

FARE submission to consultation on Aspirations for the Food Regulatory System

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The Foundation for Alcohol Research and Education (FARE) is a not-for-profit organisation working towards an Australia free from alcohol harms. Together with values-aligned organisations, health professionals, researchers and communities across the country, we develop evidence-informed policy, enable people-powered advocacy and deliver health promotion programs.

FARE welcomes the opportunity to comment on the Aspirations for the Food Regulatory System consultation paper addressing Stage 1 of the review of the intergovernmental Food Regulation Agreement (FRA), and proposing a set of aspirations for the food regulatory system and associated high level actions.

Key challenges and opportunities facing the food system

Consultation question 1: What other key challenges and opportunities are facing the food system?

Far too many Australians are impacted by alcohol harm in Australia. Nearly 6,000 lives are lost every year and more than 144,000 people hospitalised, making alcohol use one of our nation's greatest preventive health challenges (1). Alcohol use is causally linked to over 200 disease and injury conditions (2). The estimated cost of alcohol harm to Australia is \$36 billion every year (3).

Alcohol is captured within the food regulatory system. The effective regulation of alcohol is essential to ensuring that alcohol harm is prevented and Australians remain healthy, safe and well.

FARE note the following key challenges facing the food system that have not been adequately addressed in the consultation paper:

- An overarching challenge across the food regulatory system is the under prioritisation of public health concerns. The food regulatory system can have a positive impact on health outcomes if public health is prioritised. Transparency in governance of the food regulatory system is essential to enable accountability in decision making, particularly in relation to addressing conflicts in stakeholder positions, and to better enable public health and food safety objectives to be prioritised ahead of vested corporate interests.
- There are differences in stakeholder power in the food regulatory system. Multi-national food and beverage companies are among the biggest corporations in the world and have tremendous economic and political power. This is contrasted with that of the community and community organisations with limited resources.
- The community experiences unnecessary harms because meaningful regulatory measures that provide people with easily accessible and interpretative information about risks to health are delayed or not mandated. One such example is the case of pregnancy health warnings on alcohol products which have recently been mandated despite longstanding evidence of the risk to the developing fetus when alcohol is consumed during pregnancy (4). This occurred because industry-led self-regulatory models failed.

FARE notes that the current reforms to the food regulatory system provide the prime opportunity to:

- Ensure that the food regulatory system, and decision making about food regulatory matters, prioritises public health outcomes. This includes a system that better addresses food and beverage related risks for developing non-communicable disease.
- Safeguard the food regulatory system and its governance processes from undue commercial interference to ensure that priority is given to public health objectives and to retain public trust in the system.
- Develop a more transparent regulatory system that addresses independence in prioritisation and governance of food regulatory matters.
- Ensure that alcohol is addressed more comprehensively within the food regulatory system, including in terms of the key issues and opportunities identified above.

Focus of reforms

Consultation question 2: Do you agree that the focus of reforms should be on ensuring the system is set up to support interface management across regulatory systems, enables collaborative risk assessment and triage of issues and provides a range of (regulatory and non-regulatory) tools to support the system's objectives and empower consumers and industry?

No.

FARE broadly agrees with the objectives and scope of the food regulatory system set out in the Overarching Strategic Statement (OSS) and supports these being retained and reflected in the revised Food Regulatory Agreement. FARE strongly supports the objective of protecting public health, including from non-communicable disease, and believes that this should remain the highest priority within the system.

The reforms should focus on ensuring the food regulatory system supports and prioritises public health.

FARE maintains that the food regulatory system should primarily focus on regulatory measures to achieve public health objectives and is concerned with the positions throughout the consultation paper that suggest reforms should increase non-regulatory measures.

Non-regulatory measures in the food system have not worked to provide the outcomes needed to protect people's health and numerous examples point to the need for regulatory measures. One such example was the voluntary use of pregnancy labels which were shown to be ineffective as a voluntary measure. Ten years after the COAG *Review of Food Labelling Law and Policy* recommended mandatory pregnancy warning labels, pregnancy health warning labels have only recently been mandated. The delays in the mandatory implementation of pregnancy health warning labels contributes to people not having access to information that can prevent people being born with Fetal Alcohol Spectrum Disorder (FASD).

The consultation paper suggests that there is disagreement between stakeholders on the role of regulation compared to other strategies to protect health. Community organisations including consumer and public health stakeholders are consistent in their position that regulatory measures are required to protect health and that non-regulatory measures are ineffective. The importance of having regulatory measures in place to achieve the most significant health outcomes is also reflected in the evidence (5).

Industry stakeholders, who hold commercial interest in selling the products to be regulated, inherently hold a conflict on the topic of regulatory measures. Industry stakeholders are likely to prioritise their profits over public health and as such will seek to prevent, undermine, or delay the introduction of regulatory measures. When it is not possible to prevent reforms from occurring, industry stakeholders lobby for and adopt measures that are often ineffective (6).

Any discussion of the range of regulatory options available must also acknowledge the lack of evidence to support self-regulatory initiatives in achieving improvements in public health objectives, at least in the area of non-communicable diseases. There is increasing recognition worldwide that the health and economic costs of non-communicable diseases must be addressed through stronger regulations and the system must be set up to enable and empower these stronger regulatory actions.

Aspirations and high-level actions

Question 3: Is there anything missing from these aspirations and high-level actions?

Yes.

Missing from these aspirations is a strong focus on prioritising public health and preventing non-communicable diseases. High-level actions for this goal would include:

- Reducing the availability and promotion of alcohol.
- Ensuring that marketing practices by the alcohol industry are not harmful to people.

Question 4: Are there any aspirations or high-level actions that you disagree with and why?

Yes.

FARE disagrees with the aspiration to *“Reorient the system from being focused on ‘food regulation’ to focus on achieving shared objectives (where regulation is one tool used to achieve the objectives).”*

As discussed above, FARE maintains that the primary focus of the food regulatory system should be to prioritise public health objectives. Co-regulatory, voluntary and industry led initiatives have been repeatedly shown to fail at protecting public health. Regulatory options are the most effective measures to improve health outcomes.

The suggested aspiration fails to recognise the competing objectives of industry and community stakeholders. This is particularly the case when it comes to public health policies that are designed to reduce use of alcohol by way of reducing health risks. It is imperative that food regulation remain in the hands of government and that government shows the leadership required to ensure that public health priorities are not undermined by profit driven objectives and conflicts.

Risk assessments must appropriately consider the costs of regulatory inaction to government and to the Australian community. The primary focus should be on the short- and long-term costs borne by government and the Australian community which are substantial.

Similarly, the points above apply to the aspirations to *“Strengthen the strategic leadership of the system”* and to *“Better involve stakeholders in identifying priorities and developing integrated strategies.”*

Strategic leadership of the food regulatory system is certainly required. However, the high-level action to *“build strong partnerships across regulatory systems to jointly identify regulatory priorities and*

resolve challenging issues” must recognise the power asymmetries between different food system stakeholders and the need to safeguard public health policies from undue interference by conflicted interests.

FARE disagrees with the high-level action to “*establish processes to facilitate the development and recognition of industry-led guidance or codes of practice*” as these have long shown to be ineffective at achieving public health outcomes (7).

References

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