



**AHPA written response to the
Australian Government Digital
Platforms: Government consultation on
ACCC's regulatory reform
recommendations Consultation Paper,
December 2022.**

15 February 2023



**Australian Health Promotion Association
38 Surrey Road | Keswick SA 5035
Ph: 1300 857 796
national@healthpromotion.org.au
ABN: 443 730 807 90 | ACN: 116 231 595**

INTRODUCTION

The Australian Health Promotion Association Ltd (AHPA®) is the peak body for health promotion in Australia. AHPA advocates for the development of healthy living, working and recreational environments for all people. Through our work we support the participation of communities and groups in decisions that affect their health.

Australia is one of the healthiest countries in the world. This is largely because of effective public health and its core services – protection, prevention and health promotion which includes action to create and support the social and environmental conditions that enable Australians to enjoy a healthy and happy life. We are now more aware than ever of just how complex the circumstances are by which human health is influenced – policies and actions shaped by the unfair distribution of wealth, power and resources, both locally and internationally. We are also more cognisant of the range of skills and practices required to enhance individual and community capacity and act to address those forces that lead to health inequities - the unfair and avoidable differences in health status seen within and between countries. **Health promotion's role has never been so significant.**

OUR SUBMISSION

This submission focuses on the consumer protections required of digital platforms to prevent and reduce harms to health and wellbeing. It specifically responds to the consultation questions 7 and 8:

7. Do you agree with the evidence presented by the ACCC regarding the prevalence and nature of harms to consumers resulting from the conduct of digital platforms?
8. Do you agree with the ACCC recommendation to introduce targeted measures on digital platforms to prevent and remove scams, harmful apps and fake reviews? Are there any other harms that should be covered by targeted consumer measures, for example, consumer harms related to the online ticket reselling market for live events?

AHPA strongly supports the recommendations from the Foundation for Alcohol Research and Education (FARE).

We also note the Australian Health Promotion Association's recent submission to the Inquiry into Online Gambling and its impacts on problem gamblers, and reiterate AHPA's recommendations as provided to this Inquiry (provided below).

ABOUT US

Incorporated in 1990, AHPA is the only professional association specifically for people interested or involved in the practice, policy, research and study of health promotion. Our member-driven national Association represents over 1000 members and subscribers and is governed by a Board at the national level with operational branches representing all states and territories. Membership of AHPA is diverse, and includes designated health promotion practitioners, researchers and students, as well as others involved in promoting physical, mental, social, cultural and environmental health, whose primary profession or area of study may be something different, but whose responsibilities include promoting health. Members represent a broad range of sectors including health, education, welfare, environment, transport, law enforcement, town planning, housing, and politics. They are drawn from government departments and agencies, universities, non-government organisations, community-based organisations and groups, private companies, and students.

Our activities include: national registration of health promotion practitioners for the International Union for Health Promotion and Education (IUHPE) in Australia; national health promotion university learning and teaching network; early career support; national and local conferences and events; a tri-yearly Population Health Congress (with partners: Public Health Association of Australia, Australasian Epidemiological Association and Australasian Faculty of Public Health Medicine); a website providing professional and membership information; a national listserv providing members with sector news, employment, advocacy and events information; stakeholder and member communication across a range of platforms; advocacy action; strong partnership

working with a range of organisations; awards; traineeships; mentoring; scholarships and bursaries; and the Health Promotion Journal of Australia.

Our Vision

A healthy, equitable Australia.

Our Purpose

Leadership, advocacy and workforce development for health promotion practice, research, evaluation and policy.

Our Principles

- Ethical practice - Supporting culturally informed, participatory, respectful, and safe practice.
- Health equity - Addressing the sociocultural, economic, political, commercial and ecological determinants of health in order to build health equity.
- Innovative and evidence informed approaches - Promoting and supporting evidence informed research, policy and practice.
- Collaboration - Working in partnership with other organisations to improve health and wellbeing.

Our Strategy

1. Promote our profession and members
2. Advocate for health promotion
3. Build professional capacity of AHPA members
4. Support career pathways in health promotion
5. Promote equity, diversity and inclusion
6. Provide responsible and sustainable governance and management

Detailed actions to achieve the strategy can be found in our [Strategic Plan](#) document.

More about our vision for a healthy, equitable Australia can be found in AHPA's [Health Promotion and Illness Prevention Policy](#).

Enclosed is our response.

Please do not hesitate to contact us with further questions.



