



Action on alcohol and obesity

Context

- A focus on prevention and public health is a key way to reduce demand on the health system (see Background Paper - Prevention).
- There has been a strong coordinated effort to reduce tobacco use over the past 30 years in Western Australia (WA). In 1971, 39 per cent of Western Australian adults smoked.⁽¹⁾ By 2017, this was reduced to 11.8 per cent.⁽²⁾
- Smoking remains a key cause of death and disability and it is vital that efforts to reduce smoking be continued. The model pursued for reducing smoking can be used to address other key public health issues. Obesity and harmful alcohol use were identified as key priority health issues early in the Review, and was noted in the *Sustainable Health Review Interim Report*.⁽³⁾
- In March 2018, a Preventive Health Summit was held to stimulate thinking and community engagement around ways to encourage Western Australians to lead healthy lifestyles to reduce and prevent obesity and alcohol-related harm.⁽⁴⁾
- Many submissions to the Sustainable Health Review emphasised the individual health consequences and health system costs of obesity and harmful alcohol consumption, and urged these issues be prioritised. Some examples of statements from submissions are:
 - ‘Obesity is a significant risk factor for 11 cancers including bowel, kidney, pancreatic, oesophageal, endometrial and breast (in postmenopausal women)... Overweight and obesity increase the risk of many other health conditions, putting considerable pressure on the health system.’
 - ‘The harmful consumption of alcohol is associated with several cancers, cardiovascular conditions, injuries, mental illness, liver cirrhosis, type 2 diabetes and Fetal Alcohol Spectrum Disorder among others. It remains a leading cause of preventable death, injury and diseases and, in 2006, total hospitalisation costs associated with alcohol were more than \$33 million. In addition, the cost of alcohol-related presentations to emergency departments for injury and assault alone was \$7.17 million.’
 - ‘Every dollar invested in increasing physical activity and healthy eating in pre-schools saves as much as \$13 in future costs...’
 - ‘The economy benefits by more than \$14 every time a person cycles to work.’
 - ‘People who live in walkable neighbourhoods are on average 3kg lighter than those in non-walkable neighbourhoods.’
 - ‘The mean per person/year health expenditure for 15-24 year olds on hospital in-patient, out-patient medical services and prescription pharmaceuticals (adjusted to 2015) is \$1,532.60, whereas expenditure of \$6,200 per person/year was recorded for adolescents with an alcohol and other drug-related presentation.’

- ‘Globally, around 90 per cent of heart attacks can be attributed to smoking, hypertension, abnormal blood lipids, diabetes, obesity, and physical inactivity, dietary and psychological factors. This evidence provides compelling direction in regard to what should be the key issues to be addressed in a cardiovascular disease prevention strategy.’
- Local, national and international research has outlined directions for intervention in key areas of health. The World Health Organization (WHO) has identified a number of ‘best buy interventions by risk factor’, which include tobacco, alcohol, diet, and physical inactivity.⁽⁵⁾ The WHO outlines a range of policies relating to each risk factor and the interventions that are considered most cost-effective and feasible for countries to implement.⁽⁵⁾

Alcohol

- Alcohol is the most widely used drug in WA and causes the most drug-related harm (excluding tobacco) in the community.⁽⁶⁾
- Approximately one-third of people aged 16-44 (35.7%) drink at levels considered to be high risk for long-term harm.⁽²⁾
- Alcohol-related problems are mostly preventable and account for significant social, physical, emotional and economic and health system costs.⁽⁶⁾
- Drinking alcohol to excess is known to have immediate effects including impaired judgment and diminished balance and coordination and can lead to road traffic accidents and injury. Alcohol-related violence is also a major issue in the community. In cases of extreme drinking, people may suffer alcohol poisoning which may lead to brain injury and possibly death.
- Long term excessive alcohol consumption can result in a range of serious and often fatal physical and mental health conditions, some of which include alcoholic liver cirrhosis, cardiovascular disease, a range of cancers, dementia, depression and other mental illness.⁽⁷⁾
- Alcohol consumption by women who are pregnant is harmful to their unborn child, and can result in a range of adverse effects on the development of the baby’s brain and organs, which can lead to Fetal Alcohol Spectrum Disorder which has associated lifelong impairments.

Obesity

- The WHO notes that poor diet and lack of physical activity can lead to people being overweight or obese.
- In 2017, almost seven in 10 Western Australian adults were overweight (37%) or obese (32%)⁽²⁾ and more than a quarter of children aged 5-15 years were overweight (16%) or obese (10%)⁽⁸⁾.
- Overweight and obesity are among the leading causes of preventable chronic diseases such as type 2 diabetes, cardiovascular disease, and certain cancers⁽⁹⁾, which are responsible for one-third of the total burden of disease in Australia.⁽¹⁰⁾
- In 2011, it was estimated that excess weight cost the WA health system through emergency department and inpatient care cost \$241 million dollars. This is projected to increase to \$488.4 million by 2021⁽¹¹⁾ if action is not taken to reduce the rates of overweight and obesity.

