: We are not doing exercise, but you can.

Mr Swanson: I think you need to be aware that a statewide commitment to walking and cycling will complement anything you do to curb the activities of big food because while physical activity is not the answer to obesity, it has many other co-benefits. Obviously, it reduces your risk of cardiovascular disease and so on—several types of cancer. Just beware of what Coca-Cola and their advocacy, their lobby groups, were doing things in the last couple of years —

[10.50 am]

The CHAIR: Bikes.

Mr Swanson: Yes, red and white bikes. Why would they want red and white bikes all over the northern suburbs of Perth? Because it is branding. But it also complements their political strategy of convincing politicians and decision-makers that the challenge for obesity is slothfulness. That is a load of rubbish. It is what you have put in your mouth primarily that drives obesity, not how much physical activity you are doing. All you need to do is look up how many hours on the treadmill you need to spend to burn off a Mars bar, for example. It is just a really good distraction strategy by them.

Finally, I am often asked: why have we been so successful in tobacco control? The key ingredients for our success from the mid-1970s, as I mentioned, when about 35 per cent of adults smoked, a comprehensive approach with agreed strategies, you need leadership and advocacy, you need clear objectives, you need to implement strategies that are evidence-based. I will get to the evidence for Shane on tax. You need determination, persistence, you need a focus on public health outcomes. For example, if you look at lung cancer trends for women, they have not turned down yet but they have turned down for men. The death rate from heart disease peaked in about 1968. While it is not caused exclusively by smoking because there are multiple risk factors, there has been a range of changes in the community's risk factor profiles that has driven heart disease down. Emphysema, chronic obstructive lung disease, it has gone down and lung cancer in men has gone down.

Mr W.R. MARMION: Can I ask a question on this because this is a key point. I agree you need a comprehensive approach. One of the criticisms I have been getting from a range of people in Western Australia—I am not saying where they come from—is that there are too many people delivering stuff, and where is the leadership, where is the coordination? Who is responsible for that and how do you get it to work because you have government agencies, private not-for-profits, and a whole range —

The CHAIR: Pharmacies.

Mr W.R. MARMION: Yes, pharmacies.

Mr Swanson: You do need a leadership group, I think, Bill, and that is what ACOSH has been for tobacco. ACOSH, along with the AMA, has led all the coordination on every regulatory change since 1980. There is not such a body for obesity.

The CHAIR: Is there not the obesity —

Mr Swanson: Policy coalition?

The CHAIR: Yes, Jane Martin.

Mr Swanson: Jane is a very good operator who cut her teeth on tobacco control years ago. She is leading it nationally. But I do believe that it would be helped and it would complement our work here if we had a WA-based sister or brother organisation to the obesity policy coalition. But they are running on the smell of an oily rag from the Cancer Council Victoria.

LiveLighter was beginning to draw in that advocacy wing to it. You have to be a bit careful about that. I am speaking from not running now. You have a government funding source being outsourced to a not for profit which is running a public education campaign and then starts criticising the government for not doing things. It can be a little bit difficult. ACOSH is funded by Healthway, as you all know. It has been funded by Healthway for the last 20 years; in fact, since 1990—more than 20 years. You just need to be a little bit careful about how your independence might be affected by being government-funded. Governments, and I can appreciate, do not like being criticised for inaction by a lobby group that is funded by a government source.

Mr W.R. MARMION: I will tell you about that.

Mr Swanson: It is the reality, Bill.

Can I just finish with a quick quote from Margaret Chan, who is the immediate past director general of the World Health Organization —

> … it is not just Big Tobacco anymore. Public health must also contend with Big Food, Big Soda, and Big Alcohol. All of these industries fear regulation, and protect themselves by using the same tactics.
>
> Research has documented these tactics well. They include front groups, lobbies, promises of self-regulation, —

I touched on that with advertising and marketing —

> lawsuits, and industry-funded research that confuses the evidence and keeps the public in doubt.

The CHAIR: So you do not think that there is any role for the food industry to play in attempts to change people's eating behaviour?

