Australian Government

TAKING PREVENTATIVE ACTION

A RESPONSE TO AUSTRALIA: THE HEALTHIEST COUNTRY BY 2020

THE REPORT OF THE NATIONAL PREVENTATIVE HEALTH TASKFORCE

Taking Preventative Action – A Response to Australia: The Healthiest Country by 2020 – The Report of the National Preventative Health Taskforce

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INVESTING TODAY TO BENEFIT OUR FUTURE HEALTH

INTRODUCTION FROM THE MINISTER

The saying is true – prevention is better than cure. But for all the strengths of our health system Australia has historically not invested enough effort and funding in preventing chronic and life-threatening diseases.

With an ageing population and increasing rates of chronic disease, increasing our action in preventative health has never been more important.

The Government commissioned the National Preventative Health Taskforce to provide bold recommendations on what action can be taken – starting with the priority areas of alcohol, tobacco and obesity.

In its work, the Taskforce undertook 40 consultations and were provided with 397 submissions. Once the report was released, the Prime Minister, Ministers and I conducted over 100 consultations about this report and the work of the National Health and Hospitals Reform Commission.

The Government is now embarking on a bold strategy for preventative health action, including:

- the world's toughest regime on cutting smoking rates;
- establishing a national agency to guide investments in prevention;
- tackling binge drinking through a $103.5 million strategy;
- reducing the impact of diabetes through a $449.2 million reform;
- providing approximately $300 million for social marketing campaigns tackling tobacco, alcohol, obesity and illicit drugs;

- helping Australians to participate more in sport and active recreation through a boost to sports funding; and
- delivering the most ambitious study of Australia's health ever conducted.

In addition to the Government's investments, there's a need for action in every community and every family.

The Taskforce's proposals represent not only a call to action for our Government, but for states and territories, communities, workplaces, families and individuals.

Many of the recommendations of the Taskforce we are now implementing, many we will continue to consider. Others will need to be taken up across states and territories and the community.

This critical first step in reshaping our health system will not be the last. Preventative health is now here to stay at the heart of our health reform agenda.

Nicola Roxon
May 2010

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PREVENTATIVE HEALTH TASKFORCE

Since 2007, the Commonwealth has made preventative health a key element of its reform agenda. In April 2008, the Minister for Health and Ageing, the Hon Nicola Roxon MP, announced the National Preventative Health Taskforce to develop strategies to tackle the health challenges caused by tobacco, alcohol and obesity.

The Taskforce comprised:

- Professor Rob Moodie (Chair), Chair of Global Health, Nossal Institute for Global Health, The University of Melbourne;
- Professor Mike Daube (Deputy Chair), Professor of Health Policy, Curtin University of Technology;
- Professor Paul Zimmet, Director Emeritus and Director of International Research, Baker IDI Heart and Diabetes Institute;
- Ms Kate Carnell, Chief Executive Officer, Australian Food and Grocery Council (from July 2008);
- Dr Lyn Roberts, Chief Executive Officer, National Heart Foundation of Australia;
- Dr Shaun Larkin, Hospitals' Contribution Fund;
- Professor Leonie Segal, Foundation Chair in Health Economics, University of South Australia;
- Dr Christine Connors, Northern Territory Department of Health & Community Services (Australian Health Ministers' Conference (AHMC) nominee); and
- Dr Linda Selvey, Queensland Health (AHMC nominee, until August 2009).

The Taskforce's membership included extensive experience in preventative health and a comprehensive understanding of the intersection between population health, primary care and areas outside the health portfolio.

Three expert working groups covering the areas of alcohol, tobacco, and obesity were also established to support the Taskforce in developing strategies and preventative health programs. These working groups were chaired by Professor Rob Moodie, Professor Mike Daube and Dr Lyn Roberts respectively. Each working group also co-opted experts to assist in providing advice to the Taskforce.

EXPERT AND COMMUNITY INPUT TO THE REPORT

In October 2008, the Taskforce released a discussion paper, *Australia: the healthiest country by 2020* and three associated technical papers on obesity, tobacco and alcohol.

These documents formed the basis for conducting consultations and calling for public submissions. The Taskforce publicly invited submissions in response to its discussion paper and received 397 such submissions.

The Taskforce held 40 consultations with almost 1,000 stakeholders in capital cities and select regional centres between October 2008 and February 2009. This included ten thematic round tables bringing together experts and industry representatives to discuss major determinants of smoking, obesity and excessive alcohol consumption. Participants included a mix of people representing industry, public health, professional groups, consumer groups, government, and other non-government organisations. In particular, the thematic roundtables 'Reshaping the Culture of Drinking', 'The Built Environment', 'Recreation, Fitness and Weight Loss', 'Healthy Workplaces', 'Medicines and Prevention', 'Private Health Insurance and Prevention', and 'Reshaping Demand and Supply in Food' provided dedicated opportunities for consultation with the relevant industries.

The Department of Health and Ageing, on behalf of the Taskforce, also commissioned a range of research and writing on the following issues to assist with the drafting of their report:

- international chronic disease prevention programs and strategies;
- prevention of alcohol misuse and related harm;
- tobacco control in Australia;
- health equity in Australia: social determinants of obesity, alcohol and tobacco;
- approaches to reducing alcohol, tobacco and obesity in Indigenous communities;
- prevention in primary health;
- inappropriate food marketing;
- obesogenic environments: building a culture of active, connected communities;
- impact of target reductions for risky/high risk drinking on national morbidity and mortality;
- benefits from intervention scenarios on overweight and obesity;
- predicted impact of proposed tobacco control strategies;
- building infrastructure that supports and sustains action; and
- maternal and child health.

THE TASKFORCE'S REPORT

Following this review and consultation process, the Taskforce released its final report in September 2009, which it titled *Australia: the Healthiest Country by 2020*. The Taskforce put forward 136 recommendations and 35 areas for action, tackling obesity, tobacco and alcohol as key drivers of chronic disease, and the resultant health system and social costs. The report comprises five documents, *Australia: the Healthiest Country by 2020*:

- National Preventative Health Strategy – Overview;
- National Preventative Health Strategy – the roadmap for action;

- Technical Report 1 – Obesity in Australia: a need for urgent action;
- Technical Report 2 – Tobacco control in Australia: making smoking history; and
- Technical Report 3 – Preventing alcohol-related harm in Australia: a window of opportunity.

The report targets obesity, tobacco and the excessive consumption of alcohol as the key modifiable risk factors driving around 30 per cent of the burden of disease in Australia. The report seeks, by 2020, to:

- halt and reverse the rise in overweight and obesity;
- reduce the prevalence of daily smoking from 16.6 per cent to 10 per cent or less;
- reduce the proportion of Australians who drink at levels which place them at short term harm from 20 per cent to 14 per cent and the proportion at longer term harm from 10 per cent to 7 per cent; and
- contribute to the 'Close the Gap' targets for Indigenous Australians.

The Taskforce also identified seven strategic directions underpinning the effective implementation of the report:

1. shared responsibility – partnerships at all levels of government, industry, business, unions, the non-government sector, research institutions and communities;
2. act early and throughout life – working with individuals, families and communities;
3. engage communities – act and engage people where they live, work and play;
4. influence markets and develop connected and coherent policies – for example the use of fiscal strategies to complement other arms of action;
5. reduce inequity – by targeting disadvantage;
6. Indigenous Australians – contribute to 'Close the Gap;' and
7. refocus primary health care towards prevention.

The recommendations made by the Taskforce arise from these strategic directions, which provide the foundations for the range of proposals put forward in the areas of enabling infrastructure, obesity, tobacco and alcohol. Consistent with this approach, the report recommends actions supporting behavioural change through a number of mechanisms.

Focusing on the individual, the Taskforce proposes actions encouraging individuals to adopt healthy lifestyles. These include supporting individuals in the social contexts of their everyday lives (schools, communities, workplaces), using social support networks to encourage the adoption of healthy lifestyles, complemented with social marketing campaigns raising awareness of the risks of chronic disease and associated risk factors.

The report also looks at those influences beyond the individual but which shape, at the population level, the behaviours of individuals. For obesity and alcohol, the Taskforce assumes that individuals exercise responsibility for healthy choices in markets

and environments supportive of such choices, and suggests the close engagement of industry and other stakeholders in reshaping the markets that influence risk behaviours. In obesity, it proposes that peak leadership groups would drive reform in the food sector and the built environment respectively. It also proposes reviews of economic impediments to, and enablers of, markets responding to shifting patterns of consumption; and a responsive approach to regulation which encourages industry to meet social objectives without Government taking recourse to regulation – the latter to be exercised only where self-regulation or co-regulation fails to deliver specified outcomes.

The Taskforce also recommended further national partnership payments in preventative health, directed at leveraging effective outcomes from state and territory governments in areas in which they are responsible such as liquor licensing and effective reform of the built environment for active living. It also sets out a clear approach of 'learning by doing,' supported by close monitoring and evaluation, where the international evidence is still maturing around interventions – especially in combating obesity. In the case of tobacco, the report recommends significantly increasing tobacco excise and an escalating regulatory pressure on the manufacture, packaging, marketing and use of tobacco.

In looking at the capacity of the system to shape the agenda, the Taskforce proposes national infrastructure to guide the preventative health effort and to enable monitoring and evaluation – to track progress and disseminate lessons.

Overall, the report has a strong focus on reducing socioeconomic and geographic health inequalities, in addition to addressing Indigenous health disadvantage. In this, the Taskforce notes the potential for alignment with the Government's social inclusion agenda and also seeks the better integration of prevention with primary care.

PHASED APPROACH TO IMPLEMENTATION OF RECOMMENDATIONS

The report proposes a phased approach to the implementation of recommended action. The first phase of four years sets in place the urgent priority actions. The second phase builds on these actions, learning from new research and the experiences of program implementation and trials carried out in the first phase. The third phase ensures long-term sustained action, again based on lessons from the first two phases. This phased approach recognises that it is not possible, or appropriate, to initiate all actions which could lead to preventative health gains in the short-term. The report also puts forward a number of recommendations relating to the infrastructure required to develop policies and programs which would support all phases of implementation. This includes the establishment of the Australian National Preventive Health Agency, social marketing, building the evidence (eg research), and monitoring and evaluating progress (eg surveillance and data).

PREVENTATIVE HEALTH ACTION – OVERVIEW

THE COMMONWEALTH GOVERNMENT'S RESPONSE

The Commonwealth Government is committed to refocusing the health system towards prevention. For too long the system has focused on treating people after they become unwell, and this has resulted in vast social and economic costs associated with chronic disease. Since taking office in 2007, the Government has undertaken major reforms in the health system and in preventative health that will improve the health of Australians and reduce the pressure on the health system.

The Commonwealth Government's approach to prevention is consistent with the strategic directions put forward by the Taskforce and reflects historical public health experience – that is, effective preventative health approaches are generally characterised by the use of multiple strategies, the utilisation of different settings, and the targeting of action to the diverse needs of individuals. For example, Australia's success in reducing smoking prevalence has been characterised by a mix of health promotion (including effective engagement of individuals and communities), regulatory and fiscal initiatives. Not only have these efforts proven to be effective in reducing daily smoking rates (eg smoking prevalence for Australians aged 14 years and over decreased from 30.5 per cent in 1998 to 16.6 per cent in 2007), they have become world's best practice.

This comprehensive approach is reflected in other Commonwealth Government policies. The National Strategy for Young Australians, launched in April 2010, outlines the Commonwealth Government's vision and goals for young people and sets improving health and wellbeing as a priority area. The National Male Health Policy launched on 6 May 2010, and the forthcoming National Women's Health Policy, also seek to reduce risk factors by addressing the social determinants of health.

The Commonwealth Government established the Taskforce to provide advice on interventions that would address the escalating burden of chronic disease. The Taskforce provided interim advice to the Government in 2008 to support policy development during the reform of the Commonwealth's financial relations with the states and territories which resulted in the Intergovernmental Agreement on Federal

Financial Relations and associated National Agreements and National Partnership Agreements. The Taskforce also foreshadowed its policy directions and objectives in its October 2008 Discussion Paper, also titled *Australia: the Healthiest Country by 2020*.

Recognising the need to act early, and in light of previous underinvestment in prevention, the Government used this advice in developing the National Partnership Agreement on Preventive Health, to which it allocated $872.1 million in November 2008. The Partnership represents the largest single investment in health promotion in Australia's history, providing for the first time significant investment in programs to tackle the rising burden of obesity and its associated risk factors. The National Partnership funds a comprehensive range of initiatives, including interventions supporting people to adopt healthier lifestyles and public awareness campaigns of the risks of chronic disease.

Importantly, the National Partnership established the national level infrastructure required to guide the response to the emerging preventative health challenges. These included the independent Australian National Preventive Health Agency, as well as mechanisms for measuring progress including surveillance and research. These National Partnership initiatives were recommended in the Taskforce's interim advice.

The final report of the Taskforce was released in September 2009. Two other major health reports were also released in mid 2009, the:

- National Health and Hospitals Reform Commission's final report, released in July 2009, which recommended a re-design of the health system to create a more agile, responsive and self-improving system; and
- draft National Primary Health Care Strategy, released in August 2009, which argued that a strong and efficient primary health care system is critical to the future success and sustainability of the health system.

The Government used the recommendations made in these reports as the basis for 103 consultations held around the country with doctors, nurses, allied health professionals and users of the health system – the general public. A recurring theme from these consultations was that the health system needs to be more responsive to the needs of individuals and of local communities. This process enabled the Government to develop a comprehensive and wide-ranging policy, culminating in the most significant reform to Australia's health and hospitals system since the introduction of Medicare, and one of the largest reforms to service delivery in the history of the Federation.

The reform, institutionalised through the National Health and Hospitals Network Agreement, was agreed at the 20 April 2010 Council of Australian Governments' meeting.[1] Not only does the Agreement provide improved structures for the funding

1 The Government is continuing negotiations with Western Australia to seek their agreement to these reforms, to ensure people in Western Australia receive the full benefits the National Health and Hospitals Network will deliver.

and management of hospitals, it establishes the infrastructure required to reinvigorate preventative health efforts at the local level. The new Medicare Locals will tailor programs and activities to meet the needs of their local communities as well as monitor outcomes more effectively.

The dual approach established by the Government through the Australian National Preventive Health Agency and Medicare Locals – bridging national with local – provides the infrastructure required to address preventative health efforts now and into the future.

ADDRESSING THE RECOMMENDATIONS

In their final report, the Taskforce put forward 35 key action areas and 136 sub-recommendations. Many of these recommendations are the responsibility of the Commonwealth Government. Others fall to state and territory governments, local governments, businesses and industries, and to individuals. Most are staged, and have been put forward for implementation over the coming decade.

The Commonwealth Government supports or has taken action in 28 key action areas, with 63 sub-recommendations addressed. An additional five sub-recommendations are also being addressed, using approaches that are slightly different from the Taskforce's proposals. A further 49 are under consideration by the Commonwealth Government.

This is the first step in responding to the Taskforce's final report, and further action will be taken in coming years. In taking action in the future, the Government will monitor existing approaches, await the results of reviews that are already in process, and consult with relevant state and territory governments, local government organisations, industry and peak organisations, and the community. 15 of the sub-recommendations are the responsibility of state and territory governments, and will be referred to them for action. Four others are not consistent with Government policy.

CRITICAL INFRASTRUCTURE

The Government's comprehensive approach for preventative health, including establishing the necessary infrastructure to guide prevention initiatives, brings together the range of players that can make healthy choices the easy choices. The lack of national and local infrastructure working cohesively on preventative health has hindered effective action on key chronic diseases and their associated risk factors.

The Australian National Preventive Health Agency, funded at $133.2 million over four years, will be first national agency dedicated to preventative health. Coordinating national efforts on the lifestyle risks of chronic disease, the Agency will work across jurisdictions and portfolios to drive the changes required to turn the tide on the escalating burden from these conditions. The Agency will bring together the best expertise in the country and play a role in gathering, analysing and disseminating

the available evidence and evidence-based programs. Having received wide-reaching support from state and territory governments, public health organisations, advocates and academics, the Agency will harness the efforts of these groups in shaping preventative health efforts nationally. Pending successful passage of the legislation through Parliament in the Winter 2010 sittings, we expect the Agency to be operational in mid to late 2010.

The Government recognises the important role that primary health care plays in preventative health and has taken steps to embed preventative health within the primary care setting. The National Primary Health Care Strategy, released in May 2010, identifies increasing the focus on prevention as one of the key priority areas. Under the National Health and Hospitals Network[2] the Commonwealth Government will take full funding and policy responsibility for general practice and primary health care services. This includes services currently provided by states and territories, including community health centre primary health care services, primary mental health care services which target mild to moderate mental illness, immunisation and cancer screening programs.

The Government will establish a network of new Medicare Locals across Australia. One of the functions of Medicare Locals will be to deliver health promotion and preventative health programs targeted to risk factors in their local communities. These organisations will be supported in this role by the Australian National Preventive Health Agency, which will provide national standards and guidelines to support the roll-out of effective and appropriate programs.

The Government is supporting primary care to deliver better preventative health outcomes by:

- providing an additional $449.2 million to fund better coordinated care for individuals with diabetes, to improve management of their condition and make sure they stay healthy and out of hospital;
- investing $632 million in the health workforce – which will bring on-line 1,375 more general practitioners or GPs in training by 2013, 975 places each year for junior doctors to experience a career in general practice during their postgraduate training period, and 680 more specialist doctors within a decade; and
- making available additional funding of $390.3 million over four years to boost support for nurse positions in general practice – this initiative will support nurses to undertake a broad range of prevention activities, such as health assessments, health promotion and advice, educating patients on lifestyle issues, and managing recall and reminder systems.

2 With the exception of Western Australia, which has yet to enter the Agreement.

The work of the Agency and Medicare Locals will be supported by significant investment in research and evaluation made by the Commonwealth Government. This work will be coordinated through the National Health and Medical Research Council (NHMRC), in collaboration with the Australian National Preventive Health Agency. Further, the new Australian Health Survey (funded at $54 million) will provide key information on the prevalence of chronic diseases and their lifestyle related risk factors to support the work of the Agency and Medicare Locals. Further details of this new survey are provided in response to the relevant Taskforce report recommendations below.

The Commonwealth Government has also committed to funding a new National Longitudinal Study on Male Health, for which $6.9 million over four years was announced on 6 May 2010. These surveillance activities will be supported by new funding ($1.8 million) provided for the review of the *Nutrient Reference Values for Australia and New Zealand* and the Australian Dietary Guidelines, which will provide updated information to guide nutrition and population level healthy eating advice. Further, the Government has committed $1.5 million in funding for the development of Australia's first population level obesity guidelines and for the review of clinical guidelines supporting health professionals managing people with obesity.

The Commonwealth, states and territories, through the National Healthcare Agreement agreed by COAG in 2008, have also agreed to report annually on the prevalence of key chronic conditions (eg diabetes), their lifestyle risk factors (eg the prevalence of obesity and smoking) and their effective treatment (eg proportion of diabetics with a GP annual cycle of care). In addition to this, states and territories have agreed to report on progress in reducing the prevalence of unhealthy weight, smoking, physical inactivity and poor nutrition through the National Partnership Agreement on Preventive Health. These mechanisms provide the Commonwealth with an ability to continue to monitor progress and assess performance in this important area.

Recognising the important role that industry can play in promoting and supporting healthy lifestyles, the Commonwealth Government is working in partnership with industry to drive preventative health outcomes. The Food and Health Dialogue is one example of effective collaboration with industry and peak organisations. Comprising key representatives from public health associations, and peak and industry groups, the Food and Health Dialogue is working towards improving poor diets and promoting healthy food choices, through food reformulation, portion size control and consumer awareness activities. The Dialogue announced Australia's first food reformulation target in March 2010, aiming to reduce salt levels in bread and cereals. The Government will also partner with peak employer and employee groups in developing the Healthy Workplace Charter, providing a national framework for best-practice interventions.

The independent Council of Australian Governments' Review of Food Labelling, chaired by Dr Neil Blewett AC and due to report to COAG in early 2011, will also identify

further opportunities for governments to consider. Established by the Australian and New Zealand Food Regulation Ministerial Council and COAG, the Review is considering a broad range of food labelling law and policy issues including policy drivers, the role of government, approaches to achieve compliance and enforcement, and evaluation of preventative health policy proposals including front of pack labelling.

WORLD'S STRONGEST TOBACCO CRACKDOWN

The Taskforce's report sets a target of reducing the prevalence of daily smoking among adult Australians (aged 18 and over) from 17.4 per cent in 2007 to 10 per cent or lower by 2020. It recommends a series of actions across 11 key action areas for achieving this target.

The Commonwealth Government, with state and territory governments at COAG, has committed in the 2008 National Health Care Agreement to 'By 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate'. The Government is now delivering on at least eight of the 11 tobacco key action areas of the report and continuing to encourage states and territories to deliver on their responsibilities.

As a key part of its crackdown on tobacco, from 30 April 2010, the Government raised the tobacco excise by 25 per cent. This will increase the price of a pack of 30 cigarettes by about $2.16 and will push the total price of an average pack of 30 cigarettes above $15. This measure alone is expected to reduce the consumption of tobacco by about six per cent, and the number of smokers by two to three per cent or around 87,000 Australians. The $5 billion in extra revenue generated by this increase will be used wholly to invest in better health and better hospitals for all Australians.

In a world first, the Government will remove one of the last remaining vehicles for the advertising of tobacco by developing legislation to mandate plain packaging for tobacco products from 1 January 2012 with full implementation by 1 July 2012. Alongside its legislation to introduce plain packaging of tobacco products, the Commonwealth Government will be updating the graphic health warnings on cigarette packaging and considering improvements to the availability of ingredients and emissions data, following reviews of these elements in 2010. The Government will also legislate to restrict Australian internet advertising of tobacco products, bringing the internet into line with restrictions on advertising in other media.

The Government has committed over $85 million for tobacco social marketing campaigns – on the one hand a national campaign for Australian smokers more broadly and on the other hand targeted activities for groups experiencing particularly high prevalence rates. First, $61 million has been made available over four years from 2009–10 under the COAG National Partnership Agreement on Preventive Health to conduct a national anti-smoking social marketing campaign. The first advertisements of the new campaign will air by the end of 2010. Second, the Government is committing

$27.8 million over four years for anti-smoking social marketing targeting high-need and hard-to-reach groups, including: pregnant women and their partners; people from culturally and linguistically diverse backgrounds; people living in socially and economically disadvantaged neighbourhoods; people with mental illness; and prisoners.

The Government is also making record investments to try to turn around the high prevalence of smoking among Indigenous Australians. The $14.5 million Indigenous Tobacco Control Initiative is piloting innovative projects in some 18 communities in a mix of metropolitan, regional and remote areas of Australia. The lessons from these projects will be applied to the Government's other commitment of the $100 million Tackling Smoking measure under the COAG Closing the Gap in Indigenous Health National Partnership.

The Government has engaged Mr Tom Calma, a respected Indigenous leader, as National Coordinator for implementation of the COAG Tackling Smoking measure, which will see a network of Regional Tobacco Coordinators and Tobacco Action Workers rolled out across 56 regions nationally over three years from 2010–11. These workers, employed through Aboriginal community controlled health organisations where there is capacity, will work with local communities to develop culturally relevant anti-smoking campaigns and support smoking cessation efforts.

The Government already provides over $60 million per annum in PBS subsidies for quit smoking aids and to make free nicotine replacement therapy available to Indigenous Australians. In addition, the Government is supporting research to improve smoking cessation support for pregnant women and people with mental illness.

The Government is conscious of the need to combat illicit trade in tobacco products. In addition to continuing enforcement efforts by the Australian Taxation Office and the Australian Customs and Border Protection Service, the Commonwealth Government is participating in international negotiations to conclude a Protocol to Eliminate the Illicit Trade in Tobacco Products under the WHO Framework Convention on Tobacco Control.

ADDRESSING ALCOHOL MISUSE, ESPECIALLY BINGE DRINKING

The Government signalled its strong commitment to changing the culture of binge drinking in Australia, particularly among young people, when in March 2008 the Prime Minister announced $53.5 million over four years for the first stage of the National Binge Drinking Strategy. This included $20 million for hard-hitting social marketing campaigns highlighting the dangers of binge drinking; $14.4 million to harness the energy and initiative of community and sporting organisations to tackle the problem; and $19.1 million for early intervention pilot programs to confront young people with the consequences of excessive drinking.

The Government took further action in April 2008 to tackle the causes of binge drinking when it closed the tax loophole on ready-to-drink beverages or 'alcopops'. The high sugar levels in alcopops mask their alcohol content and make them particularly appealing for young people, especially females. Since the closure of the tax loophole, in a typical week Australians are consuming approximately 3.45 million less standard drinks of all spirit-based products compared to before the tax increase. Revenue raised through the introduction of the alcopops tax has enabled the funding of the $872.1 million COAG National Partnership Agreement on Preventive Health.

In 2009, the NHMRC released updated 'Australian Guidelines to Reduce Health Risks from Drinking Alcohol' based on the latest clinical and scientific evidence. The Government is broadly distributing educational materials about the updated guidelines, with a particular focus on pregnant and breastfeeding women, young people and parents, and continues to make available promotional resources on the standard drinks concept. The Government is investing a further $100,000 over two years to make the educational materials available in community languages for people from culturally and linguistically diverse backgrounds.

The Government is providing $50 million over four years through the 2010–11 Budget to extend the National Binge Drinking Strategy. This includes the establishment of a $25 million community sponsorship fund as an alternative to alcohol sponsorship for community sporting and cultural organisations. Community level initiatives to tackle binge drinking will be further supported with funding of $20 million over four years. The Government is also providing $5 million over four years to enhance alcohol helplines and for the possible extension of the National Binge Drinking Strategy social marketing campaign.

Further action on alcohol will be informed by the Australian National Preventive Health Agency, evaluations of the National Binge Drinking Strategy measures, the results of the new Australian Health Survey and other existing data collection instruments.

TACKLING OBESITY

The burden associated with the cluster of associated risk factors (obesity and overweight, physical inactivity and poor diet) is projected to drive significant health and social costs into the future. The Commonwealth Government has made available $872.1 million through the COAG approved National Partnership Agreement on Preventive Health to address these risk factors. In order to drive innovation and ensure outcomes, 50 per cent of funds available to the states and territories for programs through the National Partnership (some $307 million) will be paid once they have demonstrated achievement against ambitious weight, physical activity, fruit and vegetables, and smoking targets.

In taking a comprehensive approach to lifestyle related risk factors, the Agreement funds a range of activities promoting healthy lifestyles. To tackle the growing rates of obesity and overweight in children, the Government has invested in programs encouraging healthy eating and physical activity. Through the Healthy Children Initiative, the Commonwealth Government will make $325.5 million available for states and territories to implement health promotion programs and activities in pre-schools, schools and child care settings.

The Commonwealth Government is providing $12.8 million over four years to implement the Stephanie Alexander Kitchen Garden Program, which uses the school setting to encourage healthy eating. Up to 190 government primary schools will receive funding through this program, which encourages students to learn how to grow, harvest, cook and share fresh food thereby providing a better chance of positively influencing children's food choices.

