Freedom of choice and the Public Health Bill

John White

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Executive Summary

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The food and beverages industry, their advertisers and the media want these provisions removed from the Bill. One of the main arguments they use is that the provisions will lead to unwarranted restrictions on the freedom of choice of New Zealanders. This argument is wrong.

Industry submissions to the Health Select Committee when it considered the Bill focussed heavily on hypothetical measures, such as banning treats for children, which are not at all what the Bill's supporters are seeking. Public health advocates want provisions to be available that can help in making healthy choices easier and more accessible. The effect would be an environment conducive to more rather than less freedom of choice.

The Bill as reported back from the Health Select Committee has two provisions relating to non-communicable diseases:

- the Director-General of Health can issue non-binding codes and guidelines to address risk factors for non-communicable diseases, and
- regulations can be made to address these risk factors.

Discussion of these two provisions dominate the content of submissions on the Bill, with heavy support from the health sector for their inclusion, and virtually unanimous opposition from industry interests to their retention.

The companies and organisations comprising the industry sector greatly prefer self-regulation to government regulation. As part of making their case they try and frame the non-communicable diseases provisions in the Bill as heralding some unpopular infringements on personal freedom.

The paper concludes that changes the health sector would like to see as possible outcomes of the Bill bear virtually no resemblance to the picture painted by industry, and in general are more likely to increase freedom of choice for New Zealanders than reduce it.

1 Introduction

Provisions to address risk factors for non-communicable diseases in the Public Health Bill currently before Parliament are under attack. Non-communicable diseases include heart disease, cancer, stroke and type 2 diabetes. Risk factors for these diseases are dominated by smoking, excessive alcohol consumption, over-consumption of energy-dense and nutrient-poor foods, and lack of physical activity.

The food and beverages industry, their advertisers and the media want these provisions removed from the Bill. One of the main arguments they use is that the provisions will lead to unwarranted restrictions on the freedom of choice of New Zealanders. This argument is wrong.

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2 Progress with the Public Health Bill to June 2008

The Bill was introduced into Parliament in November 2007. It had its first reading in December, and was referred to the Health Select Committee. The Committee heard oral submissions on the Bill in March and April 2008, and reported back to Parliament on 26 June 2008.

2.1 The Bill as introduced

The Bill as introduced had two significant clauses relating to non-communicable diseases (NCDs).

Clause 81(1) stated that the Director-General of Health "may issue a [non-binding] code of practice or guidelines to a sector on a particular activity that the sector undertakes if the Director-General has reason to believe that the sector can reduce, or assist in reducing, a risk factor [for NCDs] associated with, or related to, the activity".

Sectors include companies engaged in manufacture, importing, distributing, advertising, promoting, sponsoring or marketing of good and services. The food and beverages sector, their advertisers and the media in which their advertisements appear continue to vigorously oppose inclusion of clause 81 in the Bill.

The other significant provision relating to NCDs in the Bill as introduced was sub-clause 374(x) in the original Bill.[1] This allowed the making of regulations for the purpose of "reducing, or assisting in reducing risk factors … associated with, or related to, non-communicable diseases". Sub-clause 374(x) has met strong opposition from industry groups.

2.2 The Bill as reported back to Parliament by the Health Committee

The Bill as introduced allowed risk factors for NCDs to be addressed by non-binding codes issued by the Director-General of Health and/or by regulation under sub-clause 374(x). A majority on the Health Select Committee, including government members, made a highly significant change to the Bill as reported back to Parliament. Sub-clause 374(x) was moved into the non-communicable diseases part of the Bill (renaming it as new clause 88C) and linked to clause 81. In the Bill as reported back a staged process is required before regulation can be considered. Regulation can only occur if the Minister of Health is satisfied that a code or practice or guideline issued under clause 81 that had been in place for at least two years had not made significant progress towards achieving its objective.

Another change made by the Select Committee was to clarify that clause 81 applied to published or broadcast material only in the way in which goods or services were advertised, sponsored or marketed. This was to allay media fears that activities such as reporting and commentary by journalists on topics such as eating, drinking and smoking, or the publication of recipes, might be curtailed.

At the time of writing (mid-July 2008) the Bill is awaiting its second reading.

