

AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE



Food Regulation System – consultation on Horizon Planning

ACDPA response August 2022

Q 1. Are the trends, issues, risks, and opportunities affecting the broader food system accurately captured in the Horizon Scan?

Yes **No**

If you answered no, which matters have not been captured?

The horizon scan identifies important issues. We have further points:

- Chronic disease and ageing population are separate mega trends

The impact of chronic conditions is broader than the ageing population. While chronic diseases are more prevalent in older populations, conditions like type 2 diabetes and cardiovascular disease are being diagnosed more often in younger people, likely due to high rates of overweight and obesity and unhealthy diets.¹ There are also trends downwards in the age of people commencing dialysis for kidney failure. There are further inequities for priority populations, including Aboriginal and Torres Strait Islander Australians who experience higher prevalence of risk factors, earlier chronic disease diagnoses and poorer outcomes than non-Indigenous Australians.

The impact of multiple chronic conditions should be included in the chronic disease mega trend. Twenty percent of Australians have multiple conditions, which share risk factors (including unhealthy diets) and interact to increase risk.² Access to a healthy food supply and education to enable healthy eating are first line treatments for delaying the progression of many chronic diseases and are necessary to manage disease risk and secondary prevention.

The broader impact of COVID-19 should also be incorporated in the chronic disease mega trend, due to the effects of long-COVID on health and wellbeing, the long-term impacts on vital organs and existing conditions, and broader pandemic-related changes to health behaviours and access to care that are likely to increase the burden of chronic conditions in the future.

- Inequity and food insecurity should be a global megatrend

We support Cancer Council Australia's submission that the heading "forever young" trivialises the serious health issues we are facing due to the obesogenic environment. The global trends associated with the Food Regulation System's Priority 2 (to support public health objectives to reduce chronic disease related to overweight and obesity) are not given the prominence needed in this horizon scan to address these worrying trends. The inequities related to chronic disease risk factors are raised above and are exacerbated by unhealthy food environments and food insecurity. We recommend changing "i. persistent inequity and food insecurity" to a global megatrend.

¹ WHO 2016. Report of the Commission on Ending Childhood Obesity. Geneva: WHO.

² AIHW 2022. <https://www.aihw.gov.au/reports/australias-health/chronic-conditions-and-multimorbidity>

- Food regulation must address the rise and marketing of unhealthy foods, including ultra-processed foods, and the associated increase in unhealthy diets

We recommend that there is greater recognition of the increase in access to, and marketing of, unhealthy foods and its impact on dietary patterns. This includes the proliferation of ultra-processed foods that contribute to unhealthy diets and chronic disease,³ and are readily available and highly marketed, including to children. Unhealthy diets are a major contributor to overweight and obesity, and a leading risk factor for chronic diseases,⁴ including cancers, type 2 diabetes, cardiovascular disease, and chronic kidney disease.

The food regulation system has an important role in addressing this global trend of high consumption (and promotion of) of unhealthy foods and drinks.

- National Food and Nutrition Plan

The horizon scan outlines many trends, but it is unclear how the issues will be addressed by the food regulation system. We highlight that the National Preventive Health Strategy includes a national nutrition plan as an action by 2030 to improve diets. An overarching National Food and Nutrition Plan would provide a coherent approach to improving food and nutrition in Australia through food regulation and other complementary activities like education and public awareness to support behaviour change.

- Shifts in consumer wants and needs

Within the horizon scan, the demand for healthy, ethical and sustainable food focuses on the information expectations of food labelling and safety, rather than its provision. Noting the rise of unhealthy food supply and its impact on overweight, obesity and chronic diseases, the Food Regulation System must acknowledge its role in responding to consumer demand and enabling equitable access to affordable and nutritious food. Responding to this demand cannot be the sole responsibility of the food industry. Unfortunately, the various global megatrends which focus on supply do not delineate enough between unhealthy and healthy food. This is an important factor to ensure the success of Priority 2, which must be at the forefront of all policy and regulatory actions.

Q2. To what extent are there activities underway within your organisation, to manage these issues and risks and to leverage these opportunities?

The Australian Chronic Disease Prevention Alliance (ACDPA) brings together Heart Foundation, Cancer Council Australia, Diabetes Australia, Kidney Health Australia, and Stroke Foundation to promote prevention, risk assessment, and early detection of chronic disease.

These organisations are trusted voices in the community and can deliver independent advice, research expertise, and liaise with the community on relevant food system issues.

³ Machado et al. 2019. <https://pubmed.ncbi.nlm.nih.gov/31462476/>

⁴ AIHW 2020. <https://www.aihw.gov.au/reports/burden-of-disease/interactive-data-risk-factor-burden/contents/dietary-risk-factors>

Q3. What opportunities do you consider exist for future work or partnerships, for mutual benefit?

Food regulation developments must be government-led and ensure that public health is prioritised. This is crucial to ensure trust in the food system and avoid perceived or actual conflicts of interest (COI). There should be clear and transparent guidance around COI for any partnerships.

We support Cancer Council's submission that:

The "benefit" to the food industry is driven by economic gain and should not interfere when regulation is being developed. Industry-led codes and voluntary guidelines do not provide an effective opportunity to deliver on food regulation. Industry codes have been shown around the world to be ineffective and not having the interests of the public as a priority. This has been demonstrated in Australia with the ineffectiveness of industry codes on food marketing to children and the slow progress of pregnancy warning labels on alcohol until the government intervened with a mandated requirement.

Government working with public health organisations and researchers to develop food policy and regulation will allow an opportunity for co-benefit, for the health of the public and the planet.

Would you like to add anything else to your submission?

- Priority 2 for the Food Regulation system must remain a priority.

We strongly support the continuation of Priority 2 for the Food Regulation system:

Supporting the public health objectives to reduce chronic disease related to overweight and obesity.

Nearly 40 percent of chronic disease burden could be prevented by reducing risk factors, including unhealthy diets, overweight and obesity, alcohol, and physical inactivity.⁵

Priority 2 is a crucial objective for the food regulation system to counter the impact of unhealthy diets on overweight and obesity and chronic diseases. And there remains much to do to support this priority, as overweight and obesity continues to affect two-thirds of the adult population and one-quarter of children.

Overweight and obesity is a leading risk factor for chronic disease burden. Overweight and obesity increases risk of heart disease, stroke, type 2 diabetes, chronic kidney disease, and cancer. Preventing unhealthy weight gain remains an important strategy to control obesity at the population-level due to the difficulties in reversing excess weight gain.

Disease burden could be dramatically reduced if everyone in Australia was a healthy weight, including reducing diabetes by 53%, chronic kidney disease by 38%, oesophageal cancer by 38%, coronary heart disease by 25%, stroke by 22% and breast cancer by 22%, among other reductions.⁶

⁵ AIHW 2020. <https://www.aihw.gov.au/reports/burden-of-disease/interactive-data-risk-factor-burden/contents/about>

⁶ AIHW 2018. <https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/bmi-where-do-you-fit/diseases-linked-to-overweight-and-obesity>

- The work on the FSANZ Act should be prioritised for completion.

We support Cancer Council Australia's position that work on the FSANZ Act should be progressed, and it is unclear how this scan will be used and where it fits in the body of work being done through several consultations on the FSANZ Act. We highlight that a public health lens should be applied to any food regulation activity to ensure the short- and long-term health of the Australian population remains a priority.