The Government is making available $366.4 million for programs in workplaces (Healthy Workers) and communities (Healthy Communities) supporting physical activity, healthy eating, smoking cessation and consumption of alcohol at safe levels, with community based programs targeted to low socioeconomic communities. The Commonwealth Government is currently negotiating a Healthy Workplace Charter with peak employer and employee groups that will identify the principles of effective workplace programs, supporting the roll-out of effective activities.

To complement these interventions, the Government will fund social marketing campaigns to raise national awareness of the risks of obesity and smoking. For example, the well recognised *Measure Up* campaign, which has raised awareness of the risks associated with waist circumference, will be enhanced using $59 million provided from the Agreement. The Industry Partnership funded through the Agreement will build on the work of the Food and Health Dialogue by bringing on board the fitness and weight loss sectors to enhance the work commenced with the food and public health sectors.

The Commonwealth Government's $449.2 million investment in improving coordinated care for individuals with diabetes will mean that these individuals will have the option of enrolling with a GP practice of their choice to receive high quality coordinated care, and help them access services such as dieticians who can support them to adopt healthy lifestyles. In addition, the Commonwealth Government's additional $390.3 million investment in the Practice Nurse Incentive Program which will support nurses to undertake a broad range of prevention activities, such as health assessments, health promotion and advice, educating patients on lifestyle issues, and managing recall and reminder systems.

Participation in sport and active recreation is also essential for Australians to maintain a healthy lifestyle, and underpins many of the values which we consider key to Australian

society. The Government has responded to the Independent Sport Panel's report, *The Future of Sport in Australia,* by providing a $324.8 million ongoing boost to sports funding, which incorporates $195.2 million in new funding – the biggest single injection to Australia's sport in our nation's history. The Government will address the challenges facing the current sport system and increase opportunities for Australians to participate in sport or active recreation. This will include working with states and territories to develop a National Sport and Active Recreation Policy Framework which will maximise the effectiveness of current and future investments by governments in sport and active recreation to the benefit of all Australians.

The Australian Health Survey will provide valuable information on national rates of overweight, obesity, healthy eating and participation in physical activity. As it will also allow exploration of the relationships between these risk factors and rates of chronic disease, the Survey will improve policy and program development.

BUILDING ON BROADER GOVERNMENT SUPPORT FOR CHILDREN AND LOW INCOME COMMUNITIES

More broadly, the Government is committed to supporting children and families experiencing or at risk of disadvantage. The Government released *A Stronger, Fairer Australia* in January 2010, outlining its vision for social inclusion – that no Australian is left behind by giving all the opportunities, resources, capabilities and responsibilities to learn, work, connect with others and have a say in community life. Good health lays the foundation for, and is an outcome of, social inclusion.

Through COAG, the Government has set out its vision for promoting positive outcomes for children and preventing harm. The National Early Childhood Development Strategy, endorsed by COAG in July 2009, seeks to achieve positive early childhood development outcomes and minimise the impact of risk factors before problems become entrenched. The National Framework for Protecting Australia's Children, endorsed by COAG in April 2009, seeks to deliver a substantial and sustained reduction in child abuse and neglect nationally.

The Government has invested extensively in promoting healthy early childhood development in and outside the health sector. Through the education sector, the Government has invested $970 million in early childhood education services to ensure, in partnership with state and territory governments, that by 2013 every child has access to 15 hours a week of quality play-based early childhood education for 40 weeks in the year before full time schooling.

For children entering primary school, the Government is providing $1.5 billion over seven years to support the learning needs and wellbeing of students in 1,700 disadvantaged schools across Australia under the *Smarter Schools National Partnership for Low Socio-economic Status School Communities*. Education is a critical determinant of health outcomes throughout life by improving employment opportunities, social capital and

health literacy, as well as reducing the risk of obesity, tobacco use and the excessive consumption of alcohol.

The introduction of new leave arrangements in the workplace will help ensure parents have time to nurture their child's early development. The Government's Paid Parental Leave Scheme of up to 18 weeks of payment at the rate of the Federal Minimum Wage will commence on 1 January 2011.

To monitor early childhood development nationally, the Government has invested $21.9 million to 30 June 2011, for the Australian Early Development Index (AEDI). The AEDI provides regional and national snapshots of young children's health and development as they enter their first year of full-time school. This information will help communities and governments to pinpoint the services, resources, and infrastructure young children and their families need to give children the best possible start in life.

In addition to these national approaches, the Government is also implementing a range of targeted initiatives that support children and low income communities. For example, Communities for Children is a prevention and early intervention initiative implemented in 45 disadvantaged communities around Australia from 2009. The program takes a whole of community partnership approach to improve service coordination, address unmet need and improve community capacity around the needs of children from birth up to 12 years of age and their families.

Research has found that the intrinsic social interaction and financial compensation associated with being employed leads to improved health outcomes for people with disability. The National Mental Health and Disability Employment Strategy, released in September 2009, includes a series of initiatives to help people with disability, including mental illness, find and keep work. Elements include $1.2 billion for new demand driven employment services for people with disability and a $6.8 million Disability Support Pension Employment Incentive Pilot.

PREVENTION FOR INDIGENOUS AUSTRALIANS

Preventing chronic diseases such as cardiovascular diseases, diabetes and respiratory diseases is a key component of the Commonwealth Government's efforts to help close the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation. Indigenous Australians experience a burden of disease two and a half times that of non-Indigenous Australians. Chronic diseases and associated risk factors are responsible for about two-thirds of the life expectancy gap between Indigenous and non-Indigenous Australians, with smoking alone accounting for around 20 per cent of all Indigenous deaths.

In November 2008, the Commonwealth Government announced $805.5 million for an Indigenous Chronic Disease Package as its contribution to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes. The states and territories are contributing up to $771.5 million to this National Partnership. This major

investment aims to work towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation. The Indigenous Chronic Disease Package will: reduce chronic disease risk factors; encourage earlier detection and better management of chronic disease in primary health care services; improve follow up care; and increase the capacity of the primary care workforce to deliver effective health care to Indigenous Australians nationally.

Of the funds provided by the Commonwealth Government, $161 million will be used to deliver campaigns and other community education initiatives to reduce the prevalence of chronic disease risk factors such as smoking, poor nutrition and lack of exercise among Indigenous Australians. $474 million will provide improved chronic disease management and follow-up care, and $171 million will increase the capacity of the primary care workforce.

Increasing the availability and affordability of high quality fresh food in remote Indigenous communities is also critical in preventing illness and closing the gap between Indigenous and non-Indigenous Australians. Government action is currently focused on improving systems for delivering food security in stores in remote Indigenous communities. In December 2009, COAG agreed to a National Strategy for Food Security in Remote Indigenous Communities. The Commonwealth Government, in collaboration with Queensland, Northern Territory, New South Wales, South Australia and Western Australia has developed guidelines and resources to improve access to good quality, affordable, fresh and healthy foods in remote Indigenous communities. Each state and territory engaged in the project has developed an individual plan for integration and dissemination of the resources within existing networks.

On 2 October 2008, COAG signed the National Partnership Agreement on Indigenous Early Childhood Development (IECD). The Agreement commits the Commonwealth, state and territory governments to $564 million of joint funding over six years to address the needs of Indigenous children in their early years, by: establishing 35 Children and Family Centres; increasing access to antenatal care, pre-pregnancy and teenage sexual and reproductive health; and increasing access to, and use of, maternal and child health services by Indigenous families.

This investment includes $107 million over five years to focus on ensuring that teenagers have access to pre-pregnancy, reproductive and sexual health education and care. The IECD National Partnership also includes a focus on improving access to antenatal care to ensure that women have healthy pregnancies and healthy babies. Also included within the IECD National Partnership is the Commonwealth Government's $90.3 million commitment over five years to increase access to child and maternal health services for Indigenous children and their families through the New Directions Mothers and Babies Services program. As of 30 April 2010, 57 services have been approved for funding under this program.

THE WAY FORWARD

Since 2007, the Government has taken decisive action to ensure the quick and effective roll out of comprehensive programs supporting individuals, families and communities. These efforts will yield benefits in the short and long term – reducing the prevalence of obesity, smoking and excessive consumption of alcohol will improve health and wellbeing today as well as reducing the prevalence of chronic diseases into the future. Fewer chronic diseases will mean fewer people seeing doctors and being admitted to hospitals – that will be good for individuals, for the health system and for the economy.

In the specific chapters of this document that follow, the Commonwealth Government responds in detail to all 35 key action areas and 136 sub-recommendations.

This Overview summarises the many actions we have taken, including in 28 of the 35 key action areas identified by the Taskforce. There is still some way to go, and the Government will work with the Australian National Preventive Health Agency and with states and territories to achieve further outcomes. We have taken a progressive approach, acting on key priorities first and working through the remaining issues over time.

The Taskforce says that prevention is everyone's business – and we call on the state, territory and local governments, on non-government and peak organisations, health professionals and practitioners, communities, families and on individuals to contribute towards making Australia the healthiest country by 2020.

18 THE CASE FOR PREVENTION

THE CHALLENGE OF CHRONIC DISEASE

Australia now enjoys one of the highest life expectancies in the world, driven by past successes in infectious disease control, high living standards, safer environments and improvements in nutrition, as well as access to high quality medical care. But as with many other countries, past achievements have bred new challenges, and it is now the chronic diseases associated with affluence and ageing that contribute most to the total burden of disease in Australia.

The increase in the prevalence of these diseases and conditions, many of which are linked to poor lifestyles, and their projected contribution to growth in health care expenditure, has led governments, and international bodies such as the Organisation of Economic Co-operation and Development (OECD) and the World Health Organization (WHO), to focus on the role prevention can play in reducing the chronic disease burden. Without action, many experts predict that the growth in risk factors such as obesity will start to erode the health gains we have made and life expectancy will begin to fall.

Chronic diseases are already a major challenge for Australia's health and hospital system, and the wider economy. It is currently estimated that chronic diseases such as cardiovascular disease, diabetes and cancers:

- are responsible for around 80 per cent of the burden of disease and injury in Australia;[3]
- account for around 70 per cent of total health care expenditure;[4]
- are part of 50 per cent of GP consultations;[5]
- are the leading causes of disability and death in Australia;[6] and
- are associated with around 537,000 person-years loss of participation in full time employment and around 47,000 person years in part time employment each year.[7]

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3 AIHW (2002). Chronic diseases and associated risk factors in Australia, 2001.

4 AIHW (2009) Public health expenditure in Australia, 2007-08.

5 AIHW (2006), Chronic diseases and associated risk factors in Australia, 2006, AIHW: Canberra.

6 AIHW, Australia's Health 2008.

7 AIHW (2009). Chronic disease and participation in work. Cat. no. PHE 109. Canberra: AIHW.

The burden of chronic disease is projected to dramatically increase into the future:

- Type 2 diabetes is expected to become the leading cause of burden for males and the second leading cause for females by 2023;[8]
- combined spending on cardiovascular and respiratory diseases is projected to be around $40 billion annually by 2032-33;[9] and
- expenditure associated with treating Type 2 Diabetes is projected to increase by 520 per cent between 2002–03 and 2032–33.[10]

THE ROLE OF PREVENTION

The effectiveness of a sustained approach to prevention has been demonstrated by the dramatic decline in mortality from cardiovascular disease Australia experienced over three decades from the 1960s. Mortality from coronary heart disease for men 35 to 74 years fell from nearly 400 per 100,000 in 1968 to under 100 per 100,000 in 1998. Around half of all the lives saved can be attributed to preventative interventions, particularly reductions in smoking and improvements in diet, and the other half to improvements in treatment and care.[11] But while people are no longer dying from these diseases at an early age, the high prevalence of unhealthy lifestyles means that a large number of people continue to have serious preventable health problems, and cardiovascular disease continues to be a leading cause of disability.[12]

The WHO has estimated that effective targeting of risk factors through prevention could increase healthy life spans by up to five years in developed countries.[13] In the United States, it has recently been estimated that reducing four preventable risk factors alone to optimal levels would add 4.9 years to life expectancy for men, and 4.1 years for women.[14] A recent economic analysis by the OECD and the WHO of interventions to tackle unhealthy diets and sedentary lifestyles, found that most of the preventative interventions evaluated had favourable cost-effectiveness ratios, compared with treating chronic diseases once they emerge.[15]

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8 Begg SJ *et al.*, Burden of Disease and Injury in Australian in the New Millenium: Measuring the Health Loss from Diseases, Injury and Risk Factors. MJA 188(1): 36-40 Goss, J, Projection of Australian health care expenditure by disease, 2002 to 2033, AIHW.

9 Goss, J, Projection of Australian health care expenditure by disease, 2002 to 2033, AIHW.

10 Goss, J, Projection of Australian health care expenditure by disease, 2002 to 2033, AIHW.

11 Abelson, P and Applied Economics, (2003) *Returns on Investment in Public Health*. Department of Health and Ageing: Canberra.

12 AIHW (2009). *Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors.* Canberra: AIHW.

13 WHO (2002) World Health Report – *Reducing risks, promoting healthy life*. Geneva.

14 Danaei G et al (2010) The Promise of Prevention: The Effects of Four Preventable Risk Factors on National Life Expectancy and Life Expectancy Disparities by Race and County in the United States. PLoS Med 7(3): e1000248 doi:10.1371/journal.pmed.1000248.

15 Sassi, F et al (2009) *Improving Lifestyles, Tackling Obesity: The Health And Economic Impact Of Prevention Strategies* OECD Health Working Papers, OECD: Paris.

Analysis of the drivers of preventable chronic disease demonstrates that a small number of modifiable risk factors are responsible for the greatest share of the burden. These risk factors are common to many of the major chronic conditions as shown in Table 1. The behavioural risk factors not only affect health and wellbeing directly, but also help drive the biomedical risk factors identified in the table. Together these and other risk factors, led by obesity, tobacco and alcohol, account for nearly one third of Australia's total burden of disease and injury.[16] Reducing the impact of these risk factors alone therefore has benefits across a wide range of health problems. Alcohol misuse also has wider harmful effects in the short term, such as anti-social behaviour, which is not captured here but discussed later in the document.

TABLE 1: COMMON RISK FACTORS FOR SELECTED CHRONIC DISEASES AND CONDITIONS

	Behavioural				Biomedical		
Conditions	Tobacco smoking	Physical activity	Alcohol misuse	Nutrition	Obesity	High blood pressure	High blood cholesterol
Ischaemic heart disease	●	●	●	●	●	●	●
Stroke	●	●	●	●	●	●	●
Type 2 diabetes		●	●	●	●		
Kidney disease	●			●	●	●	
Arthritis	● (A)	● (B)			● (B)		
Osteoporosis	●	●	●	●			
Lung cancer	●						
Colorectal cancer		●	●	●	●		
Chronic obstructive pulmonary disease	●						
Asthma	●						
Depression		●	●		●		
Oral health	●		●	●			

(A) Relates to rheumatoid arthritis.
(B) Relates to osteoarthritis.

Source: AIHW. *Indicators for chronic diseases and their determinants, 2008.*

16 AIHW, Australia's Health 2008.

The benefits of adopting healthier lifestyles accrue across the lifecourse. Scientific knowledge of the role of modifiable risk factors in relation to the ageing process has grown dramatically in recent years. Recent studies suggest that following a healthy lifestyle may also contribute to the prevention of dementia.[17] For example, large prospective studies have established that smoking is a risk factor Alzheimer's disease as well as vascular dementia. This knowledge is particularly important in light of the fact that it is predicted that neurological conditions – together with type 2 diabetes – will cause the largest growth in disability in older populations in future years. A recent OECD report which examined a number of policy options to promote healthy ageing found that achieving better lifestyles has probably the largest potential for improving the health of the elderly.[18]

INCREASING PREVALENCE OF OBESITY

An increasing number of Australians are either overweight or obese. Many serious health problems are associated with obesity including cardiovascular disease, diabetes, some cancers, osteoarthritis and mental health problems. Obesity is responsible for more than half of the burden of disease caused by type 2 diabetes. According to the 2007-08 National Health Survey:

- 68 per cent of adult men and 55 per cent adult women are overweight or obese; and
- 17 per cent of children aged five to 17 years are overweight and 8 per cent are obese.

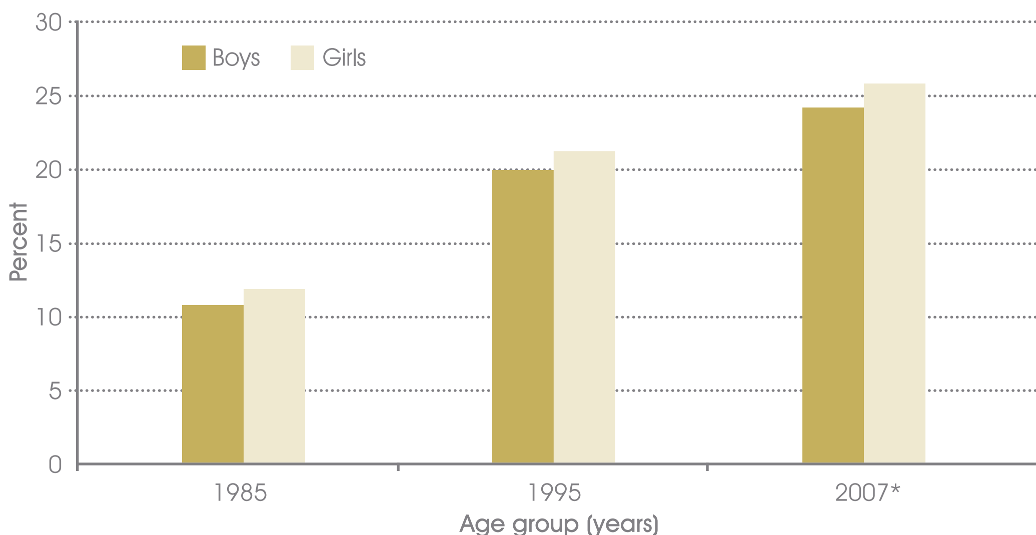
The prevalence of obesity in Australia has significantly increased over the last 25 years. The proportion of boys aged seven to 15 years who were overweight or obese increased from 11 per cent in 1985 to almost 24 per cent in 2007. For girls in the same age group, the equivalent increase was from 12 per cent in 1985 to almost 27 per cent in 2007. Changes in people's eating habits and lower physical activity levels have been major contributors to these increases.

The total direct financial cost of obesity was estimated to be $8.3 billion in 2008, with productivity costs comprising $3.6 billion of this and health system costs $2 billion.

17 National Institute for Health and Clinical Excellence (2007) *National Clinical Practice Guideline Number 42: Dementia* British Psychological Society: London; Patterson, C. et al Diagnosis and treatment of dementia: Risk assessment and primary prevention of Alzheimer disease *CMAJ* 2008; 178 (5). doi:10.1503/cmaj.070796.

18 Oxley H. (2009) *Policies For Healthy Ageing: An Overview*. OECD: Paris.

FIGURE 1: PREVALENCE OF OVERWEIGHT AND OBESITY IN AUSTRALIAN CHILDREN AGED 7–15 YEARS, 1985–2007



Source: Roberts L, Letcher T, Gason A, Lobstein, Medical Journal of Australia 2009; 191 (1): 45-47.

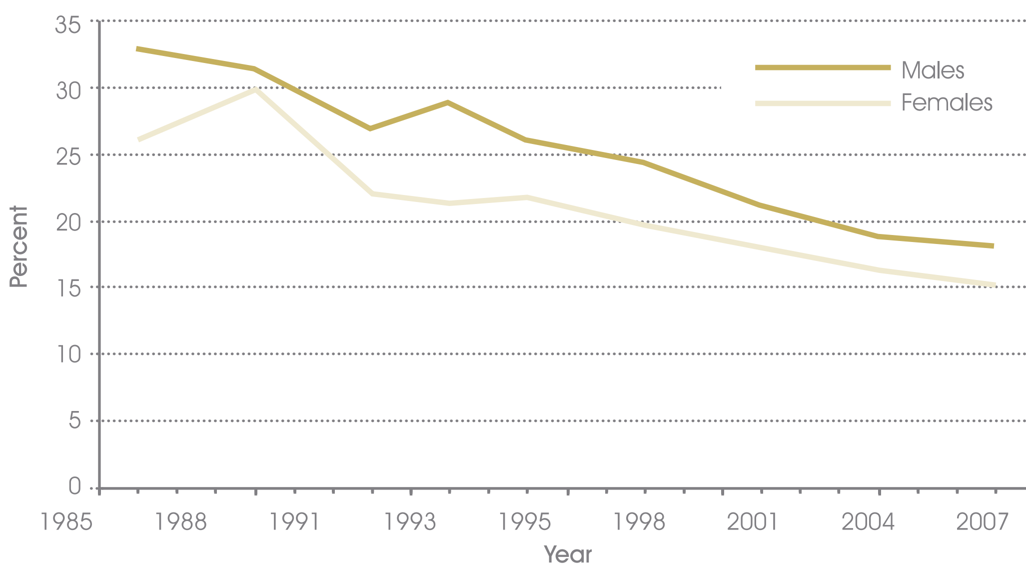
CONTINUING IMPACT OF TOBACCO SMOKING

The adverse health impacts of tobacco smoking are well known: smoking significantly raises the risk of cardiovascular disease, respiratory disease, cancers of the respiratory, digestive and reproductive organs, and premature births. Despite this, approximately three million Australian adults smoke daily.

While the prevalence of smoking in Australia has gradually declined over a long period (as shown in Figure 2), smoking remains one of the leading causes of preventable disease and premature mortality among Australians:

- smoking is responsible for over seven per cent of the total burden of disease in Australia;
- tobacco use caused more than 15,000 deaths in 2003; and
- the total quantifiable costs of smoking to the economy, including the costs associated with loss of life were estimated to be greater than $31 billion in 2004–05.

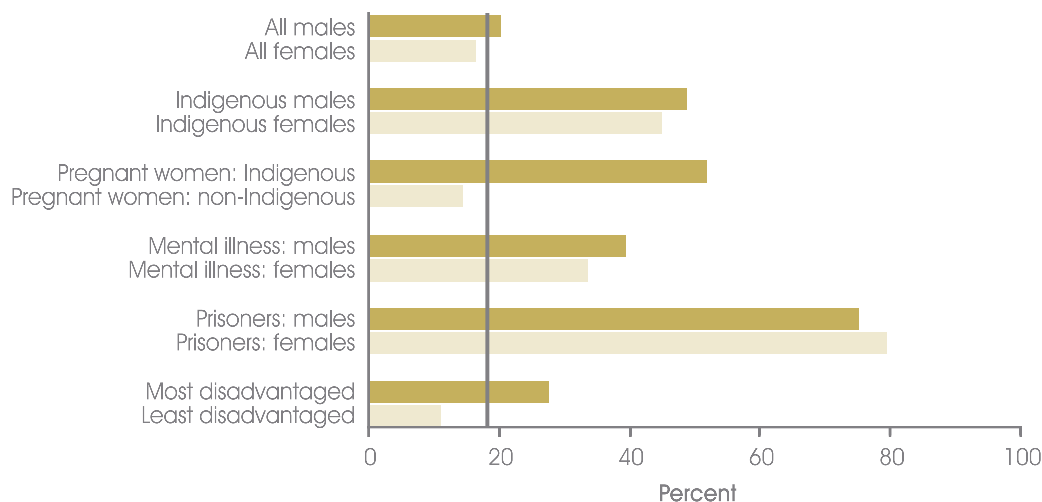
FIGURE 2: DAILY SMOKERS, POPULATION AGED 14 YEARS AND OVER, 1985–2007



Source: AIHW, 2008

Almost half of Indigenous Australians smoke daily, compared with one in six of all adult Australians. Smoking is currently the cause of 20 per cent of deaths among Indigenous Australians. Figure 3 shows a comparison of smoking rates across a number of population groups.

FIGURE 3: SMOKING RATES IN AUSTRALIA FOR SELECTED POPULATION GROUPS



Source: Public Health Information Development Unit, 2010, various data sources all from late-2000's.

THE DAMAGE CAUSED BY ALCOHOL MISUSE

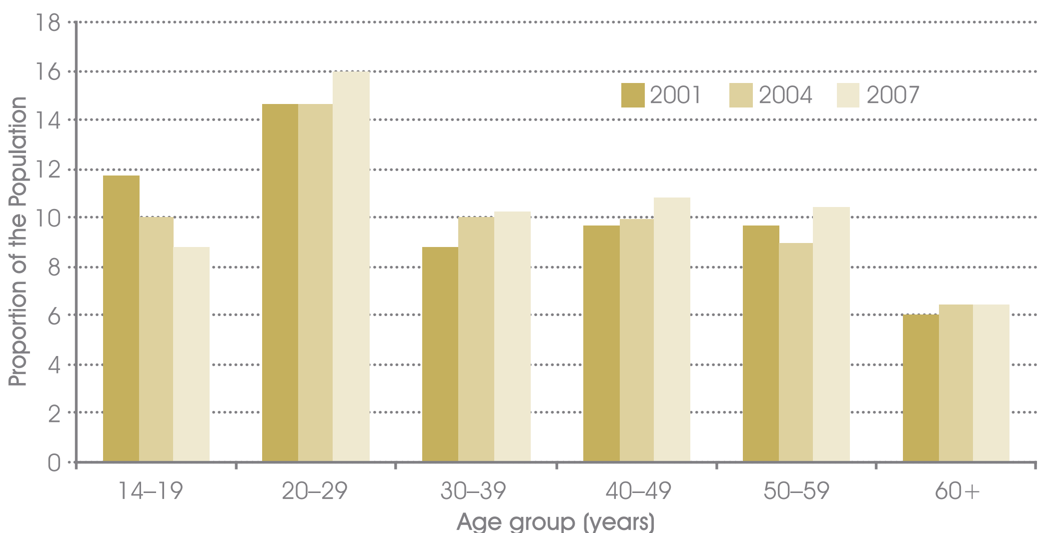
The misuse of alcohol leads to major health, social and economic impacts on individuals and on the Australian community:

- alcohol consumption accounts for 3.2 per cent of the total burden of disease and injury in Australia: 4.9 per cent in men and 1.6 per cent in women; and
- the cost to the community from alcohol-related harm was estimated at more than $15 billion in 2004-05 – this includes the costs of lost workplace productivity ($3.5 billion), road accidents (over $2 billion) and crime ($1.6 billion).

Alcohol-related harm is a major cause of mortality and morbidity in Australia, causing around 3,000 deaths and 65,000 hospitalisations every year. Of the 31,000 people who died from alcohol related injury and disease between 1992 and 2001, a greater proportion died from the effects of binge drinking than from chronic conditions. Alcohol is involved in 62 per cent of all police attendances, 73 per cent of assaults, 77 per cent of street offences, 40 per cent of domestic violence incidents, and 90 per cent of late-night calls to police.

Figure 4 shows the increase, particularly among younger adults (ie 20 to 30 year olds), in risky levels of drinking since 2001.