3 Submissions on the Bill relating to risk factors for non-communicable diseases

3.1 The submissions

The Health Select Committee received 204 submissions on the Bill. Of these 99 were from the health sector, and 45 from industry (Table 1).

Health sector responses came from a wide variety of groups and individuals, as can be seen under "Category" in Table 1. The largest group (13 submissions) comprised organisations concerned with one or more non-communicable diseases, such as the National Heart Foundation, the Cancer Society and the Stroke Foundation.

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[1] Sub-clause 374(r), which relates to importing, was linked with sub-clause 374(x) in many submissions on the Bill to the Health Select Committee . In reporting back on Bill the Committee recommended that the Bill clarify that sub-clause 374(r) did not to relate to risk factors for NCDs, so it is not considered in this paper.

Food and beverage companies and organisations provided 19 of the 45 submissions from the industry sector. The media also showed great interest in the Bill, with 12 submissions.

Local government organisations showed a keen interest in the communicable diseases and environmental health parts of the Bill.

Table 1 Number of submissions by sector and category

Sector	Category	Submissions	
Health	District Health Board	11	
	Primary Health Organisation	5	
	Professional association	11	
	Academic group/individual	11	
	Non-communicable disease group	13	
	Public health group	7	
	Health sector worker*	13	
	Other	28	
	Total		99
Industry	Food and beverages	19	
	Media	12	
	Advertising	5	
	Alcohol	6	
	Other	3	
	Total		45
Local government	Territorial authority	18	
	Regional council	2	
	Other	2	
	Total		22
Other	Physical activity	4	
	Nutrition	4	
	Other	30	
	Total		38
Total			204

*Includes Environmental Health Officers employed by territorial authorities.

3.2 Views of submitters on the inclusion of clause 81

There was almost total disagreement between the health and industry sectors about clause 81, which empowers the Director-General of Health to issue non-binding codes or guidelines to address risk factors for NCDs (Table 2).

Of the 99 submissions from the health sector, 31 (31.3%) supported inclusion of clause 81 in the Bill, with none opposing inclusion. Much of the health sector support for clause 81 was lukewarm, as it was seen by many as an inferior option to regulation under sub-clause 374(x). This is reflected in the 11% of health sector submissions wanting provision for codes to be binding, and the 69% who expressed no position on whether clause 81 should be retained.

Forty-two (93.3%) of the 45 industry submissions opposed inclusion of clause 81. Most industry submissions were predominantly about making a case that it was an inferior option to industry self-regulation.

Table 2 Views on inclusion in the Bill of the Director-General having power to issue non-binding codes or guidelines (clause 81), by Sector

	Health		Industry		Local gov't		Other		Total	
	n	%	n	%	n	%	n	%	n	%
Supports inclusion (unqualified)	20	20%	1	2%			6	16%	27	13%
Supports inclusion but with provision for binding codes	11	11%					6	16%	17	8%
Opposes inclusion generally			33	73%			2	5%	35	17%
Opposes inclusion for own area of business			9	20%					9	4%
No view expressed on inclusion	68	69%	2	4%	22	100%	24	63%	116	57%
Total	99	100%	45	100%	22	100%	38	100%	204	100%

3.3 Views of submitters on the inclusion of regulation-making powers

The complete dichotomy between health and industry views on the inclusion of clause 81 is repeated in views about regulation-making powers to address risk factors for NCDs.

Two-thirds of health sector submissions support inclusion of regulation-making powers in the Bill (Table 3). In most cases this is expressed directly as a recommendation that sub-clause 374(x) be retained. Other submissions call for regulation-making powers without mentioning sub-clause 374(x), or (in three cases) imply their support for regulation-making powers by wanting provision for codes and guidelines issued under clause 81 to be made binding.

Table 3 Views on inclusion in the Bill of regulation-making powers to address risk factors for non-communicable diseases, by Sector

	Health		Industry		Local gov't		Other		Total	
	n	%	n	%	n	%	n	%	n	%
Supports inclusion	66	67%					19	50%	85	42%
Opposes inclusion (unqualified)	1	1%	35	78%			2	5%	38	19%
Opposes inclusion for own area of business			3	7%					3	1%
No view expressed on inclusion	32	32%	7	16%	22	100%	17	45%	78	38%
Total	99	100%	45	100%	22	100%	38	100%	204	100%

Just one submission classified as being part of the health sector for the purpose of this report opposed inclusion of regulation-making powers. The New Zealand Health Trust (NZHT) was concerned that sub-clause 374(x) "could be used to implement any broad politically correct regulation of risk factors". The NZHT has its own agenda in opposing regulation: according to its website the Trust's main focus has been "leading the opposition to the New Zealand Government's plan to treat natural health products as drugs".