Mr Swanson: I think there is room for consultation with the food industry. The big mistake we have made is they are sitting at the table determining policy. This Food and Health Dialogue that the federal government has got, of which the Heart Foundation is a member, but now I am not working for them anymore, is so foolish because you have got industry shaping policy. What industry executive director is going to allow the government to shape a policy —

The CHAIR: But that happens everywhere. The fishing industry shapes fishing policy. The mining industry —

Mr Swanson: Yes, but you do not have people in the fishing industry producing products that are inimical to health that I can think of.

The CHAIR: I will not go there.

Mr Swanson: It is not the same.

The CHAIR: That is completely different.

You talked about those systemic ways that we have macro-drivers. Are there any micro-drivers to help people eat a healthy diet? Obviously with regulation you take away accessibility. When you go, you take away the machines and stuff like that. Pharmacies are now talking about that. One of the issues that seems to come out is that the Dietary Guidelines are very much framed around this idea of balance and so when you go to the Melbourne Cup lunch and there is a whole bunch of food

placed out, you can convince yourself that you can eat a bit of everything on the basis of balance. Do we need to be rethinking how we talk about our Dietary Guidelines and the concept of what is balance? Really, what we need to be talking to people about is that we are putting too much food in our mouths. It is much more about restraint than it is about balance.

Mr Swanson: I think it is about all of those things. You are probably aware of this, but there is nothing wrong with the Dietary Guidelines at all. The people who put them together—I know some of the people who review the evidence—review 50 000 published papers in scientific and medical journals to come up the recommendations. There is nothing wrong with the IP. What the government—in this case the federal government—failed to do was allocate any money to promote them. You can go to the website and download the materials, but that is not a communication strategy. They should have allocated several millions of dollars to make the Dietary Guidelines sexy and to make it easier for people to interpret them, and they did none of that. Health behaviours are a fascinating thing. When I first started in 1979, I read a little book on health behaviour by a professor from North Carolina called Godfrey Hochbaum. I will phrase it like this: you have had a few drinks at an after-work function and you think, "Should I have a third drink?" because you are concerned about the impact on your driving. What we tend to do is perceive information that we have read from a source because it helps us with what we are about to do next—"That third drink actually helps my driving skills." If you are at this buffet and you are rather partial to a sausage roll, despite the fact that my ad impugned their reputation because they are high in fat and salt and not much else, you say, "But the Dietary Guidelines I read the other day said everything in moderation." It gives you a licence to eat a sausage roll. Then you have the other issue, which is that every event you go to, you have got food provided—everything—and it is very difficult for people to not eat.

The CHAIR: And alcohol.

Mr Swanson: And alcohol. We will not get started on alcohol, but all of the things I was talking about apply equally to alcohol.

Ms S.E. WINTON: And so you take it away. That stops the consumption.

[11.00 am]

Mr Swanson: Here is the thing that we were promoting with the healthy workers program, another outsourced program to the Heart Foundation, is that large organisations—I am not talking about your spray shop down at Subiaco—but Parliament House should have a healthy catering policy

The CHAIR: We so should have a healthy catering policy!

Ms S.E. WINTON: That is not going down well at committee level, I have to say.

Mr Swanson: If you are fair dinkum about doing something about obesity at a micro level, that is what you do. You do not force people to adopt the policy, but you make it available and easy for them to get and you make sure that the recommendations you have got on what is served is both palatable and nutritious. You are not talking about the centre of a doughnut or sautéed bees' wings. You are talking about food that people enjoy—what is that you have got there, Bill?

Mr W.R. MARMION: That is a scone with strawberry and cream.

Ms S.E. WINTON: But there are rice rolls just on the other plate!

Mr Swanson: Okay. You might go halfway there, Janine, and have healthy alternatives like you do in most canteens. I used to have —

The CHAIR: A traffic light system in the afternoon tearoom.

Mr Swanson: Well, you probably would not want to do that with adults. I will give you a classic case. I spent thousands of dollars having my kids coached at Challenge Stadium. They were little tackers and they would be exhausted, they would get out and go up to the top level —

The CHAIR: Chips.