FIGURE 4: DRINKING AT RISKY/HIGH RISK OF HARM IN THE LONG TERM BY AGE AND YEAR, PROPORTION OF THE POPULATION AGED 14+ YEARS, AUSTRALIA



Source: AIHW *National Drug Strategy Household Surveys* 2001, 2004, and 2007

Alcohol has become more readily accessible over the past two decades, and harms resulting from drinking among young people have increased throughout the 1990s. In looking specifically at all the harms experienced by young people 15–34 years of age, alcohol is responsible for more deaths and hospitalisations than all illicit drugs grouped together, and many more than tobacco (the impact of which is more pronounced among older individuals).

26 CRITICAL INFRASTRUCTURE RECOMMENDATIONS

Effective action on health, including prevention, requires critical infrastructure to foster a strategic and comprehensive approach, through monitoring, evaluation, consultation and leadership. Unlike similar countries such as the United States and Canada, Australia currently does not have a national organisation dedicated to the task of preventative health. Similarly, our ability to effectively monitor trends in chronic diseases and their determinants has been hindered by a lack of objectively measured data.

While the Taskforce's report acknowledges recent COAG initiatives building critical infrastructure able to guide Australian preventative health policy, it also identifies a number of areas where further investment in infrastructure are needed. In particular, the Taskforce argued for a need to improve national capacity in a number of technical areas, including social marketing, building the evidence base, investing in translational research, and monitoring and evaluating progress. In recognising the critical gap in the national infrastructure, the Taskforce recommended a national prevention agency as the key platform to advance these issues.

RECOMMENDATION: ESTABLISH THE AUSTRALIAN NATIONAL PREVENTIVE HEALTH AGENCY

> Establish the NPA as an independent agency able to translate broad policy intent into evidence-based strategies with built-in evaluation and the capacity to leverage a range of policy levers and partners, both within and outside government.

This recommendation was echoed in the final report of the National Health and Hospitals Reform Commission, which called for the establishment of a national health promotion and prevention agency.

The Commonwealth Government agrees with this recommendation and has already taken action to establish the Australian National Preventive Health Agency (with $133.2 million in funding) as an independent statutory authority under the *Financial Management and Accountability Act 1997*. Funded through the National Partnership Agreement on Preventive Health and agreed by COAG, the Agency will support

all Australian Health Ministers in their efforts to combat the challenges arising from complex preventative health problems such as obesity, tobacco and excessive alcohol consumption, which require intensive effort to address, across a range of sectors over long time periods.

Legislation to establish the Australian National Preventive Health Agency is currently before Parliament. The Agency was intended to commence operations on 1 January 2010, however, delays in the Senate's consideration of the Bill has delayed its commencement. Pending successful passage of the *Australian National Preventive Health Agency Bill 2009* in the Winter 2010 sittings, the Agency is expected to be established in mid to late 2010.

Appoint an expert, cross-sectoral Board of Governance of the Agency.

Consistent with the intent of the Taskforce, the Agency will be supported by an independent and expert cross-sectoral advisory council.

While the Taskforce called for a governing board, governance arrangements for *Financial Management and Accountability Act 1997* agencies preclude the appointment of a governing board as the Chief Executive Officer is responsible for the Agency's financial management.

The Taskforce recommends that the NPA:

- provides a national clearing house for the monitoring and evaluation of national policies and programs in preventative health;
- publishes annual reports on the state of preventative health, including reporting on progress towards the achievement of the 2020 goals specified in this Strategy;
- advises COAG, through the Australian Health Ministers Conference (AHMC), on national priorities and options for preventative health;
- administers national programs, facilitates national partnerships, and advises on national infrastructure for surveillance, monitoring, research and evaluation as charged by AHMC; and
- develops for consideration by AHMC the next phase of preventative health reform to follow after this Strategy.

The Government supports these recommendations, almost all of which are captured in the functions of the Agency outlined in the *Australian National Preventive Health Agency Bill 2009*. The exception is the Taskforce call for the Agency to publish a report annually on the state of preventative health in Australia – after due consideration, the Government has concluded that less frequent reporting (ie biennial) is appropriate given the frequency of releases in the data sets that would be used in the publication.

- has an increased capacity and budget to that currently envisaged in the COAG agreement on preventative health.

The Government is considering how the Agency will link with other projects, noting the Bill specifies that the Agency's functions can be expanded with the approval of Health Ministers.

> NPA to develop a web-based clearing house/register for organisational policies, plans and achievements in order to share good practice across the country.

The Agency will play a critical role in the evaluation of the National Partnership Agreement on Preventive Health and programs supporting healthy lifestyles, with a focus on disseminating good practice and sharing lessons nationally. The Commonwealth Government supports the development of a mechanism of sharing good practice and will seek advice from the Agency, once established, on the most appropriate mechanism for achieving this outcome.

> NPA to commission/conduct from time to time surveys of activities undertaken by different sectors, and barriers to and enablers of action, and to report on these.

The Commonwealth Government is committed to identifying barriers and enablers to effective action and expects the Agency, as part of its core functions, to also focus on these issues. The Agency has been allocated a substantial research fund ($13.1 million) and will develop a national preventative health research strategy, in consultation with the NHMRC, to guide its application.

The Government expects that to be effective and to avoid duplication, the Agency will build on and complement existing surveys rather than replicate data collections. Existing Commonwealth agencies (ie the Australian Bureau of Statistics, the Australian Institute of Health and Welfare, and the NHMRC) already contribute significantly to surveillance and research activities and the Government expects the Agency to work collaboratively with these agencies and those from other sectors and jurisdictions to enhance rather than duplicate their activities.

> Develop national recognition and award scheme for outstanding contributions, large and small, to making Australia the healthiest country by 2020.

The Government supports this recommendation and will seek advice from the Agency, once established, on opportunities for such awards. The Agency will collaborate with the Department of Health and Ageing in the management of the awards rewarding best practice in workplace interventions, funded through the Healthy Workers Initiative.

> NPA to develop and implement a comprehensive, sustained social marketing strategy to increase healthy eating and physical activity, and reduce sedentary behaviour.

> NPA to develop and implement effective and sustained national social marketing campaigns at levels of reach demonstrated to reduce smoking, drawing on successful state campaigns as appropriate.

NPA to develop and implement a comprehensive and sustained social marketing and public education strategy, building on the National Binge Drinking Campaign and state campaigns.

The Commonwealth Government agrees that the Agency should play a key role in social marketing for the lifestyle risks of chronic disease – this is appropriate given its research, evaluation and policy roles. The Government has already allocated the Agency $102 million in social marketing funds through the National Partnership Agreement on Preventive Health, the:

- extension and expansion of the anti-obesity *Measure Up* campaign ($41 million); and
- development of new tobacco social marketing campaigns ($61 million).

The Government will support amendments to the Agency's Bill that clarify that the social marketing functions of the Agency include alcohol and illicit drugs.

RECOMMENDATION: DATA, SURVEILLANCE AND MONITORING

Implement and extend the National Health Risk Survey Program, funded under the COAG Agreement on Preventive Health.

The Commonwealth Government has already commenced work on this recommendation. The Australian Bureau of Statistics will partner with the Department of Health and Ageing and the National Heart Foundation to deliver the $54 million Australian Health Survey, which will be the most comprehensive study of the health of Australians ever undertaken. The Survey brings together four components:

- National Health Survey – an existing household survey;
- National Aboriginal and Torres Strait Islander Survey – an existing household survey;
- National Nutrition and Physical Activity Survey – new household survey; and
- National Health Measures Survey – new pathology collection.

It will be Australia's first representative national survey able to make objective assessments of the population's nutrient status and of the prevalence of chronic diseases. Participants will gain valuable insight into their and their children's health status, the community will benefit from improved data for policy purposes, and researchers and governments will benefit from insights on the prevalence of chronic disease which will allow more informed policy decisions around health services and planning. Respondents will be asked, on a voluntary basis, to provide blood and urine samples to be tested for markers of chronic disease such as high or low levels of blood sugar, cholesterol and kidney function, markers of nutrition status such as iron and folate, and exposure to environmental chemicals such as lead.

Data will be collected from non-Indigenous Australians between April 2011 and March 2012, with results available in late 2012. Data will be collected from Indigenous

populations between November 2011 and August 2012, with results expected in mid 2013. Data collection for Indigenous Australians has been delayed to allow more extensive consultation with Indigenous stakeholder groups and the development of data collection instruments that are appropriate for the Indigenous population.

Capturing around 50,000 Australians aged two years and over, the Survey will provide critical information on the health status of Australians to individuals, communities, health professionals and governments. The Survey is expected to be repeated every five to six years.

> Comprehensive national surveillance systems for obesity, tobacco and alcohol are essential tools for the purposes of collecting and managing relevant datasets, monitoring progress against specified targets and reporting trend information over time. To be effective, these systems should have the capacity to:
>
> - collect and report against behavioural, environmental and biomedical risk factors relevant to obesity, tobacco and alcohol;
> - expand and incorporate newly identified and/or revised indicators into datasets as required and appropriate;
> - become permanent systems of data collection undertaken at predetermined regular intervals;
> - provide representative data for the whole of population and also populations of interest (for example, Indigenous, children and adolescents, disadvantaged); and
> - complement and build upon other existing data collection and monitoring mechanisms as required and appropriate.

The Commonwealth Government is committed to enhancing national data, surveillance and monitoring capacity though effective investment in programs and partnerships with state and territory governments. The Government agrees with these recommendations.

The Australian Health Survey will form a critical component of the comprehensive national surveillance system and meets the requirements of the system specified by the Taskforce. The Australian Health Survey will collect representative information from Indigenous Australians, and will include children (from age two years and up) and adults in each collection period. The Australian Health Survey also meets the Taskforce requirement to collect and report on the behavioural, environmental and biomedical risk factors of chronic disease, including capacity to track changes in health inequalities. The larger sample size will enable better analysis of risk factors in sub-population groups. The Australian National Preventive Health Agency will support the Australian Bureau of Statistics and the Department of Health and Ageing in developing and implementing the Survey.

The Commonwealth Government has also committed to establishing a new National Longitudinal Study on Male Health. This survey will provide valuable insights into the health and wellbeing of men including a greater understanding of the determinants of health.

These surveillance activities will be supported by the review of the *Nutrient Reference Values for Australia and New Zealand* and the Australian Dietary Guidelines. These documents provide the basis for nutrition interventions of all levels of government and the indicators against which consumption data from national health and nutrition surveys are measured and reported.

The lack of nationally consistent population health data sets has historically hindered the assessment of trends across states and territories. Annual performance reporting by the COAG Reform Council of National Healthcare Agreement indicators, including smoking and obesity prevalence, will improve data quality and ensure national comparability. Further, the Commonwealth Government is providing $10 million in funding to the states and territories through the National Partnership Agreement on Preventive Health to improve their jurisdictionally-based surveillance systems using Computer Assisted Telephone Interview Surveys, including meeting national reporting standards and protocols.

The Commonwealth Government will continue to work through a number of cross-jurisdictional mechanisms that support data quality improvements.

RECOMMENDATION: NATIONAL RESEARCH INFRASTRUCTURE

Establish:

- a National Strategic Framework for preventative health research;
- a preventative health strategic research fund; and
- a national preventative health research register.

The Commonwealth Government is committed to building the evidence base for effective preventative health interventions.

The Government has already committed $13.1 million to the Australian National Preventive Health Agency through the National Partnership Agreement on Preventive Health for research translating evidence into policy and programs. These funds could be used to evaluate existing or new (pilot) programs and will support the overall evaluation of the National Partnership Agreement to ensure that lessons are derived and disseminated. This commitment addresses the Taskforce's recommendation to establish a preventative health strategic research fund.

The NHMRC is the agency responsible for managing health research, including prevention. The NHMRC has a range of existing and new schemes aimed at investing in applied health research and research translation including Targeted Calls for Research,

Centres for Research Excellence (CREs), Partnership Grants and proposed Partnership Centres in Research Excellence. These grants schemes also seed the development of a culture of research oriented to policy and practice in the Australian research community. To support its role and in recognition of the growing policy importance of prevention, the NHMRC established the Prevention and Community Health Committee in 2009. The Committee provides advice on a range of preventative health matters and will support the development of clinical guidelines, including the upcoming dietary guidelines due to be completed in 2011.

The Taskforce's report notes Professor Nutbeam's review of NHMRC Public Health Research Funding in Australia,[19] which the NHMRC considers is a 'partner' to the report, and which is under active consideration and implementation within NHMRC. In response to the review, new categories of funding, including a practice-focused Public Health Centre for Research Excellence, were established last year and the CRE is already active in research. Professor Nutbeam also recommended a National Public Health Research Strategy, which the NHMRC will develop in collaboration with the Australian National Preventive Health Agency, once established.

The Commonwealth Government will consider further the national preventative health research register once the Australian National Preventive Health Agency is established.

> Develop a network of prevention research centres which would:
>
> - partner with community interventions in the region they serve, with NGOs and other collaborators;
> - have a national specialty role (for example, in obesity, tobacco or alcohol, school settings or disadvantaged populations); and
> - have a workforce development role in education, research and intervention practice.

The Commonwealth Government will refer this recommendation to the Australian National Preventive Health Agency, once established, and the NHMRC for consideration and scoping. Given current research capacity in preventative health and in order to avoid duplication, such a network is likely to be based on coordination of existing centres.

> NPA to foster leadership, mentoring and knowledge sharing across the prevention research centres, including hosting an annual symposium to share research findings, methods and ideas.

The Commonwealth Government will refer this recommendation to the Australian National Preventive Health Agency, once established, and the NHMRC for consideration and scoping.

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19 Prepared by the Public Health Research Advisory Committee, Chaired by Professor Don Nutbeam. 2008. Report of the Review of Public Health Research Funding in Australia: Working to build a healthy Australia.

RECOMMENDATION: WORKFORCE DEVELOPMENT

> NPA to oversee as a matter of priority a national audit of the prevention workforce outlined in the 2008–09 COAG Agreement on Preventive Health; strategy arising from the audit to be brought to AHMC for implementation.
>
> Ensure prevention becomes an important part of the work of Health Workforce Australia Agency.

The Commonwealth Government supports both recommendations put forward by the Taskforce relating to workforce development. The Commonwealth Government has provided $500,000 for an audit of the preventative health workforce available to implement the initiatives funded through the National Partnership Agreement on Preventive Health. The audit covers the key elements outlined by the Taskforce, including identification, supply needs, focus on competencies, and models and scope of practice, and will also consider broader workforce issues in states and territories where appropriate. As identified in the Taskforce's report, the prevention workforce includes workers beyond the health sector, and the audit will encompass a broad range of providers. Once finalised, a strategy putting forward options for managing any identified gaps or issues will be developed.

Consistent with the Taskforce's recommendations, the Australian National Preventive Health Agency will take carriage of the audit and strategy once established, working closely with Health Workforce Australia where appropriate. Health Workforce Australia was established to better coordinate clinical training across a range of workplace settings under the auspices of the $1.6 billion National Partnership Agreement on Hospital and Health Workforce Reform.

The Commonwealth Government will work closely with Australian Health Ministers in establishing the work program of Health Workforce Australia, and prevention workforce issues will be considered within this context.

RECOMMENDATION: FUTURE FUNDING MODELS FOR PREVENTION

> NPA to investigate and provide advice in regard to the potential development of a funding framework for prevention, both within and external to the health sector.

This recommendation is noted and will be referred to the Australian National Preventive Health Agency, once established, for further consideration. The Commonwealth Government has already significantly increased funding for preventative health, through an extensive range of programs and interventions, including the National Partnership Agreement on Preventive Health ($872.1 million) and social marketing for tobacco (over $100 million for Indigenous smoking).

OBESITY RECOMMENDATIONS

The Taskforce recognised that in proposing measures to tackle obesity, the evidence for intervention was more variable than in other public health issues such as tobacco control. Therefore, there is a strong emphasis on "learning by doing" – taking promising approaches, and closely monitoring their results.

Reflecting the need to focus on both diet and physical activity as key drivers of obesity, as well as weight management, the recommendations cover a wide range of action areas. These range from the establishment of new partnerships to engage non-health sectors, fiscal and regulatory measures to encourage healthy choices, community education, settings based programs in schools, workplaces and local communities, and improvements in national data collections. Given the nature of the issues, the obesity recommendations emphasise that any regulatory strategies need to be addressed in a staged approach, which allows for self and co-regulation to have time to work and for their effectiveness to be monitored.

RECOMMENDED KEY ACTION AREA 1	DRIVE ENVIRONMENTAL CHANGES THROUGHOUT THE COMMUNITY WHICH INCREASE THE LEVELS OF PHYSICAL ACTIVITY AND REDUCE SEDENTARY BEHAVIOUR

1.1 Establish a Prime Minister's Council for Active Living and develop a National Framework for Active Living encompassing local government, urban planning, building industry and developers and designers, health, transport, sport and active recreation.

1.2 Develop a business case for a new COAG National Partnership Agreement on Active Living.

The Government supports the whole of Government approach, but considers the establishment of the Australian National Preventive Health Agency, embedding preventative health within the primary care settings through the COAG agreed National Health and Hospitals Network, Medicare Locals, the National Sport and Active Recreation Policy Framework, and the National Partnership Agreement on Preventive Health, as providing sufficient infrastructure to deliver action in this area without the establishment of a new Council or framework.

Through these initiatives the Government has and will invest significantly in infrastructure and in programs that support the adoption of healthy lifestyles that will drive environmental change throughout the community.

The following initiatives support Key Action Area 1.

SHAPING THE ENVIRONMENT

Since 2008, the Government has made significant investments in infrastructure that support healthy lifestyles, physical activity and which lead to greater participation in community level sport and recreation. This has included over 4,000 sport and recreation projects under the Building the Education Revolution.

Nationwide, the Government has provided almost $167 million over three years to establish and reinvigorate over 140 community sport and recreational facilities and over $300 million to local government organisations to reinvigorate their recreation facilities under the Regional and Local Community Infrastructure Program. Funding under this Program was provided to local governments for community infrastructure projects including new and major renovations or refurbishments for recreational facilities including sports grounds and facilities, swimming pools, sports stadiums, walking tracks and bicycle paths, community recreation spaces, skate parks, playgrounds, BMX/Mountain Bike parks/trails, rail trails, and surf lifesaving clubs. Further, the Commonwealth Government allocated $40 million from the $650 million Jobs Fund Initiative[20] to the National Bike Path Project for the construction of bike paths. These funds will offer individuals greater opportunities to access recreation facilities and to commute actively.

The Commonwealth Government provided $710,000 in 2008–09 to the Healthy Spaces and Places project, a partnership between the Planning Institute of Australia, the Heart Foundation and the Australian Local Government Association, with the aim of adapting the design of built environments to encourage physical activity.

The partnership produced a national web-based planning guide which was launched in August 2009, and which includes practical tools, case studies and guidelines, to provide guidance to planning and design practitioners and related professions (working in state and local government and the private sector) on how to incorporate active living principles into the built environment. http://www.healthyplaces.org.au.

20 Part of the Jobs and Training Compact – http://www.deewr.gov.au/employment/pages/jobsfund.aspx.

SPORT AND RECREATION FACILITIES

As part of the Government's election commitments, the Burpengary Junior Rugby League Football Club in Queensland was provided with $120,000 for the installation of lighting towers to provide sufficient floodlighting to three rugby league playing fields at the Station Road Sportsground, in Burpengary, Queensland.

The upgrade of the lights has proven to be a huge success for both the club and the community. The lighting upgrade has increased access to sporting fields in the evenings and has exceeded the Club's expectations with the participation rate increasing by 35 per cent during the reporting period. This increase equates to 157 additional children within the community increasing their physical activity because the club is able to provide a safer environment to participate in the sport of rugby league.

1.3 Australian and state governments to consider the introduction of health impact assessments in all policy development.

The South Australian Government through the Health in All Policies (HiAP) is developing a similar approach. The Commonwealth Government will monitor the development of HiAP in South Australia as the first step in responding to this recommendation. The Government will also continue working across government to ensure health promotion, where appropriate, is incorporated into policy development.

1.4 Commission a review of economic policies and taxation systems, and develop methods for using taxation, grants, pricing incentives and/or subsidies to promote active living and greater levels of physical activity and decrease sedentary behaviours.

The Commonwealth Government has already commissioned an independent review of the Australian taxation system that did not recommend the introduction of such a taxation system.

The Australian National Preventive Health Agency will play a critical role in building the evidence on a broad range of effective interventions supporting healthy lifestyles. The Agency has been allocated a research fund ($13.1 million) and will develop a national preventative health research strategy, in conjunction with the NHMRC, to determine its allocation.

RECOMMENDED KEY ACTION AREA 2 — DRIVE CHANGE WITHIN THE FOOD SUPPLY TO INCREASE THE AVAILABILITY AND DEMAND FOR HEALTHIER FOOD PRODUCTS, AND DECREASE THE AVAILABILITY AND DEMAND FOR UNHEALTHY FOOD PRODUCTS

2.1 Develop and implement a comprehensive National Food and Nutrition Framework for the Australian food supply:

- Price, choice and access to food and food security through open and competitive markets;
- Achieving healthier diets;
- Food safety; and
- Issues related to food production and agricultural policy that ensure a safe and environmentally sustainable food chain and food supply.

The Minister for Agriculture, Fisheries and Forestry, the Hon Tony Burke MP and the Parliamentary Secretary for Health, the Hon Mark Butler MP, will consider this recommendation in consultation with industry, states and territories.

2.2 Commission a review of economic policies and taxation systems, and develop methods for using taxation, grants, pricing incentives and/or subsidies:

- Promote the production of healthier food and beverage products, including reformulation of existing products;
- Increase the consumption of healthier food and beverage products;
- Decrease the production, promotion and consumption of unhealthy food and beverage products; and
- Promote healthy weight.

The Commonwealth Government has already commissioned an independent review of the Australian taxation system that did not recommend the introduction of such a taxation system.

While the Commonwealth Government does not intend to commission a further review of economic policies and taxation systems at this time, the reformulation of products through voluntary targets, decreasing production and promotion of consumption of unhealthy foods and consumer awareness activities that promote healthy eating patterns and food choices is occurring through the Food and Health Dialogue and the Industry Partnership, which are two formal mechanisms that the Commonwealth Government has established for engaging with industry.

The Food and Health Dialogue was announced by the Parliamentary Secretary for Health, the Hon Mark Butler MP, on 28 October 2009, and comprises representatives

from the Australian Food and Grocery Council, the National Heart Foundation, the Public Health Association of Australia, Woolworths, the Commonwealth Scientific and Industrial Research Organisation and state/territory governments. The Dialogue provides a framework for government, industry and public health groups to work collaboratively, on a voluntary basis, to change the formulation and composition of commonly eaten foods and promote healthier food choices for all Australians.

The Commonwealth Government has funded the Industry Partnership through the National Partnership Agreement on Preventive Health. The Industry Partnership enables the Commonwealth Government, in consultation with the states and territories, to partner with various sectors of the food, fitness and weight management industries to support the implementation of programs to encourage changes in policies and practices consistent with the Government's healthy living agenda. The Industry Partnership is initially focusing on the food industry, building on the work of the Food and Health Dialogue. Engagement with the fitness and weight management sectors is expected to follow and apply lessons learnt from working with the food sector.

2.3 Examine and develop systems and subsidies that increase the availability of high-quality, fresh food for regional and remote areas:

- Regional and remote transport; and
- Increasing the production of high-quality, locally grown fresh foods that are available to the local community.

This recommendation is addressed through initiatives in Obesity Recommendation 9.3.

2.4 Drive change within the Australian food supply by establishing a Healthy Food Compact between governments, industry and non government organisations to reduce the production and promotion of foods and beverages that are energy dense and nutrient poor, are high in sugar, fats, saturated fats and salt, and which contain trans fats, by setting targets for nutrients.

The Commonwealth Government supports the need to invest in initiatives that influence and shape the supply and demand of food products to shift consumption towards healthier products and work is underway on these recommendations through the Food and Health Dialogue and the Industry Partnership.

The key activities of the Food and Health Dialogue include:

- food reformulation, with a focus on reducing levels of risk-associated nutrients such as salt, saturated fat, energy and sugar that, when consumed in excess, can contribute to adverse health outcomes, and increasing beneficial nutrients such as fibre;
- standardising and establishing appropriate portion sizes for food and drink products; and
- consumer awareness activities that promote healthy eating patterns and food choices.

A Reformulation Working Group has been established under the Dialogue to investigate ten priority food categories, which have been identified as presenting an opportunity for public health benefit through reformulation. These include bread, breakfast cereals, simmer sauces, processed meats, fruit juices, frozen desserts, sweet biscuits, processed poultry, savoury pies, and cakes, muffins and baked products. To date, the Reformulation Working Group has convened roundtables with nominated representatives from the bread and breakfast cereal industries.

In March 2010, the Food and Health Dialogue announced Australia's first food reformulation targets, with leading manufacturers and retailers agreeing to salt level reduction targets across a variety of bread and breakfast cereals – note that participants represent more than 80 per cent of the market share for bread products and approximately 60 per cent of the market share for ready to eat cereals. Given that Australian adults consume nearly twice the recommended levels of salt (with much of this coming from processed foods) and that a high salt intake is associated with high blood pressure, heart disease, stroke and chronic kidney disease, the targets agreed through the Dialogue will make an important contribution to the health of Australians. A reduction in salt intake of 25 to 35 per cent could lead to a 20 per cent or greater reduction in risk of heart attacks and stroke. A recent major study in the United States found that cutting salt intake by three grams a day could prevent tens of thousands of heart attacks, strokes and cases of heart disease.

The Commonwealth Government has committed $900,000 over three years from 2010–11 to develop the evidence base and rationale for future food reformulation activities under the Food and Health Dialogue. This initiative will include research and modelling to: inform the setting of reformulation targets; identify food categories that present an opportunity for reformulation; and monitor changes in nutrient intakes (and associated public health outcomes) as a result of reformulation activities.

The $1 million provided through the Industry Partnership will fund:

- the development of principles to guide future government engagement with the food, fitness and weight management industries as activities under the Industry Partnership and broader National Partnership Agreement on Preventive Health are progressed;
- the development of a consistent industry and government consumer messaging strategy on healthy eating and physical activity that links with social marketing campaigns, such as *Measure Up*;
- the establishment of a database that collates nutrient profiling and purchasing data to provide an indication of food and nutrient intakes that can be compared with known consumption data; and
- an information sharing event between government, various sectors of industry and public health advocates to consider collaborative approaches to support healthy eating and physical activity.

Global initiatives are emerging that engage industry and government in promoting healthy eating and expanding healthy food options, including work in the United Kingdom to reformulate products and the promotion of appropriate calorie intake and portion size in the United States. These initiatives support marketing trends that point to increased consumer awareness of the importance of healthy eating. The Commonwealth Government will monitor these international initiatives for their applicability to Australian activities.

2.5 Introduce food labelling on front of pack and menus to support healthier food choices with easy to understand information on energy, sugar, fat, saturated fats, salt and trans fats, and a standard serve/portion size within three years in partnerships with industry, health and consumer groups.

The Commonwealth Government notes this recommendation. The Commonwealth Government as part of the Australian and New Zealand Food Regulation Ministerial Council and COAG strongly supported the establishment of an independent committee in October 2009 to conduct a review of food labelling law and policy (the review) in Australia and New Zealand, chaired by Dr Neal Blewett, AC. The review will include consideration of policy drivers, the role of government, approaches to achieve compliance, and appropriate enforcement and evaluation of current policies. Front of pack labelling is one of the important issues being considered by the independent committee undertaking the review.