Dr Gemma Crawford

President | Australian Health Promotion Association

national@healthpromotion.org.au

Prepared by: Rebecca Zosel, AHPA Executive Officer



HEALTH IS INFLUENCED BY MANY FORCES, INCLUDING COMMERCIAL DETERMINANTS

The determinants of health and wellbeing and inequities in health include socio-economic, cultural, commercial, political, ecological, working and environmental conditions (1, 2).

Global Health Professor Ilona Kickbusch describes the commercial determinants of health as “strategies and approaches used by the private sector to promote products and choices that are detrimental to health”; marketing is one channel to achieve this (3). Extensive evidence shows the negative impacts on child and adolescent health by marketing unhealthy products and services (4). The commercial determinants of health reveal the important problem where wealth is prioritised over health, thereby contributing immensely to a non-communicable disease pandemic (3). The power that corporations have over our environment, culture and desirability of products is considerable (3) and brings to light the question of how much power they have in determining regulations within their industry (4).

The World Health Organization suggests that the commercial determinants affect everyone, but young people are especially at risk, and unhealthy commodities worsen pre-existing economic, social and racial inequities (5). The commercial determinants of health influence the social determinants of health, (the wider circumstances in which people are born, grow up, live, work and age). Addressing these can prevent illness, and promote societal equity (5). The commercial and social determinants of health are rapidly influencing health and wellbeing; policy must keep pace.

COMPREHENSIVE PUBLIC HEALTH RESPONSES ARE REQUIRED

Effective health promotion and illness prevention requires multiple complementary evidence-informed strategies. These include health promoting policies (such as strengthened legislation, regulatory, and fiscal measures), the creation of health promoting environments, community engagement and action, support to empower people to increase awareness and control over their health and ensuring person-centred health (6, 7).

Addressing the interconnected determinants of health requires a multi-sector and whole-of-system response. Strong leadership and governance are required by governments at all levels and responses must engage communities, the public, non-government organisations, universities and research institutes (8). The private and commercial sector must also be engaged but vested interests and influence in policymaking must be made transparent and limited.

There is a need for increased and tighter restrictions on advertising of harmful industries (alcohol, gambling, tobacco and unhealthy food and beverages) across all forms of media and digital platforms considering the rapidly changing landscape of corporations and accelerating technological advancements. Public and school education is necessary but not sufficient to combat pervasive advertising and norms and the impacts of the commercial and social determinants of health. Individuals alone cannot make informed or ‘healthy’ choices, nor take personal responsibility for their health in environments that inherently bad for health.

As reflected in Australian research findings by Crawford and colleagues regarding government intervention in public health, the level of public acceptability of government interventions on health-related behaviours depends on the level of intrusion in people’s lives. Often, the least intrusive measures are most acceptable; however, these are also the least effective (9). Hoek (10) has argued that state intervention maintains and defends individual freedoms against commercial interests “which potentially pose a much greater threat to free and informed choice” (p.1042).

Public health colleagues Thomas, Pitt and Daube have suggested that if we apply the principle of ‘logic based on parallel evidence’ (as cited in McKinsey Global Institute. *Overcoming obesity: An initial economic analysis*, 2014), to significantly reduce young people’s exposure to advertising by industries that are harmful to health we must apply the comprehensive approach used in other public health initiatives (such as tobacco control), using restrictions on advertising, promotion and sponsorship to significantly reduce harms (11).

In the case of regulatory reform to digital platforms, the evidence is clear and outlined in further detail in FARE's submission:

- Corporations are marketing to children (12-14)
- Digital marketing for alcohol, unhealthy food and gambling reaches children at a very young age, affecting their attitudes, habits, consumption and health (13). There are currently limited protections in Australia to restrict these predatory marketing tactics (14)
- Consumers, including children, are spending more time online, as noted in the consultation paper
- Current consumer law is insufficient for protecting people from digital platform harms, as noted in the consultation paper, and mandatory codes of self-regulation of harmful industries is proven to fail
- There is public support for measures to reduce the current amount of online marketing of unhealthy products (14).

The health and wellbeing of our families and communities are vital. The profits of harmful industries cannot come before the health of all Australians.

In line with the Foundation for Alcohol Research and Education (FARE) position, AHPA affirms that:

- There is health harm from digital platform marketing systems
 - Digital platform marketing systems are geared toward creating harm
 - The advertising of harmful industries through digital platforms creates harmful online environments
 - Digital platforms enable and encourage marketing of harmful industries to children and young people
 - Consumer harm from digital marketing is falling through the gaps of existing and recommended regulatory frameworks
- We can prevent harm from commercial marketing on digital platforms
 - Current consumer law is insufficient for protecting people from digital platform harms
 - A regulatory framework with a legislative basis is needed to govern digital platform marketing systems
 - Targeted measures must protect people from harmful digital marketing practices
 - Creating transparency in digital platform marketing can help hold companies accountable to their marketing practices.