Mr Swanson: Chips! Why on earth would you have chips with all of the allure of the aroma, the taste, being presented to kids after they have burnt their backsides swimming?

The CHAIR: Okay. Let us talk about chips with potatoes that have had their glycaemic index altered so that they are low glycaemic index and maybe are baked.

Mr Swanson: Would I say that is okay? I would say, yes.

The CHAIR: So there are alternatives —

Mr Swanson: There are —

The CHAIR: — in terms of saying you could still have the chips, but what we say to try at a micro level is seek low glycaemic index alternatives in terms of that.

In terms of the Dietary Guidelines, there is no doubt that the Dietary Guidelines are under question. They are certainly under question in the UK more than here. There is an argument around low-carb, high-carb diets for people losing weight, because we are talking about not just prevention but also the treatment of type 2 diabetes. Do you think the Dietary Guidelines are appropriate for people with diabetes or prediabetes?

Mr Swanson: Yes—but with caveats. I mean, I could sit you in front of an array of foods—say you are 15 kilos overweight—and I fed you only foods from the Dietary Guidelines but you overate and did nothing in terms of moving more, would you lose weight? The answer is no. It is not rocket science in the sense that if you are going to lose weight, you do have to modify what you put in your mouth.

Mr W.R. MARMION: Can I do a counter argument with this? Your kids worked their butts off at Challenge Stadium and then they ate all these chips.

Mr Swanson: No, I did not let them.

Mr W.R. MARMION: You did not let them? Okay, mine do. I go to the swimming and I give them some chips. They have the skin fold of about .01; they are skinny. Surely the argument by other people—it might be me—is why can they not eat what they want? Their evidence is that their kids are skinny as a rake and do a lot of exercise and it does not have any impact on them; and, indeed, my kids do not drink sugary drinks, but let us say they could as well and they still might be skinny. So what is the argument against that?

Mr Swanson: I am just using that as an illustration.

Mr W.R. MARMION: That is the argument that you will get if you want to tell people what they can eat or not eat.

Mr Swanson: My counterargument to that is that that is a state-government supported facility and as part of an across-government strategy to —

Mr W.R. MARMION: An education strategy.

Mr Swanson: Exactly. I am not saying that you go down to a kiosk on the beachfront and start trying to tell a proprietor that he cannot sell chips. I mean, we are never going to get away with that.

The CHAIR: We have with smoking.

Mr Swanson: Well, we have. This is the other thing. I talked about 1980—we are 30, 40 years behind here. Overnight success takes time. Bill knows, you all know because you are politicians. You are looking at incremental change here and you cannot do everything all of the time.

Mr W.R. MARMION: There is a difference between smoking and eating chips because smoking is bad for you, but eating chips depends on what you are.

Mr Swanson: What you have got there in the context of your kids, Bill, them having an occasional bucket of chips is not going to do any harm at all. I am talking, and this is the thing about public health, if you want to change the prevalence, you have got to implement community-wide public health strategies. It sounds really draconian but you have got to probably ignore the pleas of the walking wounded, because if you are morbidly obese the only thing that is going to help you, unless you are prepared to subject yourself to a huge change immediately, is bariatric surgery.

The CHAIR: Yes. We were going to ask you about bariatric surgery and whether you thought bariatric was a way of dealing with these things.

Mr Swanson: My personal view is that it is not something that you would list in a public health strategy, clearly. Does it work for some people? I think there is evidence that it does work for some people. Is it without risk? No. Does it cost a bomb? Yes. That is the other thing. When you are looking at these strategies, if you are looking at regulation, it does not cost you a cent; as a politician, it does not cost you a cent. Take plain packaging. Yes the commonwealth had to fund a defence in the High Court, but they won. They probably got costs awarded against the industry. It did not stop the industry; they went to the international trade courts and got defeated again, because they have got bottomless pockets.