The review committee is committed to ensuring that all relevant issues are considered through processes including written submissions, a consultation paper and conducting public consultations across Australia and New Zealand. The committee is scheduled to provide a final report to the Australian and New Zealand Food Regulation Ministerial Council late in 2010 and to COAG early in 2011.

RECOMMENDED KEY ACTION AREA 3	EMBED PHYSICAL ACTIVITY AND HEALTHY EATING PATTERNS IN EVERYDAY LIFE

3.1 Fund, implement and promote schools programs that encourage physical activity and enable healthy eating.

The Commonwealth Government supports the recommendations to embed physical activity and healthy eating in everyday life and is meeting these recommendations through the National Partnership Agreement on Preventive Health. The Partnership aims to address the rising prevalence of lifestyle related chronic diseases by laying the foundations for healthy behaviours in the daily lives of Australians through social marketing and the national roll out of programs supporting healthy lifestyles.

Through the National Partnership, the Commonwealth Government has made $325.5 million available to states and territories through the Healthy Children Initiative

for the provision of programs for children aged 0 to 16 years of age to increase the intake of fruit and vegetables and increase levels of physical activity in settings such as child care centres, pre-schools and schools. The focus of the initiative is ensuring that children not only have a healthy start to life but are supported in a range of environments to lay the foundations of good nutrition and physical activity. Note that 50 per cent of these funds are contingent on states and territories demonstrating they have achieved agreed national targets in the areas of healthy weight, physical activity and fruit and vegetable consumption.

The foundations of a healthy lifestyle, established in early childhood, will be further strengthened through the Government's commitment to reinstating the importance of sport in formal education. Through the Ministerial Council for Education, Early Childhood Development and Youth Affairs, the Government is working with state and territories to maximise physical education and sport for students of all ages in our schools.

Through the Melbourne Declaration on Educational Goals for Young Australians, all Commonwealth Governments recognised the role that schools can play in shaping healthy lifestyles and agreed the National Curriculum would '…nurture student wellbeing through health and physical education in particular.'[21] The first step of this process recently commenced when the Ministerial Council on Education, Early Childhood Development and Youth Affairs requested the Australian Curriculum Assessment and Reporting Authority (ACARA) give priority to the development of Health and Physical Education (HPE) in phase 3 of the national curriculum development and complete development of the K-10 HPE Australian Curriculum in 2012 so it can be implemented in all schools from 2013 and that the number of hours committed to physical activity in the school curriculum be maximised.

The Healthy Active Australia Community and Schools Grants program has provided $55.5 million in funding to 500 not-for-profit community organisations and schools to implement sustainable physical activity and healthy eating projects.

The Stephanie Alexander Kitchen Garden Program uses the school setting to support healthy lifestyles. The Commonwealth Government is providing $12.8 million over four years to implement the Stephanie Alexander Kitchen Garden National Program in up to 190 government primary schools, encouraging students to learn how to grow, harvest, cook and share fresh food thereby providing a better chance of positively influencing children's food choices.

21 Ministerial Council on Education, Employment, Training and Youth Affairs, December 2008, p13.

STEPHANIE ALEXANDER KITCHEN GARDEN NATIONAL PROGRAM

A demonstration school exists in each jurisdiction providing a hub for other interested schools to visit, and a central location for training and support. The Program has the ability to promote health prevention messages as it engages children to work together in the garden and kitchen to learn about the importance of healthy eating.

Demonstration schools are located at:

- Majura Primary School, ACT.
- Bondi Public School, NSW.
- Alawa Primary School, NT.
- Bulimba State School, QLD.
- Elizabeth Downs Primary School, SA.
- Moonah Primary School, TAS.
- Palmyra Primary School, WA.

These programs are complemented by Commonwealth Government resources and guidelines providing advice on healthy eating and physical activity. The *Get Up & Grow: Healthy eating and physical activity guidelines for early childhood* resources were launched on 22 October 2009. The resources provide early childhood education and care settings (centre based care, family day care and preschools) and attending families with practical information on healthy eating and physical activity for children aged 0 to five years. The *Get Up & Grow* resources consist of a Directors/Coordinators Book, a Staff/Carers Book, a Cooking for Children Book, a Family Book, posters, stickers, brochures and a CD-ROM containing newsletter inserts.

To meet the needs of those from a non-English speaking background, the *Get Up & Grow* resources are being translated into nine community languages – Vietnamese, Chinese, Filipino, Indonesian, Malaysian, Korean, Arabic, Spanish and Turkish. The translations are expected to be completed by mid 2010. In addition, a consultant with expertise in Indigenous health will be engaged to inform the adaption of the *Get Up & Grow* resources for Indigenous communities. Demand for the *Get Up & Grow* resources has been high and a third reprint is being undertaken.

Through the National Healthy School Canteens project, the Commonwealth is leading the development of nationally consistent school canteen guidelines which will be implemented by states and territories. The guidelines will assist canteen managers in making healthy selections. The guidelines will provide the first national benchmark that can be applied in any school around the country. Through the project, the Commonwealth is funding the development of a food categorisation system, national

training resources, and an evaluation framework to ensure that lessons are monitored and available for dissemination. The project builds on existing models of food categorisation for school canteens already operating in states and territories and aims to deliver a consistent national approach.

The final resources under the project are due to be completed by mid 2010, and will be designed to assist canteen managers to make appropriate 'menu' choices that encourage the development and reinforcement of healthy eating patterns in students.

3.2 Fund, implement and promote comprehensive programs for workplaces that support healthy eating, promote physical activity and reduce sedentary behaviour.

The Commonwealth Government will also provide funding to states and territories through the Healthy Workers Initiative of the National Partnership to implement healthy lifestyle programs in workplaces. Of the $289.4 million made available to the states and territories under this initiative, 50 per cent is subject to their demonstrating achievement against the following indicators: healthy weight, physical activity, fruit and vegetable consumption and smoking. To support the states achieve their targets, the Commonwealth will develop soft infrastructure, including nationally agreed standards of workplace based prevention programs, voluntary competitive benchmarking, a national healthy workplace charter developed in consultation with employer and employee groups and national awards for best practice in workplace health programs.

3.3 Fund, implement and promote comprehensive community-based interventions that encourage people to improve their physical activity and healthy eating, particularly in areas of disadvantage and among groups at high risk of overweight and obesity.

The Healthy Communities Initiative is providing $72 million to support local government areas in delivering effective community-based physical activity and dietary education programs as well as developing supportive environments for healthy lifestyle behaviours. The Healthy Communities Initiative aims to reduce the prevalence of overweight and obesity within the target populations (that is, individuals not in the paid workforce and at risk of developing a chronic disease) of participating communities by maximising the number of at-risk individuals engaged in accredited physical activity and dietary education programs. As well as providing funds for local government areas to deliver programs, the initiative will fund organisations to provide healthy eating and physical activity programs nationally, increasing the availability of these programs for all Australians.

From 2010–11, the Commonwealth Government will support national sporting organisations (NSOs) to expand participation at a community level by providing NSOs with opportunities to access additional funding to grow participation at a community level. NSOs will be required to deliver increased participation outcomes through

participation plans required under their funding agreements with the Australian Sports Commission, thereby opening more opportunities for Australians to be more active and healthier as part of their everyday lives.

RECOMMENDED KEY ACTION AREA 4	ENCOURAGE PEOPLE TO IMPROVE THEIR LEVELS OF PHYSICAL ACTIVITY AND HEALTHY EATING THROUGH COMPREHENSIVE AND EFFECTIVE SOCIAL MARKETING

4.1 Fund effective social marketing campaigns to increase physical activity and healthy eating and reduce sedentary behaviour and support people to make informed choices about their health:

- Ensure that funding is sustained and at a sufficient level to allow adequate reach and frequency; and
- Choose messages most likely to reduce prevalence in socially disadvantaged groups and provide extra reach to these groups.

The Commonwealth Government supports this recommendation and is implementing this through the Commonwealth Government's *Measure Up* social marketing campaign which aims to reduce the prevalence of risk factors for lifestyle related chronic disease, in turn limiting the incidence and the impact of these diseases and reducing morbidity and mortality rates. The campaign targets 25 to 50 year olds with children (as changes in their behaviour will also influence their children) and 45 to 65 year olds (given relatively high prevalence of chronic diseases among this group). *Measure Up* components have also targeted Indigenous adults with children (parents and carers) and adults from non-English speaking backgrounds with children (parents and carers).

Given its previous success, the Commonwealth Government provided funding through the National Partnership Agreement on Preventive Health to extend the reach of the *Measure Up* campaign, with $41 million allocated to national level activities and an additional $18 million provided to the states and territories for local level complementary activities. The development of *Measure Up* activities is underpinned by research, evidence and scientific testing to ensure effectiveness and is overseen by a campaign reference group with jurisdictional representation and further supported by technical experts in obesity, physical activity and nutrition. Following research and evaluation of the first phase of the campaign, the next phase of the national *Measure Up* campaign will focus on reaching at risk groups and providing messages on 'how' to increase physical activity and eat a healthier diet to achieve more permanent behaviour change.

Evaluation results for Phase One of the campaign show that the:

- *Measure Up* campaign reached the vast majority of the Australian population (91 per cent);
- campaign has been successful in increasing the perception that "a person's waist measurement is strongly related to their chances of developing a chronic disease later in life;" and
- attempts to decrease waist measurement and weight increased.

Activity under the *Measure Up* campaign will incorporate, where possible, links with other National Partnership Agreement elements including Healthy Communities, Healthy Workers, Healthy Children and the Industry Partnership.

The campaign will also seek to accommodate new nutrition messages that emerge over the next four years, particularly as a result of the revised nutritional guidelines. It will also seek to complement activity under the COAG Closing the Gap in Indigenous Health Outcomes National Partnership.

Physical activity can play an important role in keeping people healthy and in preventing or delaying the onset of a number of diseases associated with ageing. The Ambassador for Ageing, Ms Noeline Brown, was appointed in March 2008 by the Minister for Ageing, the Hon Justine Elliot MP, with the promotion of healthy and active ageing messages within the community as one of her priorities. A series of active ageing posters and brochures, featuring the Ambassador for Ageing, have been developed that provide tips and advice on how to maintain and protect health, wellbeing and independence and can be located at http://www.health.gov.au/ambassadorforageing. The four healthy ageing messages are:

1. staying physically active;
2. eating well;
3. keeping in touch with family, friends and community; and
4. reducing the risk of falls.

RECOMMENDED KEY ACTION AREA 5 — REDUCE EXPOSURE OF CHILDREN AND OTHERS TO MARKETING, ADVERTISING, PROMOTION AND SPONSORSHIP OF ENERGY-DENSE NUTRIENT-POOR FOODS AND BEVERAGES

5.1 Phase out the marketing of EDNP food and beverage products on free-to-air and Pay TV before 9pm within four years. Phase out premium offers, toys, competitions and the use of promotional characters, including celebrities and cartoon characters, to market EDNP food and drink to children across all media sources. Develop and adopt an appropriate set of definitions and criteria for determining EDNP food and drink.

The Commonwealth Government notes this recommendation. Change is currently being achieved through a combination of Government regulation, industry self-regulation and new television initiatives.

The Commonwealth Government has provided additional funding of $185.3 million over three years from 2009–10 to national broadcasters (ABS and SBS) to support, among other things, a dedicated children's channel providing age-appropriate, advertising free programs. Some of these funds have been used to establish ABC3, which broadcasts daily from 6am to 9pm, giving parents a commercial free choice for their children.

The Australian Communications Authority (ACMA) is responsible for regulating children's programs and the Australian content of programs and advertisements. The Children's Television Standards (CTS) were reviewed and amended in 2009 to clarify promotion and endorsement of commercial products by animated characters or celebrities during C program times. Inducements such as toys are able to be offered and advertised, however their marketing must be incidental compared to the actual product being advertised. The list of popular characters and personalities that can not be used to endorse, recommend or promote a commercial product or service has been expanded. The revised CTS 2009 came into effect on 1 January 2010.

In relation to voluntary industry initiatives, with Government encouragement the food industry has established two initiatives which aim to reduce the exposure of children to the advertising of food that is high in sugar, salt and/or fat, the:

- Australian Food and Grocery Council (AFGC) developed its *The Responsible Children's Marketing Initiative,* effective from 1 January 2009; and
- Australian Quick Service Restaurant Industry (AQSRI) Initiative for Responsible Advertising and Marketing to Children, effective from 1 August 2009.

The AFGC and AQSRI initiatives incorporate compliance and complaints processes which were developed with the Advertising Standards Bureau (ASB).

Marketing to children through media other than television is not regulated by the Australian Communications and Media Authority, but is addressed in these voluntary industry codes.

The marketing of food and beverages targeting adults is also addressed through voluntary industry codes including the Australian Association of National Advertisers' Code of Ethics and Food and Beverages Advertising and Marketing Communications Code.

The Commonwealth Government will continue to monitor the impact of these initiatives to ensure their effectiveness in reducing children's exposure to advertising of energy-dense, nutrient-poor foods and beverages. This is consistent with the Taskforce recommendations which propose a staged and potentially escalating approach to change, allowing for voluntary measures to be trialed with action to follow if necessary.

RECOMMENDED KEY ACTION AREA 6	STRENGTHEN, UPSKILL AND SUPPORT THE PRIMARY HEALTHCARE AND PUBLIC HEALTH WORKFORCE TO SUPPORT PEOPLE IN MAKING HEALTHY CHOICES

6.1 Contribute to relevant national policies (for example, the National Primary Health Care Strategy) to ensure key actions to improve preventative health are considered and implemented in the primary care setting:

- Expanding the supply of relevant allied health workforce and number of funded positions;
- Ensuring all individuals have easy access to health services that provide physical activity, weight loss and healthy nutrition advice and support; and
- Funding, implementing and promoting evidence-based clinical guidelines and other multi-disciplinary training packages for health and community workers.

The Commonwealth Government supports this recommendation and recognises the important role that primary health care plays in preventative health. The National Primary Health Care Strategy, released in May 2010, identifies increasing the focus on prevention as one of the key priority areas for primary health care reform.

The report identifies that clinical guidelines will support primary care practitioners in achieving preventative health outcomes. The Commonwealth Government will provide $1.5 million over four years to review the NHMRC Clinical Practice Guidelines for the management of overweight and obesity in adults and children, as well as fund the development of new population Healthy Weight Guidelines for maintaining and achieving a healthy weight.

Further, the Clinical Practice Guidelines will be updated to take account of emerging evidence in the treatment of obesity, particularly the increasing use of bariatric surgery. The Healthy Weight Guidelines will bring together current evidence on the most effective means to prevent unhealthy weight gain or loss and to lose excess weight safely and permanently. They will also draw on the current National Dietary Guidelines and Physical Activity Guidelines to illustrate the relationship between energy intake, energy expenditure and weight gain or loss. The Guidelines will also be used to develop materials to assist primary and allied health care professionals in dispensing preventative health advice.

More broadly, reform activities associated with the National Health and Hospitals Network Agreement, including the establishment of Medicare Locals tasked with health promotion and preventative health, will ensure primary care plays a greater role in prevention. These organisations will provide better GP and primary health care services, improve access to care, and drive integration across the primary health care, hospital, Indigenous health and aged care sectors.

Medicare Locals will be independent organisations (not government bodies). They will operate with strong local governance arrangements, including broad community and health professional representation, as well as business and management expertise. The establishment of Medicare Locals will:

- provide the Commonwealth with a platform for delivering primary health care reform, including prevention;
- improve integration between local service providers, including with Indigenous health services; and
- support community involvement in the planning and delivery of health services.

A small number of Medicare Locals will commence operations in mid 2011, with the remainder commencing operations in mid 2012. The Government will invest $417 million in establishing the nation-wide network of Medicare Locals and to provide all Australians with access to high quality, affordable and integrated after hours GP services.

The Government will also provide an additional $449.2 million to fund better coordinated care for individuals with diabetes, to improve management of their condition and make sure they stay healthy and out of hospital.

In addition, the Commonwealth Government is making available additional funding of $390.3 million over four years to boost support for nurse positions in general practice. The Practice Nurse Incentive program will support nurses to undertake a broad range of prevention activities, such as health assessments, health promotion and advice, educating patients on lifestyle issues, and managing recall and reminder systems.

The Commonwealth Government generally supports measures to develop, improve and support the skills of the health workforce. The establishment of Health Workforce Australia (HWA) will result in a national approach to health workforce policy and planning. This will include the development of team based approaches to health care and service delivery supporting greater cooperation among medical practitioners, nurses and relevant allied health professionals as required.

RECOMMENDED KEY ACTION AREA 7	ADDRESS MATERNAL AND CHILD HEALTH, ENHANCING EARLY LIFE AND GROWTH PATTERNS

7.1 Establish and implement a national program to alert pregnant women and those planning pregnancy to the lifestyle risks of excessive weight, insufficient physical activity, poor nutrition, smoking and excessive alcohol consumption, and assist them address these risks.

The Commonwealth Government is addressing the identification and support of lifestyle risks in pregnant women through a number of initiatives.

The 2009–10 *Improving Maternity Services* Budget Package provides $120.5 million over four years for a maternity reform package, which delivers a range of measures aimed at providing Australian women with more choice in their maternity care, while maintaining Australia's strong record of safe, high quality maternity services.

The Package includes increased services for rural and remote communities through an expansion of the successful Medical Specialist Outreach Assistance Program; and additional training support for GPs and midwives, particularly in rural and remote Australia. It also includes the expansion and improvement of the existing National Pregnancy Telephone Counseling Helpline to deliver a 24 hour, seven days a week telephone helpline and information service from 1 July 2010.

The Australian Health Ministers' Advisory Council (AHMAC) has also agreed to develop national antenatal clinical guidelines that will provide care to women during a normal pregnancy.

Polycystic Ovarian Syndrome affects 11 per cent of reproductive aged women, with obese women having a much higher prevalence of the condition than those at a healthy weight. Women with the condition have much higher rates of pregnancy related diabetes and complications. Government funding provided to the Jean Hailes Foundation ($1.1 million) for the National Polycystic Ovarian Syndrome Alliance will support the development of evidence based guidelines for managing the syndrome and an education initiative targeting health professionals and women. Weight management and increased physical activity will be promoted as key elements of managing the condition.

The Commonwealth Government has invested $21.9 million to 30 June 2011, for the Australian Early Development Index (AEDI) which was endorsed by COAG as a national progress measure of early childhood development. The AEDI provides a national snapshot of young children's health and development, as they enter their first year of full-time school (the year prior to Year one). The AEDI provides valuable information about early childhood development at the local population level. Together with other relevant data, this information will enable communities and governments to pinpoint the types of services, resources, infrastructure and supports young children and their families need to give children the best possible start in life.

7.2 Support the development and implementation of a National Breastfeeding Strategy in collaboration with the state and territory governments.

The Government supports this recommendation and has developed the Australian National Breastfeeding Strategy 2010–15 which was endorsed by the Australian Health Ministers' Conference in November 2009. The Strategy provides a framework for priorities and action for Governments at all levels to protect, promote, support and monitor breastfeeding throughout Australia. It recognises the biological, health, social, cultural, environmental and economic importance of breastfeeding.

An Implementation Plan for the Strategy was endorsed by Australian Health Ministers on 22 April 2010. The Plan identifies ten action areas to be progressed by governments both independently and nationally under the Australian Health Ministers' Advisory Council, with ongoing leadership from the Commonwealth and input from key stakeholders. The ten action areas included in the Plan were identified based on the goals and objectives set out in the Strategy and focus on:

1. monitoring and surveillance;
2. health professionals' education and training;
3. dietary guidelines and growth charts;
4. breastfeeding friendly environments (including workplaces and child care settings);
5. support for breastfeeding in health care settings;
6. revisiting Australia's response to the World Health Organization's International Code of Marketing of Breast-milk Substitutes and related World Health Assembly resolutions;
7. exploring the evidence, quality assurance, cost-effectiveness and regulatory issues associated with the establishment and operation of milk banks;
8. breastfeeding support for priority groups;
9. continuity of care, referral pathways and support networks; and
10. education and awareness, including antenatal education.

Implementation of the Strategy will build on the Commonwealth Government's existing breastfeeding commitments, including $2.5 million over five years to enable the Australian Breastfeeding Association to establish and maintain a toll-free 24 hour telephone helpline providing breastfeeding information and peer support for mothers and their families. This service is now available on 1800 MUM 2 MUM (1800 686 2 686). New dietary guidelines for pregnant and breastfeeding women are also being developed.

The Australian Government is committed to ensuring that women can breastfeed without discrimination, including in the workplace. The Government's proposed changes to federal anti-discrimination laws will build on existing prohibitions in the *Sex Discrimination Act 1984* and send a strong message that discrimination against women who breastfeed will no longer be tolerated. To create more awareness about parental leave rights and related discriminatory behaviours in the workplace, the Fair Work Ombudsman has committed to distributing 100,000 campaign brochures in 'Bounty Mother To Be Bags' – a bag of samples and pamphlets given to pregnant woman across Australia when they register with a hospital or doctor. A campaign poster will also be offered for display nationally in 2000 GP surgeries and clinics, and hospital waiting rooms. Both materials outline the harm pregnancy discrimination causes, and the assistance the Fair Work Ombudsman can provide for those who experience it.

The Commonwealth Government also partners with industry to ensure that breastfeeding remains a viable option for women. For example, the Marketing in Australia of Infant Formula (MAIF) Agreement provides a mechanism for the scrutiny of infant formula advertising to ensure it does not undermine breastfeeding. There are six signatories to the Agreement, capturing around 95 per cent of the overall infant formula available in Australia. The Advisory Panel on the Marketing in Australia of Infant Formula monitors compliance with, and advises the Commonwealth Government on, the MAIF Agreement. The Advisory Panel assesses complaints submitted by the public and determines whether a breach of the MAIF Agreement has occurred.

RECOMMENDED KEY ACTION AREA 8 — SUPPORT LOW INCOME COMMUNITIES TO IMPROVE THEIR LEVELS OF PHYSICAL ACTIVITY AND HEALTHY EATING

8.1 Fund, implement and promote effective and relevant strategies and programs to address specific issues experienced by people in low income communities such as lack of access to affordable high quality fresh food.

8.2 Fund, implement and promote multi component community based programs in low SES communities.

The Commonwealth Government supports the recommendations for this action area and will achieve these outcomes through the National Partnership on Preventive Health, which includes provisions for the particular needs of socio-economically disadvantaged Australians.

The Healthy Communities Initiative aims to help reduce the prevalence of overweight and obesity in individuals that are predominantly not in the paid workforce and at risk of developing a chronic disease. The initiative will fund up to 90 Local Government Areas (LGAs) to deliver effective community-based physical activity and dietary education programs as well as develop a range of local policies to support healthy lifestyle behaviours.

The LGA Grants will support a Healthy Communities Co-ordinator within local government to oversee and coordinate the implementation of the Healthy Communities Initiative within the LGAs target population, and any combination of:

- subsidising the costs to individuals of participating in dietary education, physical activity or healthy lifestyle programs;
- running or purchasing community based healthy lifestyle programs; and/or
- purchasing or subsidising training for community members to run community based healthy lifestyle programs where this does not contradict professional or accreditation requirements of specific programs.

LGA grants will be awarded in three phases which commenced with a 'pilot phase' in April 2010. The 2nd phase will open for applications in the second half of 2010 with the third phase opening in 2011. Priority will be given to LGAs with higher rates of socio-economic disadvantage and rates of overweight and obesity above the national average of 61.4 per cent.

The 12 successful LGAs to be selected for the pilot phase were:

- City of Palmerston, Northern Territory;
- ACT Health;
- Cradle Coast Authority, Tasmania;
- City of Playford, South Australia;
- Shire of Derby/West Kimberley, Western Australia;
- City of Wanneroo, Western Australia;
- Hume City Council, Victoria;
- Central Goldfields Shire Council, Victoria (including the Pyrenees Shire);
- Fairfield City Council, New South Wales;
- Narrandera Shire Council, New South Wales;
- Whitsunday Regional Council, Queensland; and
- Maranoa Regional Council, Queensland.

Activities that LGAs will be implementing under the pilot phase include: a traffic light shelving system in food stores to assist Indigenous Australians to improve their understanding of healthy food choices; targeted strategies designed to reach vulnerable families associated with the prison system; trialing a GP – community – health professionals coordinated referral pathway system; and the inclusion of healthy lifestyle education components in job seeker and job readiness training.

HEALTHY COMMUNITIES INITIATIVE – LOCAL GOVERNMENT GRANTS CASE STUDY: CITY OF PLAYFORD, SOUTH AUSTRALIA

Target Population

People aged 18 years and over living within the Local Government Area of Playford who are facing multiple barriers to workforce and learning participation, particularly where this is exacerbated by poor health resulting from overweight and obesity.

Programs/Activities

Programs and activities being undertaken in the City of Playford include:

- *Food Co-operative and Mobile Food Co-Op* – utilising a locally developed training package these services will provide training in nutrition education, food handling, food safety and customer service;
- *Picking up the Ball* – will provide access to subsidised accredited training in sports administration, fitness training or program specific qualifications;
- *426 Parent Program* – will provide support to parents with a focus on sport and recreation, education and skills development;
- *Life Long Learning* – Marni Waiendi – seeks to re-engage significantly at-risk individuals within the Indigenous community and provide them with practical pathways to structured learning and ultimately employment opportunities; and
- *Life Long Learning* – this initiative builds on an existing program that transitions unemployed participants to workforce participation and will promote healthy living in training and work experience programs.

From 2010–11, the Commonwealth Government will support national sporting organisations (NSOs) to expand participation at a community level by providing NSOs with additional funding to grow participation at a community level. NSOs will be required to delivery increased participation outcomes through participation plans required under their funding agreements with the Australian Sports Commission, thereby opening more opportunities for Australians to be more active and healthier as part of their everyday life.

The Government is committed through the social inclusion agenda to targeting services to address the causes of disadvantage, including the social determinants of health. The Government aims to improve people's access to quality health care as well as encourage participation in healthy activities such as sport or participation at work. Many risk factors associated with chronic disease, such as smoking and obesity/overweight are disproportionately found in lower SES groups and low income communities.

The social inclusion agenda focuses on specific priority groups by:

- supporting children at greatest risk of long term disadvantage by providing health, education and family relationships services;
- helping jobless families with children by helping the unemployed into sustainable employment and their children into a good start in life;
- focusing on the locations of greatest disadvantage by tailoring place-based approaches in partnership with the community;
- assisting in the employment of people with disability or mental illness by creating employment opportunities and building community support;
- addressing the incidence of homelessness by providing more housing and support services; and
- Closing the gap for Indigenous Australians with respect to life expectancy, child mortality, access to early childhood education, educational achievement and employment outcomes.

The Commonwealth Government is implementing the social inclusion agenda through a number of innovative programs. The various programs target disadvantaged groups and communities in a way that is socially inclusive, participatory and sustainable. Through these targeted approaches the Government can improve the health outcomes of those most in need, influencing levels of physical activity and healthy eating.