We note that the consumer harms considered (collection and use of data; scams, harmful apps and misleading or fake reviews, dark patterns, and poor dispute resolution processes) by the ACCC are largely contextualised in relation to reduced market competition, and recommend the Australian Government further considers consumer harms, particularly those relating to harmful digital marketing practices and the impact on health and wellbeing.

AHPA also notes that multiple examples of voluntary codes of conduct/practice have shown to be insufficient in achieving widespread change, and supports the implementation of comprehensive, mandatory regulation to protect people from harmful digital marketing practices, including protections for children and others most at risk of harm from digital marketing of harmful and addictive products like alcohol, gambling, tobacco (and e-cigarettes), and unhealthy foods and beverages.

AUSTRALIAN HEALTH PROMOTION ASSOCIATION'S RECENT SUBMISSION TO THE INQUIRY INTO ONLINE GAMBLING AND ITS IMPACTS ON PROBLEM GAMBLERS

AHPA supports the following recommendations:

1. Ban all TV and radio gambling advertising until after 8:30pm. This should be a blanket restriction across free-to-air or paid TV and radio, irrespective of ratings or type of station or content. Timing of restrictions must be cognisant of and mitigate time differences across the country.
2. Extend restrictions on advertising in public spaces to places where children and adolescents frequent but are not typically known as children's environments such as outside alcohol and gambling outlets and shopping centres.
3. Involve young people in consultation for developing public health responses to gambling.
4. Ban gambling sponsorship at sporting events and on sport uniforms.
5. Implement tight restrictions for online gambling advertising to prevent exposure to children and young people whilst online.
6. Provide resources for public health-led research into gambling harms free from industry influence.
7. Establish a national public health-led coalition to reduce gambling harms with a focus on evidence informed policy, regulation and service delivery.



REFERENCES

1. Commission for Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Available at: https://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf. Geneva: World Health Organization; 2008.
2. Patrick R, Armstrong F, Hancock T, Capon A, Smith JA. Climate change and health promotion in Australia: Navigating political, policy, advocacy and research challenges. Health promotion journal of Australia : official journal of Australian Association of Health Promotion Professionals. 2019;30(3):295-8.
3. Kickbusch I, Allen L, Franz C. The commercial determinants of health. The Lancet Global health. 2016;4(12):e895-e6.
4. Mialon M. An overview of the commercial determinants of health. Globalization and health. 2020;16(1):74.
5. WHO. Commercial determinants of health 2021 [Available from: <https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health>].
6. World Health Organization. The Ottawa Charter for Health Promotion. First international conference on health promotion. Available at: <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-globalconference>. WHO; 1986.
7. World Health Organization, SA Health. Adelaide Statement II. http://www.who.int/social_determinants/SDHadelaide-statement-2017.pdf?ua=1. 2017.
8. Australian Health Promotion Association, Public Health Association Australia. Health Promotion and Illness Prevention Policy Position Statement. Available at: <https://www.healthpromotion.org.au/news/advocacy/1141-ahpa-and-phaa-prevention-policy-and-workshop>. 2021.
9. Crawford G, Connor E, Scuderi M, Hallett J, Leavy JE. Framing the nanny (state): an analysis of public submissions to a parliamentary inquiry on personal choice and community safety. Australian and New Zealand journal of public health. 2022;46(2):127-33.
10. Hoek J. Informed choice and the nanny state: learning from the tobacco industry. Public health. 2015;129(8):1038-45.
11. Thomas S, Pitt H, Daube M, GAM0097). Submission to the Lords Select Committee Inquiry on the Social and Economic Impact of the Gambling Industry. Gambling Industry Committee, UK House of Lords (submission GAM0097). 2019.
12. Australia R. Profiling Children for Advertising: Facebook's Monetisation of Young People's Personal Data. Available at: https://au.reset.tech/uploads/resettechaustralia_profiling-children-for-advertising-1.pdf. 2021.
13. VicHealth. Under the radar Harmful industries' digital marketing to Australian children. Available at: <https://www.vichealth.vic.gov.au/-/media/ResearchandEvidence/Under-the-radar--Harmful-industries-digital-marketing-to-Australian-children.pdf>. 2020.
14. Foundation for Alcohol Research and Education (FARE), VicHealth. Experiences with online marketing of alcohol, gambling and unhealthy food: A survey. Available at: <https://fare.org.au/wp-content/uploads/Community-Voices-Report.pdf>. 2023.