Exemplars considered

A range of exemplars were identified throughout the course of the SHR in public submissions, Clinical and Consumer and Carer Reference Groups, Working Groups and in public forums. The

following exemplars are indicative, however are not an exhaustive list of the exemplars considered throughout the SHR.

Strategies to reduce obesity

- According to the WHO, the over-consumption of sugar is a major contributor to many health issues including obesity, diabetes and tooth decay.⁽¹²⁾ Taxation on sugary drinks is an effective way to reduce sugar consumption.⁽¹²⁾ Evidence shows that a tax on sugary drinks that raises prices by 20 per cent can lead to a reduction in consumption of around 20 per cent, thus targeting obesity.⁽¹²⁾
- Internationally, a number of countries have introduced a sugar tax to combat obesity.
 - In January 2014, the Government of Mexico introduced a one peso per litre excise tax to any non-alcoholic beverages containing added sugar to Mexico's Special Tax on Production Services. The tax is paid by the producer and results in a 10 per cent increase in the price of the beverage for the consumer.⁽¹²⁾ During 2014 and 2015 there was an average reduction of 7.6 per cent in the purchases of taxed sugary beverages.⁽¹³⁾ Furthermore, households with fewer resources had an average reduction in purchases of 11.7 per cent. Purchases of untaxed beverages, in particular bottled water, were found to increase by 2.1 per cent.⁽¹³⁾
 - In April 2018, the United Kingdom introduced a Soft Drinks Industry Levy to tackle childhood obesity. Soft drink manufacturers whose products contain too much sugar are required to pay a levy, prompting them to reformulate the drinks to lower the sugar content. The levy is expected to raise £240 million a year and has been allocated to funding childhood health initiatives such as the establishment of a Health Pupils Capital Fund which will assist schools to upgrade their sports facilities and provide high quality physical education equipment.⁽¹⁴⁾
- A number of Australian states have introduced multi-pronged strategies and have made coordinated efforts with number of agencies to combat obesity. For example:
 - *Queensland Healthy Weight Strategy 2017 to 2020*
 - *NSW Healthy Eating and Active Living Strategy*
 - *VicHealth Healthy Eating Strategy 2017-19.*
- In 2018, the Queensland Government committed to restrict sugary drinks and junk foods in public hospitals and healthcare facilities, and also phase out junk food advertising near schools, public transport hubs, and sports grounds.
- A number of regional health services around Australia have also removed sugary drinks, such as Victoria's Western District Health Service and Barwon Health.

Strategies to reduce harmful alcohol use

- The *National Alcohol Strategy 2018-2026 Consultation Draft* outlines the aims of the Strategy to provide a national framework to prevent and minimise alcohol-related harms among individuals, families and communities by:
 - 'identifying agreed national priority areas of focus and opportunities for action
 - promoting and facilitating collaboration, partnership and commitment from the Government and non-government sectors
 - targeting a 10 per cent reduction in harmful alcohol consumption.'⁽¹⁵⁾

- The Northern Territory has recently produced a *Northern Territory Alcohol Harm Minimisation Plan 2018* which sets out a whole-of-government approach to minimising harmful alcohol consumption. The Plan presents a set of strategies aimed at:
 - ‘reducing the demand for alcohol through education, prevention or delay of first use and health promotion activities
 - reducing the supply of alcohol through effective regulation on sale and promotion
 - reducing the harm caused to individuals, families and the community through appropriate therapeutic support services.’⁽¹⁶⁾
- Following on from the plan, in late 2018 the Northern Territory introduced a minimum floor price for alcohol which by law prevents retailers from selling alcohol below a certain price, with the aim to stop secondary supply of alcohol to ensure that disadvantaged Territorians are prevented from purchasing cheap alcohol in large quantities.
- Under the arrangements, the minimum price is \$1.30 per standard drink contained in the alcohol product.⁽¹⁶⁾ Instead of a tax, the legislation imposes the minimum price as an automatic condition of a liquor licence.



This background paper was developed by the Sustainable Health Review secretariat to inform the work of the Sustainable Health Review Panel. Every effort has been taken to ensure accuracy, currency and reliability of the content. The background paper is not intended to be a comprehensive overview of the subject nor does it represent the position of the Western Australian Government. Changes in circumstances after the time of publication may impact the quality of the information. Background papers are published in full at: www.health.wa.gov.au/sustainablehealthreview.

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ⁱ (A) According to body mass index (BMI) categories for adults: 25-30kg/m² is classified as overweight, 30-35kg/m² is classified as obese, 35-40kg/m² is severely obese, and a BMI over 40kg/m² is classified as morbidly obese. World Health Organisation 2018, BMI Classification [available from: http://apps.who.int/bmi/index.jsp?introPage=intro_3.html]

(B) According to BMI categories for children: 85th to less than the 95th percentile is classified as overweight, and 95th percentile or greater is classified as obese [available from: <https://www.cdc.gov/obesity/childhood/defining.html>]

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