In addition to the priority population groups, the Government is focusing its efforts on 20 social inclusion priority areas. These areas are highly vulnerable to the impacts of economic recession and the associated impacts on health, wellbeing and employment. These areas were determined through analysis of labour market indicators and include:

New South Wales

- Canterbury-Bankstown and South Western Sydney
- Illawarra
- Richmond-Tweed and Clarence Valley
- Mid-North Coast
- South West and Blue Mountains
- Central Coast-Hunter

Victoria

- South Eastern Melbourne
- North Western Melbourne
- Ballarat-Bendigo (Central Victoria)
- North Eastern Victoria

Tasmania

- North West/Northern Tasmania

Queensland

- Ipswich-Logan
- Southern Wide Bay-Burnett
- Bundaberg-Hervey Bay
- Cairns
- Caboolture-Sunshine Coast
- Townsville- Thuringowa

South Australia

- Northern and Western Adelaide
- Port Augusta- Whyalla- Port Pirie

Western Australia

- South West Perth

A good example of a Government program which is achieving both health and social outcomes is the Big Issue in Australia Community Street Soccer Program which uses physical activity, in the form of organised sport, as a catalyst for transforming lives by reconnecting people who are homeless with the community and providing them with a real sense of purpose and belonging. The Commonwealth Government has committed $3 million over three years from 2007-08 to the Community Street Soccer Program, establishing 30 Community Street Soccer projects across Australia to improve the lives and opportunities of Australians experiencing disadvantage.

The aim of the Community Street Soccer program is to create social change and promote participation, inclusiveness, commitment, selflessness and team spirit through physical activity. The project is targeted towards assisting individuals experiencing disadvantage including homelessness, substance abuse issues, mental illness, disability, addiction, and social and economic hardship, including increased household income, greater ability to seek and benefit from services, increased confidence and resilience and greater community awareness of available programs and services.

8.3 Provide resources for brief interventions from the primary healthcare setting

Refer to Obesity Recommendation 6.1.

RECOMMENDED KEY ACTION AREA 9 — REDUCE OBESITY PREVALENCE AND BURDEN IN INDIGENOUS COMMUNITIES AND CONTRIBUTE TO 'CLOSE THE GAP'

9.1 Fund, implement and promote multi-component community-based programs in Indigenous communities.

The Government is providing $37.5 million over four years to fund the development of a national network of over 100 Healthy Lifestyle Workers in Indigenous communities around Australia as part of the $1.6 billion COAG Closing the Gap in Indigenous Health National Partnership. The first 40 workers will be employed from July 2010 in 20 regions around Australia, in community-controlled health organisations where practicable, alongside the tobacco action workforce being established under the $100 million Closing the Gap Tackling Smoking measure.

The healthy lifestyle workers will work with Indigenous communities to reduce chronic disease risk factors, particularly those relating to nutrition and physical activity, for individuals, families and communities. They will refer people who are at risk of developing a chronic disease to health services for help where necessary. People with established chronic disease will also be referred for help in managing their disease.

The Health Lifestyle Worker program will help link Indigenous communities to existing preventative health programs including the Healthy Communities and Outback Stores initiatives.

9.2 Strengthen antenatal, maternal and child health systems for Indigenous communities.

The Commonwealth Government agrees in principle with this recommendation, noting there may be difficulties in measuring the outcomes. The Commonwealth Government has demonstrated its support for strengthening antenatal, maternal and child health systems for Indigenous communities through commitments including:

- Commonwealth Investment of $490 million over six years in the Indigenous Early Childhood Development (IECD) National Partnership to improve developmental outcomes for Indigenous children. This investment includes $107 million over five years to focus on ensuring that teenagers have access to pre-pregnancy, reproductive and sexual health education and care, with an aim of ensuring that they make informed decisions about reproductive options. The National Partnership also includes a focus on improving access to antenatal care to ensure that women have healthy pregnancies and healthy babies.
- The Commonwealth Government's $90.3 million commitment in the National Partnership over five years to increase access to child and maternal health services for Indigenous children and their families through the New Directions Mothers and Babies Services program. As of 30 April 2010, 57 services have been approved for funding under this program.

- In addition to the commitments made through COAG, the Commonwealth Government has invested $21.2 million over five years through the New Directions: An Equal Start to Life for Indigenous Children Initiative, to tackle rheumatic fever and rheumatic heart disease and provide accommodation to mothers who leave their communities to have their babies.

The Government is contributing to improving Indigenous child and maternal health through other national programs including:

- $120.5 million over four years for the Improving Maternity Services Budget package of measures to improve choice and access to maternity services for pregnant women and new mothers in Australia including Indigenous women; and
- $54 million for the Australian Health Survey, which will collect data on the health of Australian people, including Indigenous children aged over two years. The results of the Survey will allow us to better understand the eating and physical activity patterns of Indigenous children as well as their nutrient status, and allow us to develop appropriate policies and programs.

9.3 Fund, implement and promote effective and relevant strategies and programs to address specific issues experienced by people in Indigenous communities such as lack of access to affordable high-quality fresh food.

The Commonwealth Government agrees with these recommendations and is taking action in the following ways.

Government action is currently underway to improve systems for delivering food security in stores in remote Indigenous communities. It is important to ensure these systems function efficiently before considering food subsidies, which are expensive and difficult to monitor in terms of ensuring the benefits are effectively passed on to Indigenous Australians.

Stores in the Northern Territory must be licensed in order to participate in income management arrangements under the Northern Territory Emergency Response. As well as facilitating income management in stores, community store licensing works to improve the sustainability and build the capacity of stores to deliver food security. The licensing process assesses stores for their financial, retail, governance and nutrition practices. There are strong indications that store licensing, together with income management, is improving the quality and range of foods purchased by community residents, including consumption of more fruit and vegetables.

Building on this experience in the Northern Territory, COAG agreed to a National Strategy for Food Security in Remote Indigenous Communities on 7 December 2009. Two actions within the Strategy are the development of national standards for stores and takeaways in remote communities and a national quality improvement scheme to support these standards. Both of these actions are focussed on improving systems

within stores to ensure food security. The Strategy will be piloted in approximately 10 remote communities across Australia.

The Strategy also calls for the development of a National Healthy Eating Action Plan (NHEAP) for remote Indigenous communities. The NHEAP aims to build community capacity to promote healthy eating and will include consideration of factors that influence purchasing and consumption decisions, including price, and identify mechanisms to increase consumption of healthy foods.

In addition, the Commonwealth Government has funded Outback Stores (OBS) to provide improved management of remote stores through economies of scale, bulk purchasing and streamlined management systems. The OBS constitution includes an objective for the Company 'to improve access to affordable, healthy food for Indigenous communities, particularly in remote areas, through providing food supply and store management and support services'.

The Commonwealth Government is also currently implementing the Indigenous Sport and Recreation Program (ISRP). The ISRP provides funding to community groups, organisations and the Australian Sports Commission for programs and services across Australia. These programs increase the active participation in sport and recreational activities of Indigenous Australians of all ages and encourage community ownership and management of sport and physical recreation activities. Community ownership and management were recognised in the Taskforce's report as a key component of successful Indigenous health promotion programs.

The Government is making available $13 million in 2010–11 under the ISRP. Funded projects focus on activities that require physical exertion that may promote the health, well-being and fitness of participants, and typically involve sport and recreation activities such as camps, carnivals, small grants programs, venue or ground hire, and equipment purchase.

RECOMMENDED KEY ACTION AREA 10 — BUILD THE EVIDENCE BASE, MONITOR AND EVALUATE EFFECTIVENESS OF ACTION

10.1 NPA to develop a national research agenda for overweight and obesity, with a strong focus on public health, population and interventional research.

The Commonwealth Government is committed to enhancing national surveillance and monitoring systems and to ensuring that the evaluations are undertaken to determine the most efficacious interventions are identified and expanded.

As noted above, the Australian National Preventive Health Agency will be tasked with developing a national preventative health research agenda with the NHMRC, which will incorporate information on obesity. The Agency has been allocated a preventative health research fund (worth $13.1 million) to be used on translational research activities.

Some of these research funds will be used for the evaluation of the National Partnership Agreement on Preventive Health, ensuring that information on what works and what does not is disseminated nationally.

The Commonwealth Government already funds activities that build the evidence for action on overweight and obesity. The Department of Health and Ageing, in partnership with the NHMRC, is undertaking a review of national nutrition recommendations including the Core Food Groups, Australian Dietary Guidelines and the Australian Guide to Healthy Eating publications. These publications are the foundation policy documents supporting all Commonwealth Government nutrition and population level healthy eating advice and provide the basis for nutrition interventions for the prevention of a range of chronic diseases, including type 2 diabetes. The Dietary Guidelines review work program will provide Australians with up-to-date advice on healthy eating to improve the health and wellbeing of the community. The *Dietary Guidelines* work program involves the revision of the:

- *Core Food Groups* (1994);
- *Australian Guide to Healthy Eating* (1998);
- *Dietary Guidelines for Older Australians* (1999);
- *Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers* (2003);
- *Dietary Guidelines for Australian Adults* (2003); and
- the development of dietary guidelines for pregnant and breastfeeding women.

A committee of Australian health and nutrition experts has been established to guide the revision project, which is expected to be completed by mid 2011. Complementary publications for population groups will be developed to communicate key nutrition messages to improve consumer understanding of healthy food choices.

As part of the Dietary Guidelines review, the Commonwealth Government has also committed $1.8 million over three years from 2010–11 to undertake a rolling review of the *Nutrient Reference Values for Australia and New Zealand* (NRVs).

The NRVs are designed to assist nutrition and health professionals assess the dietary requirements of individuals and groups. They may also be used by public health nutritionists, food legislators and the food industry for dietary modelling and/or food labelling and food formulation. The Government's rolling review will allow efficient and necessary updates of this key document to occur on an as-needs basis and ensure the currency of the evidence.

10.2 Expand the National Health Risk Survey Program to cover adults and the Indigenous population.

The Australian Health Survey, which has superseded the National Health Risk Survey, was outlined in the Critical Infrastructure section. The Survey will cover Australians aged two years and over, including a representative sample of Indigenous Australians.

The Australian Health Survey will be complemented by the new National Longitudinal Study on Male Health, for which funding of $6.9 million over four years from 2009–10 was announced on 6 May 2010. Currently there are no longitudinal studies of male health which can provide evidence of the impact of social determinants of men's health, attitudes and behaviours in line with the National Male Health Policy directions. The Longitudinal Study will consider a range of determinants of male health, including social, economic and behavioural.

10.3 Ensure that the National Children's Nutrition and physical activity survey is repeated on a regular basis to allow for the ongoing collection of national data on children.

As the Australian Health Survey will gather nutrition and physical activity information from children, there is no longer a need to repeat the National Children's Nutrition and Physical Activity Survey.

10.4 Ongoing research on effective strategies to address social determinants of obesity in Indigenous communities.

The Commonwealth Government supports this recommendation and has already taken steps to implement it. The Department of Health and Ageing has been a partner organisation with the Cooperative Research Centre for Aboriginal Health (CRCAH). The social determinants of health were a major program area of the CRCAH and resulted in publications which provided an evidence-base for the link between income, education, employment and other social factors with chronic disease health outcomes and risk factors such as obesity.

The CRCAH is continuing nutrition/obesity research under the 'Healthy Start, Healthy Life' program of its successor, the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health (CRCATSIH), until 2014. As a partner with the CRCATSIH, the Department of Health and Ageing will work with the CRCATSIH to continue research on strategies to address the social determinants of obesity under the 'Health Start, Healthy Life' program.

The evidence for interventions to reduce smoking is strong and has accumulated over many years. The key planks of the tobacco recommendations are: fiscal – increasing the cost of cigarettes; regulatory – for example, plain packaging; and social marketing to reinforce the benefits of quitting for those who smoke, and to discourage non-smokers from taking it up. In addition the Taskforce recommends a range of initiatives aimed at particular sub-population groups among whom smoking rates remain high, such as Indigenous communities.

RECOMMENDED KEY ACTION AREA 1	MAKE TOBACCO PRODUCTS SIGNIFICANTLY MORE EXPENSIVE

1.1. Ensure that the average price of a packet of 30 cigarettes is at least $20 (in 2008 $ terms) within three years, with equivalent increases in the price of roll-your-own and other tobacco products.

The Government agrees with the finding of the Preventative Health Taskforce, and the recommendations of the WHO and the World Bank, that increasing prices is one of the most effective measures governments can take to reduce tobacco consumption and prevalence. Price increases encourage existing smokers to quit and raise the barrier for people considering taking up smoking, especially young people. Studies in the economic literature have found that teenagers and young adults are significantly more responsive to price, with teenage smokers up to eight times more responsive to price increases than smokers in their late 20s.

In Australia, cigarette prices, and the proportion of those prices represented by tax, are lower than in many comparable countries. In 2008, a packet of 30 cigarettes cost $13.50 in Sydney compared with $16 in Toronto, $18 in London and $20 in Dublin. In 2009 in Australia, taxes comprised around 62 per cent of the total price of cigarettes, compared with 80 per cent in France and 77 per cent in the United Kingdom.

That is why the Commonwealth Government decided to raise the excise on all tobacco products by 25 per cent from 30 April 2010. This is the first increase in excise above CPI indexation in more than 10 years. It will bring Australia's taxes on tobacco into

line with other OECD countries and, in combination with other measures including the Government's world first plain packaging initiative, bring Australia back to the forefront of international tobacco control efforts.

This measure will increase excise by around seven cents per stick for cigarettes and nearly $82 per kilo for other tobacco products. It will effectively increase the price of a packet of 25 cigarettes by $1.80 and a pack of 30 cigarettes by $2.16, bringing the price of a typical pack of 30 cigarettes to over $15.

The excise increase is expected, on its own, to reduce tobacco consumption by six per cent and the number of smokers by two to three per cent, or 87,000 Australians – making a significant start on the COAG target of reducing the smoking rate to 10 per cent of the Australian population by 2018.

FIGURE 5: INCREASE IN EXCISE ON CIGARETTES (PER STICK) 1999–2010

A 2007 Australian Institute of Health and Welfare survey found that around two-thirds of Australians support increasing the tax on tobacco to discourage smoking, to pay for health education and to contribute to treatment costs. This 25 per cent increase in tobacco excise will provide an extra $5 billion over four years which, along with existing revenues from tobacco, will be directly invested in better health and hospitals through the National Health and Hospitals Network Fund. In this way, all customs and excise duty on tobacco will fund a reformed Australian health and hospital system into the future.

The Government is conscious that, while increased prices can induce some smokers to quit and present a higher barrier to smoking uptake by young people, they can also induce financial stress among people who continue to smoke. The Government has therefore not decided to pursue the full 68 per cent increase in excise advocated by the Preventative Health Taskforce at this time.

1.2. Develop and implement a coordinated national strategy to prevent the emergence of illicit trade in tobacco in Australia.

Australia has in place a strong legislative and regulatory framework to control the illicit trade in tobacco products.

The Australian Taxation Office and the Australian Customs and Border Protection Service (Customs and Border Protection) have an active ongoing role in monitoring and enforcement activity against illicit tobacco production or importation.

Over the past three years Customs and Border Protection has seized 715 tonnes of tobacco and 217 million cigarette sticks in sea cargo and successfully prevented potential revenue evasion of approximately $277 million. Customs and Border Protection has also disrupted organised tobacco smuggling operations through a number of successful prosecutions.

1.3. Contribute to the development and implementation of international agreements aiming to combat illicit trade in tobacco globally.

Australia is actively involved in current negotiations to develop an international protocol to eliminate the illicit trade in tobacco products under the auspices of the WHO Framework Convention on Tobacco Control (WHO FCTC).

1.4. Ban the retail sale of tobacco products via the internet.

The Government will amend the *Tobacco Advertising Prohibition Act 1992* (TAP Act) to clarify that advertisements published via the internet are prohibited by the TAP Act and to regulate retail sales on the internet on the same basis as other retail sales.

Some states have already banned the retail sale of tobacco products over the internet. The Commonwealth Government will discuss this recommendation further with states and territories.

1.5 End tax and duty free sales in Australia; abolish tax and duty concessions for all travellers entering Australia (specified limits for personal use); and participate in negotiations on international agreements concerning the application of limits to international travellers.

The Henry Review of Australia's taxation system has also recommended that there should be no duty free allowance on tobacco for international travellers entering Australia. The Government will consider further this recommendation. In addition,

the Government will continue to participate in international negotiations for a Protocol to Eliminate the Illicit Trade in Tobacco Products under the WHO FCTC, which is examining this issue.

RECOMMENDED KEY ACTION AREA 2	INCREASE THE FREQUENCY, REACH AND INTENSITY OF SOCIAL MARKETING CAMPAIGNS

2.1 Run effective social marketing campaigns at levels of reach demonstrated to reduce smoking.

- 2.1.1 Fund nationwide screening of most effective television advertisements, including those demonstrated to be most effective in state campaigns.
- 2.1.2 Provide long-term budget allocations at both federal and state levels to ensure commercially realistic funding for media campaigns (at least 700 TARPs per month until smoking prevalence reaches nine per cent).
- 2.1.3 Fund development of a suite of effective materials covering a range of health issues including dramatic treatments.
- 2.1.4 Place media to ensure maximum reach with smokers including young smokers and smokers from disadvantaged groups.

2.2 Choose messages most likely to reduce prevalence in socially disadvantaged groups and provide extra reach to these groups through the skewing of placement to television programs most likely to be watched by low SES groups, and by targeting radio, outdoor and other local advertising to low SES neighbourhoods.

The Government is committing over $85 million over four years from 2010–11 to anti-smoking social marketing campaigns.

In the COAG National Partnership Agreement on Preventive Health, the Government announced a record $61 million over four years from 2009–10 for a high-intensity national anti-smoking campaign. An expert advisory group, drawing on Australia's leading tobacco experts, has been established to guide the development of the campaign. The first advertisements are expected to be screened in 2010.

In addition the Government has committed a further $27.8 million over four years from 2010–11 to target high-need and highly disadvantaged groups who are hard to reach through mainstream advertising. These include: pregnant women and their partners; people from culturally and linguistically diverse backgrounds; people living in low socio economic status neighbourhoods; people with a mental illness; and prisoners.

Smoking rates among these groups remains unacceptably high, particularly when compared with the overall national daily smoking prevalence of 16.6 per cent among all Australians aged 14 years and over:

- 41 per cent – pregnant teenagers;
- 38 per cent – unemployed people;
- 34 per cent – people unable to work;
- 32 per cent – people with a mental illness; and
- 78 per cent – male prisoners and 83 per cent female prisoners.

The targeted $27.8 million campaign will comprise a multi-tiered social marketing approach including: targeted media strategy; extending the mainstream campaign; community toolkits; partnerships programs; cross-coordination initiatives; and direct mail campaigns.

RECOMMENDED KEY ACTION AREA 3	END ALL FORMS OF ADVERTISING AND PROMOTION OF TOBACCO PRODUCTS

3.1 Legislate to eliminate all remaining forms of promotion, including advertising of price specials, public relations activities, payments to retailers and proprietors of hospitality venues, promotion through packaging and as far as feasible through new and emerging forms of media.

3.2 Regulate to require mandatory reporting of amounts spent on any form of promotion – on payments to public relations companies or any other third parties, as well as details of any other promotional expenditure.

The Commonwealth Government announced on 29 April 2010 that it would be developing legislation to introduce mandatory plain packaging of tobacco products from 1 January 2012 with full implementation from 1 July 2012. Further information on this measure is at action area 3.4.1 – 3.4.4 below.

In addition, the Government will be introducing legislation to restrict Australian internet advertising of tobacco products, bringing the internet – and other electronic media – into line with restrictions in other media.

The Government will work with states and territories to develop an action plan for ending other forms of tobacco promotion, and for possible mandatory reporting of promotion expenditure, in the next iteration of the National Tobacco Strategy, which is being developed during 2010.

3.3 Amend legislation to ensure that tobacco is out-of-sight in retail outlets in all jurisdictions.

All states and territories have moved to restrict or ban the retail display of tobacco products. The Commonwealth Government will task the Australian National Preventive Health Agency to monitor implementation of these bans and restrictions and report biennially as part of its state of preventative health report.

3.4 Eliminate promotion of tobacco products through design of packaging.

3.4.1 Amend *Tobacco Advertising Prohibition Act 1992* to require that no tobacco product may be sold except in packaging of a shape, size, material and colour prescribed by the government, with no additional design features.

3.4.2 Undertake research to establish optimal colours, pack sizes and fonts that would be prescribed.

3.4.3 Amend *Trade Practices SPIS (Tobacco) Regulations 2004* to specify exact requirements for plain packaging.

3.4.4 Commence new arrangements.

The Commonwealth Government will develop and implement legislation to mandate plain packaging with effect from 1 January 2012 and full implementation by 1 July 2012. Plain packaging will:

- increase the noticeability, recall and impact of health warning messages;
- reduce the ability of packaging to mislead consumers to believe that some products may be less harmful than others;
- reduce the attractiveness of the tobacco product, for both adults and children; and
- reduce the appeal and desirability of smoking generally.

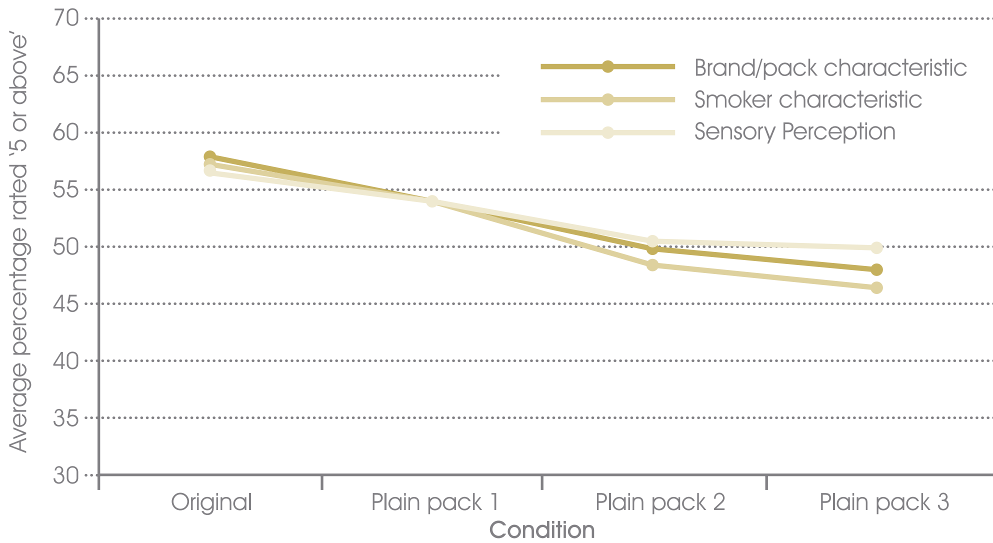
With restrictions on other forms of marketing, the branding and design of cigarette packs is now the primary means by which tobacco companies communicate brand image. Research shows that removing the design elements on branded packs of cigarettes changes how favourably the packs are perceived, including attitudes to those who smoke that brand and the quality of cigarettes in the packs. A recent experimental study in Australia, involving more than 800 smokers, investigated how plainer packs were perceived compared to current pack designs[22]. The study found that as the amount of pack branding design information was progressively reduced, the plainer packs were seen as less attractive ("brand/pack characteristic"), smokers of the packs were seen as significantly less stylish and sociable ("smoker characteristic"), and the cigarettes in the packs were thought to be less satisfying and of lower quality ("sensory perception") (Figure 6).

Research will be conducted in 2010 to determine the optimal design to achieve the public health objectives of the measure. The concerns of retailers in handling plain packaged products, and anti-counterfeit measures, will also be considered in the packaging design. The current review of graphic health warnings commissioned by the Department of Health and Ageing will test new messages and images including the optimal size of warnings in the context of plain packaging. In addition, the outcomes of a review of the value of publishing emissions and ingredients data will be considered.

22 Wakefield MA, Germain D, Durkin SJ. How does increasingly plainer cigarette packaging influence adult smokers' perceptions about brand image? An experimental study. *Tobacco Control* 2008;17:416-21

Legislation will be developed to implement plain packaging in 2011. Legislation is expected to be gazetted on 1 January 2012, with a compliance date of 1 July 2012.

FIGURE 6: SMOKER'S RATINGS BY PACK CONDITION



Source: Wakefield M, Germain D and Durkin, SJ, 2008.

RECOMMENDED KEY ACTION AREA 4	ELIMINATE EXPOSURE TO SECOND-HAND SMOKE IN PUBLIC PLACES

4.1 Amend legislation and departmental policies to ensure that smoking is prohibited in any public places where the public, particularly children, are likely to be exposed.

4.2 Legislate to ensure that children are not exposed to tobacco smoke when travelling as passengers in cars.

4.3 Tighten and enforce legislation to protect against exposure to second-hand smoke in workplaces (including outdoor areas in restaurants and hotels, near the entrances to buildings and air-conditioning intake points, and in workplace vehicles).

4.4 Introduce and enforce legislation, and encourage adoption of policies that restrict smoking outdoors where people gather or move in close proximity.

4.5 Protect residents from exposure to smoke-drift in multi-unit developments.

Restrictions on smoking in public places are primarily a state and territory responsibility. Several state and territory governments have been active in legislating to reduce exposure to second-hand smoke in public places. Smoking is banned in workplaces and in most enclosed public spaces around Australia. Most states and

territories have banned smoking in cars with children. The Commonwealth will raise the need for further action with the states and territories at the Australian Health Ministers' Conference and ask the Australian National Preventive Health Agency to report biennially on progress as part of its report on the state of preventative health in Australia.

RECOMMENDED KEY ACTION AREA 5	REGULATE MANUFACTURING AND FURTHER REGULATE PACKAGING AND SUPPLY OF TOBACCO PRODUCTS

5.1 Tighten and enforce legislation to eliminate sales to minors and any form of promotion of tobacco at retail level.

- 5.1.1 Require all tobacco retailers to be licensed.
- 5.1.2 Legislate to preclude sales through vending machines, internet, at hospitality and other social venues.
- 5.1.3 Review and if necessary legislate to put the onus of proving age on retailers and to increase the penalties for breaches.
- 5.1.4 Ensure licence fees are high enough to provide funds for education on the legislation, compliance monitoring and prosecution.

Licensing of tobacco retailing is primarily a state and territory responsibility and most states and territories require retailers to be licensed. The Commonwealth will raise the need for further action with the states and territories at the Australian Health Ministers' Conference and task the Australian National Preventive Health Agency with reporting biennially on progress as part of its report on the state of preventative health in Australia.

In relation to retail sales of tobacco products over the internet, the Commonwealth Government will give further consideration to this issue in consultation with states and territories. Refer to action area 1.4 above.

In relation to licensing of retailers, sales through vending machines, hospitality and other social venues, reversing the onus of proof of age, and increasing penalties for sales to minors, the Commonwealth Government will raise the need for further action with the states and territories at the Australian Health Ministers' Conference and task the Australian National Preventive Health Agency to report biennially on progress as part of its report on the state of preventative health in Australia.