Mr W.R. MARMION: Back to bariatric surgery. You say it costs a bomb. If people can show you a net present value analysis that shows that after 18 months in the actual long-term cost to the health department you are actually in front, what if someone could have that evidence, what would you say then?

Mr Swanson: Then it just comes down to a decision about where you allocate your resources to give you the biggest bang for your buck. What I do is community wide. You have got figures here that 66 per cent of people are overweight or obese. It has been normalised. You have got limited resources. Are you going to put them all into bariatric surgery? I would not. We have just done, and are about to publish, an economic analysis of the sugary drinks phase of the LiveLighter campaign that was presented at a conference in Melbourne recently. It is five to one, so for every dollar invested you get a return of five for diseases prevented in the future.

Mr W.R. MARMION: So that is your answer. When you look at bariatric surgery and you can show that it is of benefit in the long run, you need to look at that in relation to all the other options?

Mr Swanson: That is right. It is difficult, because if you are a specialist and you have got a person sitting in front of you who is 200 kilos, and they are going to be dead from a stroke or heart attack in three years' time, probably all of us would say that we have got to do something for this poor person. I cannot remember the exact figures, but it used to be about 20 grand for a gastric sleeve.

Mr W.R. MARMION: There are so many that it must be coming down.

The CHAIR: I will invite you to—we are just going to wrap up, but if you want to briefly talk about the contribution of alcoholic beverages to obesity, and therefore type 2 diabetes, in terms of that —

Mr Swanson: Well, I am not an expert on alcohol, other than to say that I think there is some very good evidence that alcohol contributes to—it is not a food, so let us call it energy intake, and when you are overweight one of the first things you would do is reduce your alcohol intake, because it is

junk. There is nothing in there other than—I cannot think of anything other than alcohol, but it is calorific, it is energy dense. It is something that you would reduce to reduce your overall food energy intake, and if you look at it across the population, Janine, then you would have to say that it is contributing to the epidemic of overweight and obesity, and then it has got all of the other negative outcomes that we are all very aware of.

[11.10 am]

The CHAIR: Okay, I do not think I have any other questions. Do you want to add anything?

Mr Swanson: No.

The CHAIR: You are going to come back to us with some information, and the research on the cost benefit of the LiveLighter campaign on sugary drinks would be worthwhile, from that conference. Did you go to that conference?

Mr Swanson: No, but I am listed as an author on the paper.

The CHAIR: Do you know if there is anything else, because that was the conference where some US expert on obesity came across? Was that the one?

Mr Swanson: Probably; was it ANZO? I think that was the one.

The CHAIR: I am trying to steer away from obesity, and just stay in diabetes. Obesity is enormous, and diabetes is containable.

Mr Swanson: The challenge for you, Janine, if I can be frank, is that the major driver of type 2 diabetes is obesity. It is nothing else.

The CHAIR: Yes, absolutely, and weight, in terms of pre-diabetes and diabetes is a major contributor. You are a public health advocate and you would know that sometimes you cannot talk about things that will turn people off. And if you are talking about wanting to prevent a chronic disease that can make you lose your feet, fingers and eyesight, which is diabetes, and you need to control your weight, that may be a better way of beginning that long campaign of discussion.

Mr Swanson: This is an interesting anecdote. We, in the ad voice-over, had originally said diabetes, so heart attacks, strokes, diabetes and several types of cancer, and we got a hail of letters from mums who have kids with type 1 diabetes saying, “You bastards; you’re saying that my kid’s overweight, and that’s why they’ve got type 1 diabetes and I’m trying to do everything to instil a proper approach in my kids to managing their type 1.” We quickly redid the voice-over. We apologised; it was not our intention; it was shorthand for type 2 diabetes, and we had to put back in the ad type 2 diabetes. Really, type 2 diabetes can be a Trojan horse to encourage people to lose weight, absolutely, if you are pre-diabetic, and it is one of those health consequences appeals that we use. You might have noticed that, over time, we added in fatty liver disease, because the hepatologists at Sir Charles Gairdner said, in a presentation to us, “We’re expecting a new wave of liver transplants to be performed in the future.” We said, “Why is that?” It was because fatty liver disease is increasing in prevalence, and it is almost invariably in overweight people, and it just wrecks their livers, with the fat infiltration of their livers, and they end up, in some cases, having to have liver transplants, and you know how risky and expensive that is for the public health system, so we in fact invited one of them to launch one of the phases of LiveLighter. Think about the sequence of the Quit campaign that we ran in the 1990s. We made sure that we had a different message—a refreshed message—for a consequence of smoking for every year, so it was either women and smoking, lung cancer, heart disease, emphysema or chronic bronchitis.