5.2 Improve consumer product information related to tobacco products.

- 5.2.1 Mandate standard plain packaging of all tobacco products to ensure that design features of the pack in no way reduce the prominence or impact of prescribed government warnings.
- 5.2.2 Substantially increase the size of front-of-pack warnings, prohibit misleading labelling, brand names and characteristics, and ban

products such as specially designed covers that would reduce efficacy of warnings:

- research to identify the optimal size for health warnings in the context of plain packaging;
- identify health issues that need to be covered in new warnings;
- specify all changes required to CPI (tobacco) regulations; and
- amend regulations.

The Commonwealth Government will develop and implement legislation to mandate plain packaging with effect from 1 January 2012 and full implementation by 1 July 2012. Plain packaging will:

- increase the noticeability, recall and impact of health warning messages;
- reduce the ability of packaging to mislead consumers to believe that some products may be less harmful than others;
- reduce the attractiveness of the tobacco product, for both adults and children; and
- reduce the appeal and desirability of smoking generally.

Research will be conducted in 2010 to determine the optimal design to achieve the public health objectives of the measure. The concerns of retailers in handling plain packaged products, and anti-counterfeit measures, will also be considered in the packaging design. The current review of graphic health warnings commissioned by the Department of Health and Ageing will test new messages and images including the optimal size of warnings in the context of plain packaging. In addition, the outcomes of a review of the value of publishing emissions and ingredients data will be considered.

Legislation will be developed to implement plain packaging in 2011. Legislation is expected to be gazetted on 1 January 2012, with a compliance date of 1 July 2012.

5.2.3 Automatically review and upgrade warnings on tobacco packages at least every three years, with the Chief Medical Officer to have the capacity to require amendments in between.

5.2.4 Link the process of regularly reviewing mandated consumer product information to a process that would provide more timely warning to Australian consumers of new and emerging health risks through mechanisms such as alerts in the media and notices at point of sale.

The current graphic health warnings on tobacco packages are being reviewed and upgraded following an evaluation in 2009. Consideration will be given to enlarging the updated warnings alongside the implementation of plain packaging of tobacco products.

Current Office of Best Practice Regulation requirements are that regulations of this kind are reviewed every five years. As part of the current review of graphic health warnings, the Government will investigate options for:

- the Chief Medical Officer to trigger an update of health warnings in between should this be indicated by emerging evidence; and
- the Australian National Preventive Health Agency to issue updated fact sheets and other communication materials, with associated media alerts, when new evidence on health impact of smoking emerges.

5.3 Ensure compliance with new regulations regarding reduced fire-risk cigarettes.

5.3.1 Introduce reduced fire-risk cigarettes in the market.

The Commonwealth Government has introduced regulations under the *Trade Practices Act 1974 – the Trade Practices (Consumer Product Safety Standard) (Reduced Fire Risk Cigarettes) Regulations 2009* to ensure that after 23 September 2010 all cigarettes sold in Australia must comply with the mandatory standard.[23] The Australian Competition and Consumer Commission will investigate any complaints received in relation to compliance with this standard.

5.4 Regulate tobacco design, contents, emissions and labelling.

5.4.1 Establish or nominate a body with the power to regulate the contents and performance of tobacco products and any alternative nicotine delivery devices that come onto the market in Australia, and with responsibility for specifying the exact wording of any public disclosure about contents and performance.

5.4.2 Specify the form and content of reporting required for all tobacco products, and the exact wording required for disclosures to consumers.

5.4.3 Consider prohibiting the use of filter ventilation in Australian cigarettes.

5.4.4 Consider banning all additives that enhance palatability or addictiveness.

5.4.5 Specify any further modifications required, restrictions on additives or upper limits for emissions.

The Department of Health and Ageing has commissioned research on the value of the disclosure of tobacco ingredients and emissions of Australian tobacco products. The outcomes from this research will be considered as the legislation on plain packaging is developed. The Commonwealth Government is not intending to establish a body specifically to regulate the contents and performance of tobacco products. The Government will engage the states and territories in preliminary discussions on the possibility of regulation of tobacco products through the National Drugs and Poisons Scheduling Committee, which currently regulates nicotine as a poison.

23 The mandatory standard for reduced fire risk cigarettes refers to the test methodology from Australian Standard (AS) 4830–2007, Determination of the extinction propensity of cigarettes.

5.5 Investigate the feasibility of legal action by governments and others against tobacco companies to recover health and other costs.

5.5.1 Investigate the legal implications of continuing sales of tobacco products and principles that should guide future regulation.

5.5.2 Investigate possible mechanisms for recovery of costs.

The Commonwealth Government notes this recommendation and will keep its legal options open.

RECOMMENDED KEY ACTION AREA 6	ENSURE ALL SMOKERS IN CONTACT WITH HEALTH SERVICES ARE ENCOURAGED AND SUPPORTED TO QUIT, WITH PARTICULAR EFFORTS TO REACH PREGNANT WOMEN AND THOSE WITH CHRONIC HEALTH PROBLEMS

6.1 Ensure all state or territory funded healthcare services (general, maternity and psychiatric) are smoke-free, protecting staff, patients and visitors from exposure to second-hand smoke both indoors and on facility grounds.

6.2 Ensure all patients are routinely asked about their smoking status and supported to quit, both while being treated and post-discharge.

6.2.1 Include requirement in hospital accreditation procedures.

6.2.2 Include a requirement in service funding agreements and performance contracts with senior staff.

6.2.3 Provide training in institutional or health-service procedures for assessment and referral.

6.2.4 Provide training in smoking cessation in pre-service training and continuing professional education for all health workers.

The Commonwealth Government strongly supports the value of brief interventions for lifestyle-related risk factors, including smoking.

The Commonwealth Government will consult the Safety and Quality Commission (which will be established permanently as part of the National Health and Hospitals Network) on these actions in the context of the Commission's development of clinical safety and quality standards. The Commonwealth will raise this with the states and territories at the Australian Health Ministers' Conference.

As part of the National Smoke-Free Pregnancy Project, which received funding of $1.85 million (GST inclusive) over two years from the Commonwealth Government, midwives in 41 public hospitals were trained to conduct brief smoking cessation interventions for pregnant women and their partners at each visit.

6.3 Improve the quality and use of pharmacotherapies and services demonstrated to assist with smoking cessation.

The Commonwealth Government will task the Australian National Preventive Health Agency, in consultation with the Quitlines and other expert stakeholders, to bring together the evidence on best practice in this area and commission regular updates of best practice guidelines.

6.4 Increase availability of Quitline service.

Commonwealth Government officials will work with state and territory Quitline officials to conduct an evaluation and review of Quitline hours and services by 2012.

6.4.1 Ensure that Quitlines are resourced to respond to projected demand from media campaigns.

The Taskforce's report notes that the Quitlines are currently under-utilised. Consistent with existing practice, the Commonwealth Government will keep state and territory governments and Quitlines informed as new social marketing campaigns are rolled out so that demand on services can be monitored and resourcing can be considered if necessary.

6.4.2 Fund the development and delivery of interactive smoking cessation services using approaches such as internet, mobile phone and web-enabled mobile devices.

The Commonwealth Government will task the Australian National Preventive Health Agency to investigate options in this area.

6.4.3 Establish special Quitline counselling services for pregnant women, including call-back services and feedback to treating obstetricians/GPs/midwives.

6.4.4 Establish a group of counsellors within one or more Quitlines who would deal specifically with people needing to use interpreter services.

6.4.5 Establish a group of counsellors within one or more Quitlines who would deal specifically with people receiving specialist treatment for chronic health conditions (asthma, diabetes, arthritis, CVD etc), mental illness, providing call-back services and feedback to treating health professionals.

Quitlines are operated by states and territories. The Government will discuss these recommendations with states and territories through the Quit Group. The Australian National Preventive Health Agency will be tasked with reporting biennially on progress in this area as part of its report on the state of preventative health in Australia.

In addition, from 1 July 2010, the National Pregnancy Telephone Counselling Helpline will refer callers seeking help with smoking to Quitlines.

6.5 Ensure that NRT is affordable for all those for whom it is clinically appropriate.

6.5.1 Investigate options for provision including through the Quitline and through the PBS.

6.5.2 Ensure availability of NRT and Quitline services for patients and clients of all state and territory health services.

The Government currently provides over $60 million annually in subsidies for smoking cessation aids under the Pharmaceutical Benefits Scheme (PBS). The smoking cessation aids Buproprion (Zyban) and Varenicline (Champix) are subsidised. Nicotine patches are also available on the PBS for Indigenous Australians and on the Repatriation PBS.

The Pharmaceutical Benefits Advisory Committee has recommended the listing of nicotine patches on the PBS as an aid to smoking cessation for smokers more generally. The Government will consider this recommendation in due course.

The Commonwealth will raise action 6.5.2 with the states and territories through the Australian Health Ministers' Conference.

6.6 Explore whether financial incentives might be effective in helping people to quit or stay non-smokers.

6.6.1 Consider exempting from Fringe Benefits Tax employers who cover the costs of cessation therapies or who provide financial incentives to quit.

6.6.2 Trial incentive program for young Indigenous children to stay smoke-free, remain at school, etc.

6.6.3 Trial projects that use incentive payments to help people to retain their resolve to stay stopped after quitting.

The Government does not support the proposed exemption from Fringe Benefits Tax for employers who cover the costs of cessation therapies or who provide financial incentives to quit.

The Government will task the Australian National Preventive Health Agency to keep the evidence on financial incentives for quitting smoking under review.

RECOMMENDED KEY ACTION AREA 7 — WORK IN PARTNERSHIP WITH INDIGENOUS GROUPS TO BOOST EFFORTS TO REDUCE SMOKING AND EXPOSURE TO PASSIVE SMOKING AMONG INDIGENOUS AUSTRALIANS

Smoking is a major cause of chronic disease and avoidable mortality among Indigenous Australians. Smoking is estimated to be responsible for over 12 per cent of the total burden of disease for Indigenous Australians, and for one-fifth of the deaths of Indigenous Australians.

Almost half of Indigenous Australians smoke daily, compared with 16.6 per cent of all Australians aged 14 years and over.

The Government is making record investments, in partnership with Indigenous communities themselves, to reduce the devastating impact of smoking on Indigenous Australians.

In March 2008, the Government announced the $14.5 million Indigenous Tobacco Control Initiative to pilot innovative approaches to reducing smoking in Indigenous communities. This Initiative is now funding 18 projects around Australia and all funding has been committed. Importantly, these projects are being driven by Indigenous communities themselves. Early successes under this initiative include:

- the Miwatj Tackling Smoking Project in East Arnhem Land, which has involved local communities and schools in developing anti-smoking videos, the use of smokerlyzers and Smoky Suzie dolls in the Strong Mothers' Strong Bubs program, growing community support for smokefree areas and counselling for smokers; and
- the Maari Ma smoking cessation project in the far west of New South Wales, which is supporting the Maari Ma Health service to become a smokefree workplace, providing specialist cessation advice for GPs, primary healthcare workers and child and family health practitioners, and expanding the existing 12-week smoking cessation program in the region.

Lessons learned from the Indigenous Tobacco Control Initiative will be applied to the implementation of the $100 million Tackling Smoking measure under the $1.6 billion COAG Closing the Gap in Indigenous Health National Partnership announced in December 2008.

The $100 million Tackling Smoking measure is seeing the roll-out of a national network of Regional Tobacco Coordinators and Tobacco Action Workers across 57 regions around Australia. The first 20 regions will start employing workers from July 2010. The workers will be engaged through Aboriginal community controlled health organisations where practicable and will reach out to Indigenous communities across each region to increase awareness of the harms from smoking and facilitate smoking prevention and cessation programs. Full training is being provided to build workforce capacity.

Tobacco workers in each region will have access to funding and materials to conduct local community-based social marketing campaigns and community events.

Funding is also being provided to enhance Quitlines for Indigenous people and to train health workers seeing Indigenous patients in the use of brief interventions to support smoking cessation.

Former Indigenous Social Justice Commissioner Mr Tom Calma has been engaged as National Coordinator to lead this work. Implementation is being guided by a technical reference group of tobacco experts and Indigenous stakeholders and

state-based Partnership Forums comprising the Department of Health Ageing, the relevant state-based Aboriginal community-controlled health organisation peak body, the relevant state health department and state-based affiliates of the Australian General Practice Network.

The measure will be underpinned by an evaluation strategy to help ensure that the Government is staying on track in meeting the 2008 COAG National Healthcare Agreement target of halving the Indigenous smoking rate by 2018 and – more broadly – the COAG Closing the Gap target to close the gap in life expectancy within a generation.

7.1 Establish multi-component community-based tobacco control projects that are locally developed and delivered.

The Government accepts this recommendation and is pursuing this approach.

The $14.5 million Indigenous Tobacco Control Initiative is trialling innovative community-based approaches to reducing smoking prevalence in Indigenous communities.

The $100 million COAG Closing the Gap in Indigenous Health Tackling Smoking measure will implement multi-component community-based tobacco control measures developed and delivered locally in 57 regions around Australia.

7.2 Enhance social marketing campaigns for Indigenous smokers ensuring a 'twin track' approach of using existing effective mainstream campaigns complemented by Indigenous-specific campaign elements.

- 7.2.1 Identify and run existing mainstream tobacco control campaigns that have demonstrated an effect in terms of awareness, impact and relevance to Indigenous people.
- 7.2.2 Identify existing campaign material that could be adapted to include greater representation of Indigenous people and include relevant themes and calls to action.
- 7.2.3 Develop new Indigenous-specific campaign material using radio and complemented by local print and/or outdoor campaigns.
- 7.2.4 Link social marketing campaigns to community projects and activities of health workers.
- 7.2.5 Enhance qualitative research efforts to examine the impact of campaigns and future campaign directions.

The Government is considering this recommendation as part of the development of the $61 million national anti-smoking social marketing campaign under the COAG National Partnership Agreement on Preventive Health and the $100 million Tackling Smoking measure under the COAG Closing the Gap in Indigenous Health National Partnership.

These campaigns will certainly deliver a 'twin track' approach of national mainstream and local Indigenous campaigns. The COAG National Partnership Agreement on Preventive Health will deliver the national campaign. Under the COAG Closing the Gap Tackling Smoking measure, the regional tobacco workforce will have access to materials and funding to support the development of local campaigns – both to build on existing materials and to develop or adapt new materials. A third track of national Indigenous-specific messaging is also being considered following initial developmental research and the advice of the technical reference group for the Tackling Smoking measure.

All of this work will be closely evaluated so that lessons learned can inform future campaign directions.

7.3 Provide training to Aboriginal and Torres Strait Islander health workers to improve skills in the provision of smoking cessation advice and in developing community-based tobacco control programs.

The Government is providing funding for the engagement and training of a national network of regional tobacco coordinators and tobacco action workers under the $100 million COAG Closing the Gap Tackling Smoking measure. This will include training on smoking cessation advice and developing community-based tobacco control programs.

7.4 Improve training in the provision of smoking cessation advice of other health professionals working in Aboriginal and Torres Strait Islander health services.

The Government strongly supports the value of brief interventions for lifestyle-related risk factors, including smoking. The Government is providing funding for training in brief interventions for existing health workers to assist Indigenous Australians to quit smoking under the $100 million COAG Closing the Gap Tackling Smoking measure.

7.5 Place specialist Tobacco Control Workers in Indigenous community health organisations to build capacity at the local health service level to develop and deliver tobacco control activities.

The Government is providing funding for the engagement and training of a national network of regional tobacco coordinators and tobacco action workers under the $100 million COAG Closing the Gap Tackling Smoking measure. These workers will specialise in tobacco control and will be employed by Aboriginal community controlled health organisations where practicable.

7.6 Provide incentives to encourage NGOs to employ Indigenous workers.

The Government notes this recommendation. The Commonwealth Government provides a range of incentives and supports specifically for employers of Indigenous workers including through the Australian Apprenticeships program and the Indigenous Employment Program.

RECOMMENDED KEY ACTION AREA 8 — BOOST EFFORTS TO DISCOURAGE SMOKING AMONG PEOPLE IN OTHER HIGHLY DISADVANTAGED GROUPS

The Government is greatly concerned about the high rates of smoking among high-risk and highly disadvantaged groups. Smoking rates among these groups remain unacceptably high, particularly when compared with the overall national daily smoking prevalence of 16.6 per cent among all Australians aged 14 years and over. Some 41 per cent of pregnant teenagers, 38 per cent of unemployed people, 34 per cent of people unable to work, 32 per cent of people with a mental illness, 78 per cent of male prisoners and 83 per cent of female prisoners are smokers.

In April 2010, the Government announced it would commit $27.8 million over four years to target high-need and highly disadvantaged groups who are hard to reach through mainstream advertising. These include: pregnant women and their partners; people from culturally and linguistically diverse backgrounds; people living in low socio economic status neighbourhoods; people with a mental illness; and prisoners.

The targeted $27.8 million campaign will comprise a multi-tiered social marketing approach including targeted media strategy, extending the mainstream campaign, community toolkits, partnerships programs, cross-coordination initiatives, and direct mail campaigns.

In addition, the Government has committed:

- over $500,000 from 2010–11 to 2011-12 for three applied research projects into practical ways of assisting people with mental illness in hospitals and the community to quit smoking; and
- $150,000 for a national summit on smoking in prisons in July 2010 to provide recommendations to governments on tackling the high rates of smoking among prisoners.

8.1 Boost efforts to discourage smoking in highly disadvantaged neighbourhoods.

8.1.1 Target surveillance and enforcement of sales to minors legislation in disadvantaged areas.

Enforcement of bans on sales to minors is a state and territory government responsibility. Several states and territories are implementing or considering a range of similar strategies as a part of their Tobacco Action Plans.

The Government will task the Australian National Preventive Health Agency to report on this issue biennially as part of its report on the state of preventative health in Australia.

8.1.2 Target promotion aimed at encouraging GPs and other health professionals to refer to Quitlines to practices located in disadvantaged areas.

The Government will raise this recommendation with states and territories through the Commonwealth-State Quit Group.

The Australian National Preventive Health Agency will be tasked with monitoring and reporting annually on activities being conducted by Divisions of General Practice and other local health agencies in this area.

8.1.3 Place the majority of any poster/outdoor or mobile advertising in highly disadvantaged neighbourhoods.

This recommendation will be considered as part of the development of the $61 million national anti-smoking social marketing campaign and the $27.8 million targeted anti-smoking for high-risk and high-need groups, including people living in disadvantaged neighbourhoods.

8.2 Ensure access to information, treatment and services for those with common mental health problems.

8.2.1 Intervene more vigorously to prevent smoking uptake in young people at risk of developing mental health problems.

The Government's $27.8 million targeted anti-smoking social marketing campaign includes people with a mental illness as a specific target group. The Government will consider how young people at risk of mental illness can best be reached and connected to services in the development of this campaign and the $61 million national anti-smoking social marketing campaign under the COAG National Partnership on Preventive Health.

8.2.2 Educate GPs and other health professionals that people with common mental health problems can succeed in quitting and benefit from greater control of withdrawal symptoms.

The Government notes this recommendation and will commission work from the Australian National Preventive Health Agency, GP organisations and professional bodies about the most appropriate strategies for educating health professionals in this area.

8.2.3 Ensure that the most clinically suitable pharmacotherapy to aid smoking cessation is affordable for all those with mental health problems.

The Government currently provides over $60 million annually in subsidies for smoking cessation aids under the Pharmaceutical Benefits Scheme (PBS). The smoking cessation aids Buproprion (Zyban) and Varenicline (Champix) are subsidised. Nicotine patches are also available on the PBS for Indigenous Australians and on the Repatriation PBS.

The Pharmaceutical Benefits Advisory Committee has recommended the listing of nicotine patches on the PBS as an aid to smoking cessation for smokers more generally. The Government will consider this recommendation in due course.

The Commonwealth Government will task the Australian National Preventive Health Agency with reporting on the availability of Nicotine Replacement Therapy in its biennial report on the state of preventative health in Australia.

8.2.4 Train all staff working on Quitlines about common mental health problems and how to support people living with such problems to quit successfully.

Quitlines are a state and territory Government responsibility. Several states and territories are already providing or considering the provision of such training to Quitline staff. The Government will raise this recommendation with states and territories through the Quit Group.

8.2.5 Include information on quitting and common mental health problems in Quitbooks, internet and other educational materials.

The Government will consider how to provide more comprehensive information on quitting and common mental health problems as part of its $27.8 million anti-smoking social marketing campaign targeting high-risk and hard-to-reach groups.

Several states and territories currently provide information on quitting smoking specifically for people with a mental health condition.

8.3 Support cessation among those using mental health services.

8.3.1 Educate mental health professionals about the importance of quitting and the importance of not discouraging quit attempts in clients.

8.3.2 Include in healthcare agreements requirements that child, adolescent and adult mental health services and drug treatment agencies:

- be smoke-free;
- routinely identify smokers;
- include smoking cessation advice and treatment of nicotine dependence in all patient treatment plans; and
- offer support to patients at transition points.

8.3.3 Support these processes by commissioning the production of national information packages for clinicians and facility managers.

8.3.4 Run a rolling program to train all staff in such services over a three-year period.

The Government notes these recommendations, which will be referred to the Safety and Quality Commission to be established under the National Health and Hospitals Network.

The Government is providing funding of over $500,000 during 2010–11 for applied research to support smoking cessation among people with mental illness. This includes:

- over $80,000 to the University of Newcastle to trial the effectiveness of an integrated model of smoking cessation care among people using mental health services;
- $210,000 to the University of New South Wales to trial multi-component interventions to promote smoking cessation and reduced cardiovascular disease risk among people with psychosis; and
- over $210,000 to the University of New South Wales to trial internet-based treatments for reducing tobacco use and improving cardiovascular health among people with depression.

8.4 Encourage cessation in those with mental health problems outside institutional settings.

8.4.1 Encourage GPs, maternal and child health nurses, other health professionals and services such as KidsLine, MensLine and the BeyondBlue information line to ask people about smoking status/extent of tobacco use and to refer smokers to Quitline.

8.4.2 Fund Quit courses for people mental illness in non-threatening community settings.

The Government notes these recommendations and will refer them to the Inter-governmental Quit Group for consideration and, as appropriate, implementation.

8.5 Ensure all state-funded human services agencies and correctional facilities (adult and juvenile) are smoke-free and provide appropriate cessation supports.

The Government is concerned about the high rates of smoking among people in prison. Some 78 per cent of male prisoners and 83 per cent of female prisoners smoke.

Prisoners will be a key target group in the Government's $27.8 million anti-smoking social marketing campaign targeting high-risk and high-need groups.

In addition, the Commonwealth Government has provided $150,000 to support a national summit on tobacco smoking in prisons in July 2010 which will provide recommendations to governments on ways of reducing smoking prevalence in prisons.

Implementation of smoke-free policies and provision of cessation supports in correctional facilities and other human services agencies are a state and territory Government responsibility. The Government will raise this issue with state and territory Governments at the Australian Health Ministers' Conference.

RECOMMENDED KEY ACTION AREA 9 — ASSIST PARENTS AND EDUCATORS TO DISCOURAGE USE OF TOBACCO AND PROTECT YOUNG PEOPLE FROM SECOND-HAND SMOKE

9.1 Convey the message that parents can help – by quitting smoking; making homes smoke-free; choosing appropriate films, videos and games; and by making it clear that they do not want their children to smoke for the sake of their health.

Parents will be considered as a target audience in the $61 million national anti-smoking social marketing campaign being conducted under the COAG National Partnership Agreement on Preventive Health.

9.2 Cover the medical, social, environmental and economic aspects of tobacco in the school curriculum.

9.3 Encourage schools to enforce smoke-free policies (grounds as well as buildings) for all members of the school community consistently, both indoors and in grounds.

9.4 Encourage universities and other institutions of higher educations to adopt smoke-free policies, including outdoors on campus.

The Minister for Health and Ageing will write to the Ministerial Council for Education, Early Childhood Development and Youth Affairs asking them to consider these recommendations.

9.5 Make smoking a 'classifiable element' in movies and video games.

9.5.1 Designate tobacco use as a 'classifiable element', to be taken into account by the Classification Board when rating films.

9.5.2 Produce guidance notes to the Board and to television licensees based on the literature on the impact of portrayals of smoking on young people.

9.5.3 Fund a project to raise awareness among people working in the Australian film, television and entertainment industries of the damaging effects of seductive portrayals of smoking in popular entertainment viewed by children.

9.5.4 Include training to decode depictions of smoking in movies in drug education in schools.

The Commonwealth Government does not support making tobacco use a 'classifiable element' at this time.

The Australian National Preventive Health Agency will be tasked to review the evidence around recommendations 9.5.2 through 9.5.4 and discuss them with: the Department

of Broadband, Communication, and Digital Economy; the Department of Environment, Water Heritage and the Arts; the Office of Film and Literature Classification and Screen Australia.

RECOMMENDED KEY ACTION AREA 10	ENSURE THAT THE PUBLIC, MEDIA, POLITICIANS AND OTHER OPINION LEADERS REMAIN AWARE OF THE NEED FOR SUSTAINED AND VIGOROUS ACTION TO DISCOURAGE TOBACCO USE

10.1 Ensure the public is constantly alerted to information about tobacco and its impact arising from new research findings.

10.2 Ensure that politicians and other opinion leaders are aware of international developments in tobacco control; including guidelines developed to assist countries comply with international obligations under the FCTC, and research on the efficacy of TC interventions.

The National Health and Medical Research Council (NHMRC) is the agency responsible for managing health research, including prevention. The NHMRC has a range of existing and new schemes aimed at investing in applied health research and research translation including: Targeted Calls for Research; Centres for Research Excellence (CREs); Partnership Grants; and proposed Partnership Centres in Research Excellence. These grants schemes also seed the development of 'a culture' of research oriented to policy and practice in the Australian research community. To support its role and in recognition of the growing policy importance of prevention, the NHMRC established the Prevention and Community Health Committee in 2009. The Committee provides advice on a range of preventative health matters and will support the development of clinical guidelines.

The Government has also committed $13.1 million to the Australian National Preventive Health Agency through the National Partnership Agreement on Preventive Health for research translating evidence into policy and programs.

The Commonwealth Government supports informed public debate on tobacco control. In particular, the Government supports conferences such as the Oceania Tobacco Control Conference and the Asia Pacific Association for the Control of Tobacco Conference, which will be held in Australia for the first time in 2010.

10.3 Ensure greater awareness that selling tobacco products is incompatible with principles of corporate social responsibility.

10.3.1 Seek to make the percentage of revenue generated from tobacco products an agreed component of CSR award programs (e.g. Australian Business Awards, Telstra Business Awards and Australasian Reporting Awards).

10.3.2 Seek amendment of ASXCGC Best Practice Recommendations.

The Government notes this recommendation, which will be referred to the relevant Government portfolios for consideration and advice.

The Government announced a 25 per cent increase in the excise and excise-equivalent customs duty on tobacco products effective from 30 April 2010 and revenue generated will be invested in the National Health and Hospitals Fund.

RECOMMENDED KEY ACTION AREA 11	MEASURE PROGRESS AGAINST AND TOWARDS TARGETS

11.1 Establish a National Tobacco Strategy Steering Committee.

The Commonwealth Government is leading a review of the National Tobacco Strategy in 2010. A National Tobacco Strategy Steering Committee incorporating government and expert stakeholder membership will be established to oversee the review. In addition, the Australian National Preventive Health Agency will provide expert advice and may establish its own expert committee to assist in preparation of its biennial report on the state of preventative health in Australia.

11.2 Include a question on smoking among Australians aged 18 years and over in the Australian Census.

The Government currently funds extensive data collections on tobacco prevalence in Australia, including the:

- National Drug Strategy Household Survey conducted every three years;
- Australian Secondary Students' Alcohol and Drug (ASSAD) survey; and
- National Aboriginal Torres Strait Islander Health and Social Surveys.

The $54 million Australian Health Survey commencing in 2011 will provide valuable additional data to further enhance understanding of the patterns and impact of smoking in Australia and appropriate policy responses.

The recommendation about the Australian Census will be referred to the Australian Bureau of Statistics (ABS) for consideration.

11.3 Establish a mechanism to collect reliable data on prevalence in 2011 in Queensland, Tasmania, the Australian Capital Territory and Northern Territory.

The Commonwealth Government together with the Heart Foundation has engaged the ABS to perform the most detailed review of the health of Australians ever conducted. From 2011, 50,000 randomly selected Australians will be asked to complete the Australian Health Survey, including optional pathology samples that will provide health researchers with invaluable data on the risk factors of disease – guiding future preventative health measures.

11.4 Include in future reports of ASSAD surveys the proportion (and number) of teenagers who have ever smoked more than 100 cigarettes.

The Government currently funds extensive data collections on tobacco prevalence in Australia, including the:

- National Drug Strategy Household Survey conducted every three years;
- Australian Secondary Students' Alcohol and Drug (ASSAD) survey; and
- National Aboriginal Torres Strait Islander Health and Social Surveys.

The $54 million Australian Health Survey commencing in 2011 will provide valuable additional data to further enhance understanding of the patterns and impact of smoking in Australia and appropriate policy responses.

11.5 Report on trends in the proportion of smokers and recent smokers who have attempted to quit in the previous three and 12 months, and the proportion who intend to quit in the next three months.

The Department of Health and Ageing will pursue this recommendation with the organisations administering the International Tobacco Control (ITC) policy evaluation study.

11.6 Report on trends over time in prevalence of smoking and numbers of cigarettes smoked for persons in all various SES groups, both in reports on detailed findings of the National Drug Strategy Household Survey, and in reports of the Australian School Students' Smoking, Alcohol and Drug Survey.

11.7 Increase sample sizes of the National Aboriginal Torres Strait Islander Health and Social Surveys to provide reliable indications of changes over time in each state and in the Northern Territory. This should be done in preference to trying to include sufficient Indigenous People in annual state population surveys.

11.8 Use state population surveys to over-sample each year within two or three state health department regions with a high proportion of Indigenous residents, so that reliable estimates of prevalence of Indigenous smoking at a regional level become available on a three-yearly basis.

11.9 Analyse percentage changes in the prevalence of Indigenous smoking compared with percentage changes in previous periods, and compared with absolute and percentage changes in the non-Indigenous population.

11.10 Extend the ASSAD survey to more remote areas of Australia and to Indigenous schools to ensure the inclusion of greater numbers of Indigenous children.

11.11 Establish a panel of Indigenous people who are currently smokers to enable the monitoring of intentions and attempts to quit, amounts smoked and the prevalence of smoking indoors and around others. The panel could also be used to monitor the impact of tobacco control policies among Indigenous people.

11.12 Report on trends over time, by SES, in the proportion of Australians aged 14 years and over exposed to second-hand smoke at work and indoors at home.

11.13 Report on long-term trends in the percentage of students (smokers and non-smokers) who have one or more parents who smoke, and who live in homes that are smoke-free.

11.14 Report for each state and territory for women living in areas of varying levels of social disadvantage, and for Indigenous and non-Indigenous women, the proportion of pregnant women who report smoking at early and late stages of pregnancy.

The Department of Health and Ageing will continue to seek to enhance data collections and reporting on key tobacco control indicators across the Australian population and particularly among Indigenous Australians as resources and opportunities allow, in line with the above recommendations.

ALCOHOL RECOMMENDATIONS

The Taskforce recommendations to reduce harm from alcohol also emphasise fiscal, regulatory and social marketing measures, however a strong emphasis is placed on changing the drinking culture in Australia, particularly the culture around binge drinking, and on licensing and enforcement measures for which responsibility lies with the states and territories.

RECOMMENDED KEY ACTION AREA 1	IMPROVE THE SAFETY OF PEOPLE WHO DRINK AND THOSE AROUND THEM

1.1 States and territories to harmonise liquor control regulations, by developing and implementing best practice nationally consistent approaches to the policing and enforcement of liquor control laws, including:

- outlet opening times, outlet density;
- accreditation requirements prior to the issuing of a liquor licence;
- late-night and other high-risk outlets; and
- responsible Serving of Alcohol (RSA) and training model.

1.2 Increase available resources to develop and implement best practice for policing and enforcement of liquor control laws and regulations, relating to:

- optimal levels of enforcement of drink-drinving laws;
- intelligence-led, outlet-focused systems of policing and enforcement;
- annual review of liquor licences as part of annual licence renewal process;
- demerit points penalty systems for licensees who breach liquor control laws, with meaningful and graduated penalties depending on severity and frequency of offence; and
- monitoring and reporting on enforcement of legislation.

1.3 Develop a business case for a new COAG national partnership agreement on policing and enforcement of liquor control laws and regulations.

1.4 Provide police, other law enforcement agencies and private security staff with information and training about approaches to complying with and enforcing liquor licensing laws and managing public safety.

1.5 Change current system to ensure local communities and their local governments can manage existing and proposed alcohol outlets through land use planning controls to:

- Estimate and take into consideration the impact of proposed new alcohol outlets on outlet density levels, the health and safety of the local community, and neighbourhood amenity prior to granting a licence;
- Determine the most desirable mix of outlet types;
- Determine the appropriate conditions for new licences such as operating hours, noise restrictions and fees for cost recovery purposes; and
- Require an annual liquor licence renewal subject to satisfactory compliance

The Commonwealth Government will pursue these recommendations with states and territories through COAG and Ministerial Council on Drug Strategy (MCDS).

State and territory liquor control laws and regulations, and their effective enforcement, are a key mechanism for ensuring drinking does not get out of hand and threaten public safety and enjoyment at Australia's many pubs, restaurants and lively entertainment precincts. They are essential to ensuring that Australia's cities and towns are safe and free from violence, particularly at night.

In 2008, the Prime Minister challenged Premiers and Chief Ministers at COAG to develop a plan to address binge drinking and alcohol-related violence. In response to the Prime Minister's challenge and growing public concern at violent incidents, several jurisdictions have since trialled innovative approaches and/or implemented comprehensive strategies in licensing and other arrangements to try to tackle this problem. These have included: freezes on the issuing of new 24-hour licences; increases in licence fees for high-risk venues; earlier closing times; late night lock-outs; local liquor accords; bans on happy hours and other discounting promotions; better enforcement of responsible service of alcohol requirements; and a range of other measures.

In November 2009, Police Commissioners across Australia and New Zealand agreed to join forces in Operation Unite to combat alcohol-fueled violence, drink-driving and other alcohol-related offences. The two-day operation, conducted in December 2009, succeeded in raising strong public awareness of the issue of binge drinking and alcohol-related violence and resulted in almost 3,000 arrests across Australia and New Zealand. Police Commissioners are planning further such operations in 2010 and beyond.

The success of these and other measures needs to be evaluated and lessons for best practice learned and implemented nationally to ensure all Australians benefit. COAG will also consider a report from the MCDS on additional options to address binge drinking and related violence. Recommendation 1.3 for the development of a business case for a possible new National Partnership on policing and the enforcement of liquor

control regulations will be considered in that context. The Commonwealth Government calls on states and territories to agree to a strong response to the MCDS report and to continue to trial innovative approaches and implement best-practice measures to reducing alcohol-related violence.

1.6 Establish the public interest case to exempt liquor control legislation from the requirements of National Competition Policy.

The Ministerial Council on Drug Strategy considered this issue in the context of deliberations on binge drinking and concluded that National Competition Policy should not constrain licensing policy.

1.7 Support the above through:

- partnerships with health and law enforcement groups and the alcohol beverage and related industries, such as alcohol retailers, hoteliers, licensed clubs, local communities and major event organisers; and
- data collection and monitoring of alcohol sales, policing, and health and social impacts.

The Commonwealth Government fully supports local liquor accords and other like partnership arrangements as proposed by the Preventative Health Taskforce.

For example, the ACCC has recently issued, on public interest grounds, an interim authorisation for alcohol supply restrictions in an agreement between liquor licensees in the Casuarina Business Precinct in Darwin. The restrictions will limit the supply of takeaway pre-mixed, large volume wine and fortified wine products. The restrictions are part of a liquor accord which has been developed by a committee made up of representatives of a number of Casuarina businesses as well as the Northern Territory Police and Northern Territory licensing officials. The Department of Health and Ageing has made a submission in support of the authorisation.

Communities themselves are bringing passion, energy and initiative to tackling the problem of binge drinking and alcohol-related violence. For example, the Melbourne-based group Step Back Think was formed by 11 young people in the wake of horrific injuries sustained by a friend in Melbourne's CBD celebrating his birthday in October 2006. Step Back Think is raising awareness and hoping to reduce the incidence of violence and assault in Melbourne and throughout Australia by educating young people about the potentially tragic consequences of getting in a fight.

The Government is committed to supporting community-led initiatives of this kind. That is why in 2008 the Government announced funding of $7.2 million to support two rounds of community-level initiative grants under the National Binge Drinking Strategy. These grants are worth up to $150,000 for individual organisations and $250,000 for partnerships. Some 19 communities received grants announced in November 2008 and a further 19 were announced in March 2010. The broad range of projects being funded

in communities across Australia include:

- 'Smashed', a project in North West Tasmania which is assisting young people to produce short films on the issue of binge drinking;
- a two-year project by the African Communities Council of South Australia aimed at reducing anti-social behaviour in African youths associated with alcohol intake, incorporating educational and diversionary activities;
- 'Step Up!', a two-year project in Logan City that aims to break the cycle of binge drinking by having at risk young people question and reassess the choices they have made about binge drinking – and to realise the negative and harmful impact that drinking excessively has on them, their relationships and their lives in general;
- the 'Koori Chicks' and 'Booze and Bras Don't Mix' projects on the NSW South Coast to increase the confidence of young Indigenous women and men respectively to manage drinking, relationships and sexual health; and
- a two-year project at the University of Western Australia to tackle binge drinking on college and university campuses.

LIVE SOLUTION: LIVE MUSIC AGAINST ALCOHOL-FUELLED VIOLENCE

Communities, backed by governments, business and other supporters, are the key to changing the culture of binge drinking and violence in Australia.

In April 2010, the Youth Alcohol Education Coalition, Mushroom Marketing and Melbourne's independent community radio station 3RRR organised a live music event in Richmond, Melbourne to take a stand against irresponsible drinking and alcohol-related violence. The event was attended by 500 people and broadcast live by 3RRR.

The event, supported with funding of $80,000 from the Commonwealth Government, sent a strong message that everyone should be able to go out and enjoy Melbourne's live music scene knowing they will be safe from violence.

Interest from communities around Australia in the community level initiative grants is strong, with hundreds of applications received in each round. To help support and build on this enthusiasm, the Government announced in the 2010–11 Budget a further $20 million over four years for further rounds of community level initiative grants. The next funding round will be advertised in September 2010.

The Commonwealth Government will continue to support evaluation and action research into best practice in this area and will ask the Australian National Preventive Health Agency to develop the business case for a possible COAG National Partnership on policing and enforcement of liquor control laws and regulations, as recommended by the Taskforce.

The Commonwealth Government recognises the importance of evidence-based policy, and continues to provide funding support to key drug and alcohol research organisations around Australia.

More specifically, the Government is providing $180,000 from 2009–10 to 2010–11 to develop a National Alcohol Knowledgebase (NAK) – a project that aims to standardise and improve the quality of alcohol data in Australia. The National Centre for Education and Training on Addiction (NCETA) has been engaged to develop the NAK, which will include:

- an electronic and hard copy public reference document for alcohol-related information; and
- nationally agreed standards and procedures for deriving and reporting alcohol related information.

The NAK is being developed in close consultation with key stakeholders and experts in alcohol-related research, policy, and treatment. It is expected that it will be operational by the end of 2010.

The response to action area 8 below includes a more detailed statement with respect to strengthening the evidence base.

RECOMMENDED KEY ACTION AREA 2	INCREASE PUBLIC AWARENESS AND RESHAPE ATTITUDES TO PROMOTE A SAFER DRINKING CULTURE IN AUSTRALIA

The Commonwealth Government accepts the Taskforce's finding that achieving and maintaining attitudinal and behavioural change in relation to binge drinking will require long-term effort through social marketing campaigns.

The Government's commitment to changing Australia's culture of binge drinking, particularly among young people, was signalled by the Prime Minister with the announcement of the National Binge Drinking Strategy in 2008. Initial measures under this strategy included:

- $20 million to fund advertising that confronts young people with the costs and consequences of binge drinking;
- $14.4 million to invest in community level initiatives to confront the culture of binge drinking, particularly in sporting organisations; and
- $19.1 million to intervene earlier to assist young people and ensure that they assume personal responsibility for their binge drinking.

2.1 Develop and implement a comprehensive and sustained social marketing and public education strategy at levels likely to have significant impact, building on the National Binge Drinking Campaign and state campaigns to:

- Help build a national consensus on safer alcohol consumption;
- Raise awareness and understanding of NHMRC alcohol guidelines;
- De-normalise intoxication; and
- Raise awareness of the longer term risks and harmful consequences of excessive alcohol consumption

2.2 Embed the main themes and key messages within a broad range of complementary preventative health policies and programs, such as:

- Schools and tertiary education settings;
- Community-based sport and recreation settings; and
- Community-based cultural groups.

The $20 million National Binge Drinking Strategy social marketing campaign, "Don't Turn a Night Out into a Nightmare", was launched to coincide with Schoolies Week in November 2008. It aims to highlight four key facts about the impact of alcohol on young people:

- on average, one in four hospitalisations of people aged 15–24 happen because of alcohol;
- 70 Australians aged under 25 will be hospitalised due to alcohol-caused assault in an average week;
- four Australians under 25 die due to alcohol-related injuries in an average week; and
- one in two Australians aged 15–17 who get drunk will do something they regret.

Funding of $5 million announced in the 2010–11 Budget as part of the $50 million extension of the National Binge Drinking Strategy will be made available to support enhancement of alcohol helplines and possible extension of this social marketing campaign.

The campaign's primary target audiences are teenagers aged 15–17 and young adults aged 18–25 years. Evidence shows that a high proportion of the alcohol consumed by both adolescent and young adult drinkers is at risky and high risk levels. For these reasons, 15–17 year olds and 18–25 year olds represent important target audiences for a campaign targeting the harms associated with binge drinking.

The secondary target audience is parents of 13–17 year olds. While many parents believe they cannot influence their teenagers' drinking, teenagers look to their parents to provide guidance and set boundaries of acceptable behaviour with respect to drinking alcohol.

Campaign materials have been run across a range of media: television, radio, cinema advertising, print media, bus interiors and online. In addition, the campaign has included public relations approaches including debates, events and sponsorships.

The first phase of the "Don't Turn a Night Out into a Nightmare" campaign evaluated well, with high awareness of the campaign among target audiences and signs of positive change in attitudes and behaviours among younger age groups in particular.

A Facebook fan site was also established for the "Don't Turn a Night Out into a Nightmare" campaign, which has engaged with over 117,000 people.

In addition to the "Don't Turn a Night Out into a Nightmare" campaign, the Government has supported the development of materials to promulgate the 2009 *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* prepared by the National Health and Medical Research Council. These Guidelines state that:

1. For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.
2. For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

3A. Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

3B. For young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible.

4A. For women who are pregnant or planning a pregnancy, not drinking is the safest option.

4B. For women who are breastfeeding, not drinking is the safest option.

Posters, brochures and wallet cards setting out these messages for key audiences – parents, young people, pregnant women, and breastfeeding women – are being distributed through health services and liquor stores nationally. A range of other resources, including information and educational materials about the standard drink concept – are available for order from www.alcohol.gov.au.

The Government will be providing $100,000 over two years to make these materials available in community languages to ensure that people from culturally and linguistically diverse backgrounds can access the best available guidance on safe alcohol consumption.

Once established, the Australian National Preventive Health Agency will be tasked with taking forward national social marketing campaigns on alcohol, building on the "Don't Turn a Night Out into a Nightmare" campaign.

2.3 Introduce basic strategies in the workplace to prevent and reduce alcohol-related harm in a range of key industries, including:

- Offering regular basic health checks for employees;
- Development of evidence-informed workplace policies; and
- Employee assistance programs.

Under the COAG National Partnership Agreement on Preventive Health, $294.6 million over six years is being provided to support the Healthy Workers Initiative. State and territory governments will be funded to facilitate the delivery of healthy living programs in workplaces, including in relation to the harmful/hazardous consumption of alcohol.

In addition, the Commonwealth will be developing a national Healthy Workplace Charter with peak employer and employee groups, and establishing voluntary competitive benchmarking, nationally agreed standards for workplace based prevention programs, and national awards for healthy workplace achievements.

RECOMMENDED KEY ACTION AREA 3	REGULATE ALCOHOL PROMOTIONS

The Government notes the recommendation. The Government's approach is to pursue voluntary and collaborative approaches with the alcohol industry to promote a more responsible approach to alcohol in Australia before considering more mandatory regulation.

Australia currently has a quasi-regulatory system for managing alcohol advertising. The Alcohol Beverages Advertising Code (ABAC) scheme involves:

- a voluntary Code for alcohol advertising agreed by a management committee with representatives from the alcohol and advertising industries and government. The Code was extended to cover naming and packaging in November 2009;

- an optional pre-vetting system to help advertisers ensure their advertisements comply with the Code before they are published; and
- an adjudication panel to consider consumer complaints.

COAG will consider recommendations from the Ministerial Council on Drug Strategy for reform of ABAC as a mandatory co-regulatory scheme, with mandatory pre-vetting of alcohol advertising, more balanced representation on the management committee, specialist public health representation on the adjudication committee, expanded coverage of the scheme and more meaningful sanctions for breaches of the Code.

The alcohol industry itself is moving in response to several other recommendations of the Taskforce in this area. For example:

- the alcohol industry continues to support Drinkwise, a not-for-profit organisation, to conduct research, community-based programs and social marketing campaigns in support of a safer drinking culture in Australia;
- in April 2009, the Distilled Spirits Industry Council of Australia announced a trial voluntary ban on advertising of its members' spirits products before 9pm, including during sporting events. The Government is watching the progress of this trial with interest and looks forward to the results of the industry's evaluation of this trial; and
- in November 2009, Cricket Australia, Foster's Group, Diageo Australia and the Nine Network launched the '*know when to declare*' campaign to encourage responsible alcohol consumption at the cricket.

Nonetheless, there is continuing concern from the community and public health experts about alcohol advertising practices, including the exposure of young people to alcohol advertising. The Government will continue to monitor whether action from the alcohol industry is sustained, well evaluated and successful over the next three years.

The Australian National Preventive Health Agency (and prior to that, the Department of Health and Ageing) will be tasked to: monitor the compliance of the alcohol industry with voluntary codes of practice and other commitments on responsible alcohol advertising; monitor industry-funded efforts to conduct evidence-based social marketing on responsible drinking; and report annually to the Minister for Health and Ageing on these activities.

3.1 In a staged approach phase out alcohol promotions from times and placements which have high exposure to young people aged up to 25 years, including:

- advertising during live sport broadcasts;
- advertising during high adolescent/child viewing;

- sponsorship of sport and cultural events (e.g. sponsorship of professional sporting codes; youth-oriented print media; internet-based promotions); and
- consider whether there is a need for additional measures to address alcohol advertising and promotion across other media sources.

The Government notes this recommendation. While the Government is supportive of limiting the exposure of children to advertising that may unduly influence them, the Government will not consider regulatory action at this time.

In the 2010 Budget, as part of the $50 million extension to the National Binge Drinking Strategy, the Government is announcing $25 million over four years for a community sponsorship fund to provide an alternative to alcohol sponsorship for community sporting and cultural organisations. To be eligible for sponsorship under the community fund, organisations will need to agree not to accept sponsorship from the alcohol industry. The community will be consulted on detailed eligibility requirements and other aspects of the fund through a short consultation process to be launched in July 2010.

Advertising to children on television is currently regulated through the Children's Television Standards (CTS) administered by the Australian Communications and Media Authority (ACMA). The CTS were last reviewed in 2007 with a revised version issued in August 2009.

The Commonwealth Government notes that some parts of the alcohol industry are undertaking a trial of voluntary restrictions on promotions where children would likely be exposed to alcohol advertising, eg before 9pm during live broadcasts of sporting events.

The Government will be tasking the Australian National Preventive Health Agency to keep the evidence on alcohol advertising to young people under review and to make submissions to reviews of the CTS and to other appropriate reviews.

3.2 Introduce enforceable codes of conduct requiring national sporting codes to take greater responsibility for individuals' alcohol-related player behaviour.

As part of the National Binge Drinking Strategy announced in March 2008, the Government has provided $2 million in funding support for the Club Champions program. Under this program, seven major sporting organisations – the Australian Football League, the National Rugby League, the Australian Rugby Union, Cricket Australia, Football Federation Australia, Netball Australia and Swimming Australia – have agreed to a National Alcohol Code of Conduct, which outlines principles for the responsible service and consumption of alcohol and responsibilities for sporting organisations and for individuals. The program aims to help foster leaders in the promotion of responsible drinking practices within sporting clubs.

In addition, the Government is providing $5.2 million over four years to expand the Australian Drug Foundation's (ADF) Good Sports Program nationally. The Good Sports Program helps sporting clubs manage alcohol responsibly and reduce alcohol related problems such as binge and underage drinking. To date, over 500 additional community sporting clubs have joined the Program, bringing the total number of clubs involved to over 3,000.

3.3 Require health advisory information labelling on containers and packaging of all alcohol products to communicate key information that promotes safer consumption of alcohol, including:

- the current NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol;
- text and graphic warnings about the range of health and safety risks of alcohol consumption;
- nutritional data;
- ingredients: and
- clearly legible information on the amount of alcohol by volume and number of standard drinks.

The Government notes this recommendation and is giving it further consideration.

There is currently a requirement in Australia and New Zealand for labels on alcohol beverages to include a declaration of alcohol by volume and the number of standard drinks in the container.

Food Standards Australia New Zealand (FSANZ) is currently considering an application for the labelling of alcohol beverages with a pregnancy health advisory label.

A report from FSANZ on the evidence around the effectiveness of health warning labels on alcohol has been provided to COAG for consideration alongside the report from the MCDS on options to address binge drinking.

3.4 Require counter-advertising (health advisory information) that is prescribed content by an independent body within all alcohol advertising at a minimum level of 25 per cent of the advertisement broadcast time or physical space.

The Government notes this recommendation. The Government's approach is to pursue voluntary and collaborative approaches with the alcohol industry to promote a more responsible approach to alcohol in Australia before considering more mandatory regulation. If these approaches are not successful or sustained, the Government will consider stronger measures.

RECOMMENDED KEY ACTION AREA 4 — REFORM ALCOHOL TAXATION AND PRICING ARRANGEMENTS TO DISCOURAGE HARMFUL DRINKING

4.1 Commission independent modelling under the auspices of Health, Treasury and an Industry panel for a rationalised tax and excise regime for alcohol that discourages harmful consumption and promotes safer consumption.

In response to concern about harmful alcohol consumption, the Government in April 2008 closed the tax loophole on alcopops. The latest statistics show that in a typical week following the excise increase, Australians are consuming approximately 3.45 million less standard drinks of all spirit-based products compared to before the tax increase.

The Commonwealth Government has already commissioned an independent review of the Australian taxation system. In responding to the review, the Government has decided not to amend alcohol taxation further while Australia is in the middle of a wine glut and while there is an industry restructure under way.

4.2 Develop the public interest case for minimum (floor) price of alcohol to discourage harmful consumption and promote safer consumption.

The Commonwealth Government notes this recommendation and will task the Australian National Preventive Health Agency to develop this concept for further consideration by Government.

4.3 Direct a proportion of revenue from alcohol taxation towards initiatives that prevent alcohol-related societal harm.

A portion of the revenue derived from the alcopops excise is being directed towards funding of the $872.1 million COAG National Partnership Agreement on Preventive Health. In addition, following the passage of the alcopops legislation, the Government has announced a $50 million package of additional measures under the National Binge Drinking Strategy in the 2010–11 Budget.

RECOMMENDED KEY ACTION AREA 5 — IMPROVE THE HEALTH OF INDIGENOUS AUSTRALIANS

5.1 Increase access to health services for Indigenous people who are drinking at harmful levels through

- providing resources to primary healthcare providers;
- training of staff, including Indigenous health workers;
- expanding both community-based and residential alcohol treatment programs; and
- increasing health service capacity to facilitate coordinated case management of alcohol-dependent persons.

The Commonwealth Government agrees in principle with this recommendation. The Commonwealth Government has demonstrated its support for increasing the access to health services for Indigenous people who are drinking at harmful levels through commitments including:

- Investment of $49.3 million over four years from 2008–09 for additional Indigenous alcohol and other drug services across Australia under the Council of Australian Governments' 2007 Closing the Gap – Indigenous drug and alcohol services measure. This investment is providing additional resources to primary health care providers and community-based treatment services to expand access to alcohol and other drug services, particularly in regional and remote areas. It is also funding the establishment of new alcohol and other drug residential treatment and rehabilitation services for Indigenous people affected by alcohol.
- The Commonwealth Government continues to invest ($30.2 million in 2009–10) in the Aboriginal and Torres Strait Islander Substance Use Program. This program supports the ongoing operation of more than 120 organisations that provide, or support, alcohol and other drug treatment and rehabilitation services in both the primary health care and specialised residential alcohol treatment settings.
- Investment of $13.4 million since 2007–08 through the Northern Territory Emergency Response (NTER) and Related measures to provide additional drug and alcohol services in the Northern Territory. This investment has increased the capacity of existing residential treatment services, expanded the number of alcohol and other drug workers in the primary health care setting and is providing support and training for the increased workforce.
- Investing $10.7 million over four years to support Indigenous-specific alcohol and other drug treatment programs in areas of high need through the Non Government Organisation Treatment Grants Program;
- Investing over $20 million over four years to build capacity in Indigenous communities to manage alcohol and other drug issues.

5.2 Support local initiatives in Indigenous communities, including

- restricting the physical availability of products;
- reduce the number, density and/or opening hours of licensed premises in areas of high alcohol-related harm;
- strengthening enforcement of Responsible Service of Alcohol; and
- establishing local groups senior Indigenous men and women to promote greater individual and family responsibility in relation to alcohol.