The CHAIR: In terms of marketing, Quit has been a constant brand, and LiveLighter has now been pretty constant. Do you have analysis on how LiveLighter has been shown to be a good marketing brand?

Mr Swanson: Sarah, can you just note that I will get the published papers on LiveLighter? The reason I chose LiveLighter, when the agency came up with it, it was the same agency that we worked with for the national Quit campaign in the late 1990s, so you might remember we developed that ad where we squeezed gunk out of the aorta.

The CHAIR: I do, actually, yes.

Mr Swanson: It was very visceral in the response that it generated, and we used the same creative director to come up with the brand LiveLighter, and the reason that we chose it is because it has got a very clear message, but it is also positive.

The CHAIR: Which Quit is—positive.

Mr Swanson: Exactly, and it tells you in an instant what you are trying to communicate. You want people to live lighter. It also has a positive mental health connotation to it, and we thought, "That's it." You get presented with a whole range of things and you think they are all rubbish, and then you see one thing that really works, and taking people inside their bodies to show them that yellow toxic fat is a direct rip-off from taking people inside their bodies in the national Quit campaign that I was a part of, and showing them what they cannot see.

Ms S. WINTON: We did not talk about this, but I noticed you previously had mentioned it. In regards to planning codes legislation—in my previous life as a councillor, it was obvious to me in the northern suburbs where my patch is—co-location of these fast food chains next to schools is just a trademark, really. We did not talk about that.

Mr Swanson: No, and do you know why? It was one of the things that I —

The CHAIR: Do you want to put that in as a submission?

Mr Swanson: Yes, I can. I thought we were running a bit close to time.

The CHAIR: We are.

Mr Swanson: Make community health and wellbeing an enforceable and explicit requirement within the Western Australian planning system. I do not know whether you read the papers as closely as I do—I am sure you do, you are politicians—but I have dealt with requests to help with lobbying against fast food restaurants every time it comes up, in Applecross, Margaret River, Guildford. We go out and we speak at the community events, but we do not have a leg, legally, to stand on because the council is abiding by its zoning decisions, and health and wellbeing impact is not a ground on which they can object to a use. In the fuller version of these notes, there are clauses that need to be amended in the WA planning law which I can—you know it, Sabine.

The CHAIR: Please send them to us.

Ms S. WINTON: If you have any more information on that, I would be very interested to obtain it.

Mr Swanson: The one at Guildford, which we defeated—we did not, but the community pressure did—was not on the grounds of what I have just talked about, it was amenity, and the one in Applecross got through in the end, with the rebranding. McDonald's are really clever, because they are pitching themselves as a healthy, family restaurant now, but one thing I love telling people about is, you drive down Stirling Highway—Bill will know this—there is about one fast food joint that I can identify in Claremont, where I live, Hungry Jack's, and if you go out to Guildford and put a five-kilometre circle around Midland–Guildford, I think it was 43, when we got dragged into the advocacy

to help maintain a fruit and vegetable shop that had been there for years. The lease was expiring, and an alcohol outlet wanted to swoop in and grab it. It was just a classic case of—their targeting is brilliant. They go after low SES people, and there is just a preponderance of fast food outlets and grog shops.

Mr R.S. LOVE: Chuck a tax on it and it will make them poorer.

Mr W.R. MARMION: That is right—that is a good summary.

Ms S. WINTON: It would be interesting to get some more information.

Hearing concluded at 11.19 am

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