The Government notes this recommendation. The Government believes that the consumption of alcohol at risky and harmful levels can affect the lives of individuals, families and communities and as such all available steps should be taken to reduce that harm. The Government encourages state, territory and local governments to introduce

measures to restrict the supply of alcohol wherever an unacceptable level of harm is being experienced. The Government believes that alcohol management measures that are developed in consultation with local communities maximize the chance of achieving successful outcomes and hence strongly supports the introduction of such arrangements.

Under the NTER, alcohol restrictions were introduced in Northern Territory Indigenous communities which:

- banned drinking, possessing, supplying or transporting liquor in prescribed areas, with some exemptions, including for some recreational, tourism and commercial fishing activities; and
- introduced administrative measures to monitor larger takeaway sales across the whole of the Northern Territory.

Following consultations with affected communities and other stakeholders in 2009 the Government announced that alcohol restrictions would continue, but that there should be a change of focus from a universally imposed measure to a measure designed to meet the individual needs of specific communities. These community variations would be based on careful analysis of evidence about each community's circumstances and would only be implemented following wide consultation within a community, especially with women and the elderly.

Moving to local restrictions will be based on evidence about matters including the level of alcohol-related harm in a community and whether a community-based alcohol management plan is in place. Where a proposed alcohol management plan for a community or region requires the variation of some of the existing NTER alcohol restrictions in the legislation for that area, the Government will consider evidence about the level of alcohol-related harm in that area before approving changes. In addition, the Government will closely monitor trends in alcohol-related harm in communities and, if it is necessary, the Minister for Families, Housing, Community Services and Indigenous Affairs will have the capacity to reimpose the existing alcohol restrictions.

The 2009 NTER consultations showed that among members of Indigenous communities affected by alcohol-related harm there was a wide recognition of the benefits of alcohol restrictions and that there was a strong consensus that the alcohol restrictions should continue. The restrictions will be continued for the purpose of reducing alcohol-related harm and ill-health in the communities but communities will be able to negotiate alternative alcohol management plans or other local arrangements which aim to reduce alcohol related harm. The Government believes that the alcohol restrictions are a necessary tool to assist in the protection of members of the communities from alcohol-related harm. Importantly, each community will be able to have a significant say in the form of alcohol restrictions in their community in the future, including in the development of an alcohol management plan tailored for their community.

5.3 Establish a reliable, regular and sustained system for the collection and analysis of population statistics on alcohol and drug use among Indigenous people.

The Australian Bureau of Statistics collects population statistics on risk factors including alcohol and drug use among Indigenous Australians on a three yearly basis through two major national surveys – the National Aboriginal and Torres Strait Islander Health Survey and the National Aboriginal and Torres Strait Islander Social Survey. These surveys specifically target an enhanced sample of around 10,000 Indigenous Australians to provide state and national estimates of health outcomes, risk factors and health care use. A suite of questions are included on alcohol and drug use in terms of both short term and long term risk.

The Australian Health Survey (which will incorporate the National Aboriginal and Torres Strait Islander Survey) will provide comprehensive national information on alcohol use in Indigenous Australians. Data will be collected from non-Indigenous Australians between April 2011 and March 2012, with results available in late 2012. Data will be collected from Indigenous populations between November 2011 and August 2012, with results expected mid 2013. Data collection for Indigenous Australians has been delayed to allow more extensive consultation with Indigenous stakeholder groups and the development of data collection instruments that are appropriate for the Indigenous population.

In relation to the analysis of data on risk factors including alcohol and drug use for Indigenous Australians, there are a number of mechanisms in place to provide a systematic approach. The Aboriginal and Torres Strait Islander Health Performance Framework Report (HPF) monitors Indigenous health outcomes, determinants of health including risk factors and health system performance on a biennial basis. The HPF provides an authoritative evidence base utilising 50 national data collections and the research literature to monitor progress on 71 indicators. The alcohol and drug use indicators utilise data from the national surveys identified above. A suite of around 1,000 tables and graphs is prepared as part of this project to provide analysis for each indicator of progress over time, comparisons with the non-Indigenous population and analysis by sex, state and remoteness. Analysis is also prepared on the relationship between social determinants of health, risk factors and health outcomes. The HPF provides a systematic approach to ongoing analysis and monitoring of alcohol and drug use among Indigenous Australians.

In addition to the HPF there are a number of other regular reports that include data on alcohol and drug use in relation to Indigenous Australians. A performance indicator on alcohol use is included in both the National Indigenous Reform Agreement and the National Healthcare Agreement. The Steering Committee for the Review of Government Service Provision and the COAG Reform Council prepare reports on these indicators annually utilising data on Indigenous alcohol use from the national surveys identified above.

The Steering Committee for the Review of Government Service Provision also publishes on a biennial basis the Overcoming Indigenous Disadvantage Report, which includes indicators on alcohol and drug use for Indigenous Australians.

5.4 Establish and fund a multi-site trial of alcohol diversion programs.

The Government notes this recommendation.

In recognition of the importance of diversion programs in helping to address substance misuse in Indigenous communities, particularly among youth, the Government has provided significant funding in support of a range of youth diversion activities through the Petrol Sniffing Strategy, the NTER: Youth Alcohol Diversion measure and the Closing the Gap: Youth in Communities measure.

Under the Youth Alcohol Diversion measure, $8.5 million was provided in 2007–08 and a further $8.8 million in 2008–09 for projects aimed at strengthening the social environment as a safeguard against future incidents of substance abuse, tailored to each community's needs and targeting youth 12 to 18 years of age.

Further funding of $28.4 million over three years has been provided as part of the Closing the Gap: Youth in Communities measure to enhance the quantity, quality and cohesion of youth services in the Northern Territory Indigenous communities. This funding will continue the important work commenced under the Youth Alcohol Diversion measure.

Youth diversion activities are delivered in the context of ongoing evaluations to ensure that funding is targeted to where it is most needed and where it can be most effective.

5.5 In communities that desire them and which are large enough to support them, the availability of night patrols and sobering-up shelters should be expanded.

The Government is committed to strengthening community safety in Indigenous communities, including remote communities.

The Government has committed to funding night patrols under the NTER for a further three years. Under the Closing the Gap Northern Territory initiative, night patrol services will receive almost $68 million over 2009–10 to 2011–12 to support community safety in communities within the Northern Territory. This funding is for the continued operation of night patrol services in 81 Northern Territory communities, including the 73 NTER communities and town camps.

RECOMMENDED KEY ACTION AREA 6 — **STRENGTHEN, SKILL AND SUPPORT PRIMARY HEALTHCARE TO HELP PEOPLE IN MAKING HEALTHY CHOICES**

6.1 Enhance the role of primary healthcare organisations in preventing and responding to alcohol-related health problems by:

- reviewing the incentive structure for alcohol-related health checks in the primary healthcare settings that are both universal and targeted at high-risk groups;
- further developing their role in coordinating collaborative initiatives such as individual and group referral programs for alcohol-related risk factors;
- increasing the uptake of pharmacotherapy treatment for alcohol dependence, by GPs and specialist alcohol and drug treatment services; and
- promoting the NHMRC guidelines on low risk drinking.

6.2 Develop a more comprehensive network of alcohol-related referral services and programs to support behaviour change in primary healthcare by:

- implementing quality standards and an accreditation system;
- brokering through existing primary healthcare services;
- strengthening links with general practice and community-based alcohol and drug services and coordinating through primary healthcare organisations;
- including the role of practice nurses; and
- utilising the Headspace (youth mental health promotion) service sites.

The Government is promoting the NHMRC Guidelines on low risk drinking (see Action 7.1 below).

In 2008, the Government provided funding of around $217,000 to update the 2003 *Guidelines for the Treatment of Alcohol Problems* to take account of the 2009 NHMRC Alcohol Guidelines.

The Government agrees that primary healthcare organisations and Medicare Locals have a critical role to play in preventing and responding to alcohol-related health problems. The Government will discuss the role of primary care in alcohol and drug treatment, and the need for better coordination between primary care, community drug and alcohol treatment services and mental health services in this area, with state and territory governments and other relevant stakeholders through the MCDS.

Possible reforms to alcohol and drug treatment services will be the subject of a report back to COAG in December 2010.

6.3 Increase access to primary healthcare services and improve health outcomes for hard-to-reach disadvantaged individuals who are at risk of alcohol-related health problems by:

- Limiting the costs of primary healthcare for disadvantaged groups, such as co-payments;
- Providing outreach and culturally appropriate services; and
- Providing opportunistic brief interventions for alcohol when also addressing other key health risks such as smoking and/or obesity.

The Government will consider this in the context of the establishment of the Medicare Locals announced as part of the National Health Reform Plan is rolled out.

The Government recognises the effectiveness of brief interventions in the treatment of alcohol misuse. Brief interventions are short, one-on-one counselling sessions. They involve screening, to identify the extent of a person's alcohol or other drug problem, and the provision of information to increase a person's awareness of the negative consequences of alcohol use and the likelihood that they will seek more formal treatment, if required.

A considerable body of evidence suggests that brief interventions are the most effective treatment for people who consume alcohol at risky and high risk levels, but who have not progressed to severe dependency.[24] [25,26] While these people can benefit most from brief interventions, they are unlikely to approach treatment services about their drinking. However, many are likely to come in contact with welfare services and the criminal justice system. For others, their drinking problems might become evident to those around them in their school, workplace or sporting club.

The Government, working with the Australian National Preventive Health Agency and NHMRC as appropriate, will bring together the evidence with respect to best practice brief interventions across a range of settings and publish a guide for practitioners in 2012.

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24 Anderson P, Chisholm D and Fuhr DC (2009), Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol, *Lancet*, 373: 2234-46

25 Bohn, M. J., Babor, T. F. and Kranzler, H. R. (1995) The Alcohol Use Disorders Identification Test (AUDIT): validation of a screening instrument for use in medical settings. *Journal of Studies on Alcohol*, 56, 423–432.

26 Babor, T., Higgins-Biddle, J., Saunders, J. & Monteiro, M. (2001). The Alcohol Use Disorders Identification Test: Guidelines for use in primary care. Geneva: World Health Organization. Department of Mental Health and substance dependence. Published document WHO/MSD/MSB/01.6a.

7.1 Protect the health and safety of children and adolescent brain development by:

- Developing nationally consistent principles and practices regarding the supply of alcohol to minors without parental/guardian consent; and
- Promoting informed community discussion about the appropriate age for young people to begin drinking.

The Commonwealth Government has produced a range of materials to promote the 2009 *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* prepared by the NHMRC. These guidelines include the following advice:

3A. Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

3B. For young people aged 15–17 years, the safest option is to delay the initiation of drinking for as long as possible.

Materials setting out these messages for parents are being distributed through health services and liquor stores nationally. A range of other resources, including information and educational materials about the standard drink concept – are available for order from www.alcohol.gov.au.

The Government will be providing $100,000 over two years to make these materials available in community languages to ensure that people from culturally and linguistically diverse backgrounds can access the best available guidance on safe alcohol consumption.

COAG will consider the MCDS report to COAG on options to reduce binge drinking in 2010. This report contains several proposals with regard to the secondary supply of alcohol to minors and the education of parents on this issue. Three Australian states – New South Wales, Queensland and Tasmania – have introduced legislation limiting the circumstances under which adults may supply alcohol to minors on private premises. The Tasmanian and Queensland provisions go a step further, stipulating that the parent, or approved adult, can only supply alcohol to a minor if that supply is "consistent with the responsible supervision of the youth."

The Commonwealth Government will raise strengthening and evaluating legislation in this area, and moving to a nationally consistent approach with states and territories.

7.2 Support parents in managing alcohol issues at all stages of their children's development through community-level approaches, including:

- broad dissemination and implementation of the NHMRC guidelines on the risks of alcohol consumption for young people aged under 18 years and for women who are pregnant or breastfeeding;
- school-based parent networking for mutual support and information sharing;
- local policing programs to proactively liaise with families, schools and communities at times when alcohol may pose risks to the health and safety of young people; and
- provision of practical advice for handling alcohol issues among children and adolescents at key life stages and settings, including commencement of secondary education, in sport settings, during periods of stress, at times of family disruption or breakdown, and in school leaving years.

The Commonwealth Government has produced a range of materials to promote the 2009 *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, as set out against recommendation 7.1.

The Department of Health and Ageing is also providing funding of $90,200 over two years for Turning Point Alcohol and Drug Center to develop a website which will provide parents with adolescent children with an on-line assessment of their alcohol-related parenting strategies and feedback on what they are doing well and where improvements are possible. Based on the on-line assessment, the project will also provide an optional e-mail intervention for parents who want to improve their alcohol-related parenting.

Research evidence suggests that parental attitudes and norms can play a significant role in positively influencing their adolescent's alcohol use. Strong legislation about the secondary supply of alcohol to minors provides a strong normative signal to minors and gives parents greater power to restrict their children's drinking as they consider appropriate.

7.3 Measure the impact of harmful consumption of alcohol on families and children by ensuring all population surveys that collect data to monitor drug use and drug trends across Australia collect information on parental status or childcare responsibilities of drinkers.

The Commonwealth Government will explore this recommendation with the Australian Bureau of Statistics and the Australian Institute of Health and Welfare before the Institute undertakes the next National Drug Strategy Household Survey in 2013. This recommendation will also be explored with regard to other relevant data collections.

8.1 Develop a system for nationally consistent collection and management of alcohol wholesale sales data to inform key alcohol policy developments and evaluations that includes:

- funding for data collection and provision by the alcohol beverage and related industries;
- funding for regular and ongoing data management, analysis and reporting by the Australian Bureau of Statistics; and
- continuation of current accessible datasets on alcohol consumption levels in Australia, collected and compiled by the Australian Bureau of Statistics.

8.2 NPA to define a set of essential national indicators on alcohol consumption and health and social impacts by reviewing what is currently available and what is also required.

8.3 Expand the collection of patterns of drinking data to include place of drinking, duration of drinking occasion, and reasons for drinking.

8.4 Improve utilisation of key datasets on the harm to drinkers and harm to others, including:

- Police data including that relating to random breath testing, ignition interlock devices, and crimes against property and crimes against the person;
- Child and family welfare agency data;
- Health services data including hospitals, primary care services, ambulance services and specialist treatment services;
- Local government data on management of public space, clean-up costs, noise issues and enforcement of local laws; and
- Other relevant datasets including fire services, property insurance and medical insurance

The Commonwealth Government recognises the importance of evidence-based policy, and continues to provide funding support to key drug and alcohol research organisations around Australia.

More specifically, the Government is providing $180,000 from 2009–10 to 2010–11 to develop a National Alcohol Knowledgebase (NAK) – a project that aims to standardise and improve the quality of alcohol data in Australia. The National Centre

for Education and Training on Addiction (NCETA) has been engaged to develop the NAK, which will include:

- an electronic and hard copy public reference document for alcohol-related information; and
- nationally agreed standards and procedures for deriving and reporting alcohol related information.

The NAK is being developed in close consultation with key stakeholders and experts in alcohol-related research, policy, and treatment. It is expected that it will be operational by the end of 2010.

Wholesale alcohol sales data, if collected regularly, can be a valuable indicator of trends in alcohol consumption. It can be used, for example, to demonstrate the effectiveness of jurisdictional changes in alcohol policy. Information about volumes of alcohol sold is also a basic requirement for estimating and comparing how much alcohol is consumed within regions, within communities, or per person. The Commonwealth Government is funding the Drug and Alcohol Office of Western Australia and the National Drug Research Institute (NDRI) at Curtin University of Technology to develop an ongoing, regularly updated, national database of standardised alcohol sales data, to which all Australian states and territories will be invited to contribute. At present, only Western Australia, the Northern Territory and Queensland collect this information.

The Government will be challenging the alcohol industry to contribute retail sales data to the NAK.

The $54 million Australian Health Survey commencing in 2011 will provide valuable additional data to further enhance understanding of the impact of alcohol, risky drinking behaviour and appropriate policy responses.

108 NEXT STEPS AND TIMELINE

The increase in the prevalence of risk factors such as obesity coupled with the ageing population and rising health care costs means that preventable chronic disease continues to be a significant challenge for the health and wellbeing of the population and for the viability of the health system. Preventative health provides an effective mechanism for managing these challenges now and into the future.

Recognising the enormity of the task, the Commonwealth Government invested early in preventative health initiatives such as the National Partnership Agreement on Preventive Health, the National Partnership on Closing the Gap in Indigenous Health Outcomes, the National Binge Drinking Strategy, and in comprehensive measures tackling tobacco.

We now have the evidence and the critical infrastructure required to guide preventative health in Australia.

The Preventative Health Taskforce has provided the Government with the options that have led to the action that we are now undertaking. It will also help in guiding our action in the future.

The establishment of the Australian National Preventive Health Agency provides the leadership, research, evaluation and policy advisory capacity to guide the national preventative agenda.

The establishment of Medicare Locals will bring local tailoring, ingenuity and know-how to adopt national preventative health approaches to local circumstances.

Finally, investments in workforce training and innovation will increase the capacity of primary care to provide preventative health services.

This infrastructure will help deliver preventative health action in combating obesity, tobacco and alcohol abuse – but also in other preventative health areas such as immunisation, injury prevention, illicit drugs and mental health.

The Commonwealth has already taken action and will continue to do so into the future, monitoring trends, assessing outcomes, evaluating the evidence and building on recent investments. Investments are being made, policy decisions taken and our timetable of action being delivered.

Comprehensive approaches, such as those used on smoking, have been found to be the most effective in producing preventative health outcomes.

Like the Taskforce said, everyone has a role to play in prevention. We therefore call on all others to join the preventative health effort. Building on the work detailed in this document- individuals, families, communities, local, state and territory governments, industry and businesses all have a role to play in preventing chronic disease. Together we can ensure that Australia is the healthiest country by 2020.

TIMELINE FOR IMPLEMENTATION OF PREVENTATIVE HEALTH ACTIVITIES

Implementation timeline	Implementation activity
In 2010	**Infrastructure** • Establish the Australian National Preventive Health Agency (Agency), subject to passage of legislation, and appoint the Chief Executive Officer and Advisory Council. • Preventative health workforce audit to be finalised and carriage passed to the Agency. • The Agency to commence development of a strategy to remedy any gaps identified in the audit. • The Agency will develop an evaluation mechanism for the National Partnership Agreement on Preventive Health, in consultation with the Department of Health and Ageing and state/territory health departments. • The Agency, in consultation with National Health and Medical Research Council (NHMRC), to call for and award grants to the value of $4 million on activities able to translate research to policy and program design. **Obesity** • From 1 July 2010, twelve communities will pilot healthy lifestyle programs (including physical activity and healthy eating) with funding provided through the Healthy Communities Initiative of the National Partnership Agreement on Preventive Health. The findings from the pilots will inform subsequent rounds of the Initiative. • National program grants awarded to enable organisations to provide healthy lifestyle programs nationally and in Healthy Communities sites. • Public awareness campaigns will provide individuals and families with advice on how to reduce their risks of chronic disease through healthy eating and physical activity. • Building on voluntary salt targets announced in March 2010, the Government will continue to work with industry through the Food And Health Dialogue to improve the health content of food (e.g. reduce saturated fat, sugar and salt levels and increase fibre) across the major food categories. • A charter supporting the use of workplaces as settings for health promotion activities reducing chronic disease will be established through consultation between the Government and peak employer and employee groups. • Commence third funding round for the Stephanie Alexander Kitchen Garden Program.

Implementation timeline	Implementation activity
In 2010	• Following review of the first phase of the Club Champions Program, the next phase will be developed. • From July 2010, COAG Closing the Gap in Indigenous Health Healthy Lifestyle workers employed in first 20 regions, commence training and begin to deliver healthy lifestyle programs in Indigenous communities. Smoking • From 30 April 2010, tobacco excise increased by 25 per cent, raising the price of a packet of 30 cigarettes by $2.16. • From May 2010, work begins to develop and test plain packaging design for tobacco products. • From May 2010, legislation to restrict Australian internet advertising of tobacco products listed for introduction to the Parliament. • From May 2010, development work continues on $61 million National Partnership Agreement on Preventive Health national anti-smoking social marketing campaign with first advertisements screened before end 2010. • From July 2010, development work commences on $27.8 million anti-smoking social marketing campaign targeted to high-risk and hard-to-reach groups, including pregnant women and their partners, people living in disadvantaged neighbourhoods, people from culturally and linguistically diverse backgrounds, people with mental illness and prisoners. • July 2010 National Smoking in Prisons Summit. • From July 2010, COAG Closing the Gap in Indigenous Health Tackling Smoking measure workforce employed in 20 regions around Australia, commences training and delivery of regional anti-smoking campaigns, • November 2010 WHO Framework Convention on Tobacco Control Conference of Parties meets to consider next steps in development of Protocol to Eliminate Illicit Trade in Tobacco Products. Alcohol • From July 2010 – $25 million National Binge Drinking Strategy Community Sponsorship Fund commences to provide an alternative to alcohol sponsorship for local community sporting and cultural organisations. • From July 2010 – $20 million National Binge Drinking Strategy Community Level Initiative – funding rounds continue to support community-driven initiatives to tackle the culture of binge drinking, particularly among young people. • From July 2010 – $5 million National Binge Drinking Strategy enhancement of telephone counselling services commences. • Possible continuation of National Binge Drinking Strategy social marketing activity, drawing on evaluation from first two phases of "Don't Turn a Night Out into a Nightmare" campaign.

Implementation timeline	Implementation activity
In 2011	**Infrastructure** • The Agency to develop preventative health workforce strategy. • The Agency to publish a report on the state of preventative health in Australia. • Data collection under the Australian Health Survey (nutrition, physical activity and chronic disease status) from April 2011. • The Agency, in conjunction with the NHMRC, to call for and award grants to the value of $4 million on activities able to translate research to policy and program design. In primary care: • The first Medicare Locals will commence operation by mid-2011. **Obesity** • Consideration of report of the National Review of Food Labelling and its recommendations in relation to front of pack labelling. • Public information campaigns will reinforce the importance of healthy lifestyles in reducing the risks of chronic disease. • Individuals in an additional 80 communities (total of 90) will be able to access healthy lifestyle programs through the Healthy Communities Initiative. • States and territories receive $66 million in facilitation payments to roll out healthy lifestyle programs in workplaces (Healthy Workers) and child care settings, pre-schools and schools (Healthy Children). • Framework for Healthy Communities launched, outlining standards, principles and registration system for programs and providers funded through the initiative. This will ensure effective and evidence-informed programs are rolled out. An organisation will be funded to manage the Framework. • Development of voluntary competitive benchmarking and nationally agreed standards for workplace based prevention programs. • Presentation of national awards for employers demonstrating excellence in workplace health promotion. • From July 2011, COAG Closing the Gap in Indigenous Health Healthy Lifestyle workers employed in a further 20 regions around Australia (now 40 in total), commence training and begin to deliver healthy lifestyle programs in Indigenous communities.

Implementation timeline	Implementation activity
In 2011	**Smoking** • Legislation drafted and introduced to mandate plain packaging for tobacco products. • $61 million National Partnership Agreement on Preventive Health national anti-smoking social marketing campaign continues. • $27.8 million anti-smoking social marketing campaign continues to target high-risk and hard-to-reach groups, including pregnant women and their partners, people living in disadvantaged neighbourhoods, people from culturally and linguistically diverse background, people with mental illness and prisoners. • From July 2011, COAG Closing the Gap in Indigenous Health Tackling Smoking measure workforce employed in a further 20 regions around Australia (now 40 in total) delivering smoking cessation support and regional anti-smoking campaigns, **Alcohol** • $25 million National Binge Drinking Strategy Community Sponsorship Fund continues to provide an alternative to alcohol sponsorship for local community sporting and cultural organisations. • $20 million National Binge Drinking Strategy Community Level Initiative – funding rounds continue to support community-driven initiatives to tackle the culture of binge drinking, particularly among young people. • $5 million National Binge Drinking Strategy enhancement of telephone counselling services continues and possible extension of social marketing.

Implementation timeline	Implementation activity
In 2012	**Infrastructure** • Data from Australian Health Survey released, providing comprehensive information on the population's nutrient status, physical activity levels and chronic disease prevalence. • The Agency, in conjunction with the NHMRC, to call for and award grants to the value of $3 million on activities able to translate research to policy and program design. In primary care: • All Medicare Locals in operation by mid 2012. • Practice Nurse Incentives program commences with $390.3 million in funding over four years. • Coordinated care for patients with diabetes commences with $449.2 funding over four years. **Obesity** • Community based healthy lifestyle programs continue in 90 communities through Healthy Communities. • States and territories receive $128 million in facilitation payments to roll out Healthy Workers and Healthy Children. • Public information campaigns will reinforce the importance of healthy lifestyles in reducing the risks of chronic disease. • From July 2012, COAG Closing the Gap in Indigenous Health Healthy Lifestyle workers employed in a further 17 regions around Australia (now 57 regions in total), commence training and begin to deliver healthy lifestyle programs in Indigenous communities. **Smoking** • 1 January 2012 plain packaging legislation gazetted. • $61 million National Partnership Agreement on Preventive Health national anti-smoking social marketing campaign continues. • $27.8 million targeted anti-smoking social marketing campaign continues. • 1 July 2012 tobacco products must comply with plain packaging legislation. • From July 2012, COAG Closing the Gap in Indigenous Health Tackling Smoking measure workforce employed in a further 20 regions around Australia (now 57 regions in total) delivering smoking cessation support and regional anti-smoking campaigns.

Implementation timeline	Implementation activity
In 2012	Alcohol • $25 million National Binge Drinking Strategy Community Sponsorship Fund continues to provide an alternative to alcohol sponsorship for local community sporting and cultural organisations. • $20 million National Binge Drinking Strategy Community Level Initiative – funding rounds continue to support community-driven initiatives to tackle the culture of binge drinking, particularly among young people. • $5 million National Binge Drinking Strategy enhancement of telephone counselling services continues and possible extension of social marketing.

<table>
<tr><th>Implementation timeline</th><th>Implementation activity</th></tr>
<tr><td>In 2013</td><td>Infrastructure
• The Agency to publish a report on the state of preventative health in Australia.
• The Agency to call for and award grants to the value of $3 million on activities able to translate research to policy and program design.
• Indigenous data from Australian Health Survey released, providing comprehensive information on the Indigenous population’s nutrient status, physical activity levels and chronic disease prevalence.
• Preparation for the next Australian Health Survey begins.

Obesity
• Community based healthy lifestyle programs continue in 90 communities through Healthy Communities.
• States and territories receive $63 million in facilitation payments to roll out Healthy Workers and Healthy Children.
• Up to $123 million in reward payments made available to states and territories demonstrating improvements in healthy weight, fruit and vegetable consumption, physical activity and smoking.
• Public information campaigns will reinforce the importance of healthy lifestyles in reducing the risks of chronic disease.

Smoking
• $61 million National Partnership Agreement on Preventive Health national anti-smoking social marketing campaign continues.
• $27.8 million targeted anti-smoking social marketing campaign continues.
• Up to $123 million in reward payments made available to states and territories demonstrating improvements in healthy weight, fruit and vegetable consumption, physical activity and smoking.

Alcohol
• $25 million National Binge Drinking Strategy Community Sponsorship Fund continues to provide an alternative to alcohol sponsorship for local community sporting and cultural organisations.
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