The remaining 32 health sector submissions expressed no position. Many of these 32 were concerned with aspects of the Bill other than NCDs, such as sexually-transmitted diseases. The two-thirds supporting inclusion therefore represents a massive vote from the health sector for regulation-making powers to address risk factors for NCDs.

A comparison of support in health sector submissions for regulation-making powers (67%) with that for non-binding codes (20%) demonstrates that the

health sector is in general not particularly enthusiastic about what might be achieved through non-binding codes and guidelines. The power to regulate risk factors is what they want.

Industry was strongly opposed to regulation, with 85% (38 of 45) wanting regulation-making powers for NCDs removed from the Bill. Of these, 35 submissions (78%) expressed unqualified opposition to regulation-making powers, while three (7%) expressed their opposition only in terms of their own area of business.

4 Restricted freedom of choice: what industry wants us to fear

One of the major planks in the industry case against use of codes or regulations under the Bill to address risk factors for NCDs is that these will restrict individual freedom of choice. This argument is made in 20 submissions, 19 of which are from the industry sector.

Table 4 shows that restrictions on individual's freedom of choice is mainly a concern of food and beverages companies, 68% of which refer to this in arguing against inclusion of code-issuing or regulation-making powers in the Bill.

Table 4 Industry submissions arguing the Bill will or could restrict individual's freedom of choice, by industry category

Industry category	Bill will restrict freedom of choice		No mention of freedom of choice		Total	
	n	%	n	%	n	%
Food and beverages	13	68%	6	32%	19	100%
Media	4	33%	8	67%	12	100%
Advertising	2	40%	3	60%	5	100%
Alcohol			6	100%	6	100%
Other			3	100%	3	100%
Total	19	42%	26	58%	45	100%

Of the 19 industry submissions using the freedom of choice argument, eight use the same or virtually the same words. This appears to result from

circulation of a paper titled *Tsunami Alert* to industry groups in late 2007 by Glen Wiggs, director of the Foundation for Advertising Research (FAR).[2]

The FAR submission puts the case as follows:

> Clause 83(2)(d) [of the Bill] grants the power to the Director-General to impose codes and/or regulation on "the accessibility of specified goods, substances, or services to members of the public or to sections of the public, in particular to minors". This is an incredibly wide power that can restrict an individual's freedom of choice. Examples of the types of areas that can be subject to codes or regulation are:
>
> - The prohibition of the sale of cream buns at lunch bars and coffee shops
> - Restricting the sale of fish and chips until after 8PM
> - Restricting the sale of food within one kilometre of a school
> - Banning the sale of foods and beverages high in fat, sugar and salt to minors
> - Banning the sale of soft drinks to persons under the age of 16
> - Banning the delivery service of fast food
> - Banning Grandma from giving a chocolate to her grandchild as a reward for a good school report
> - Banning the supply of specified foods and alcoholic and non-alcoholic beverages, to minors whether it is in public or in the home (submission 130, pp8-9).

This statement contains two serious errors that are repeated in many industry submissions. First, it is alleged that under the Bill the Director-General can *impose* codes, when all she or he can do is issue non-binding codes or guidelines. Second, it is incorrectly stated that the Director-General can impose regulations. Regulations are made by governments, not by officials.

The FAR statement about some of the ways in which the Bill might be used to restrict freedom of choice reflects the general tone of many industry submissions. Both Mars New Zealand (submission 9, p7) and ACP media (submission 153, p6), for example, repeat the entire statement word for word with the exception of the bullet point about Grandma.

Other organisations relying on Mr Wiggs for their analysis of this and other aspects of the Bill include the Association of New Zealand Advertisers (ANZA, submission 91) and Nestlé New Zealand Limited (submission 73).

Cadbury New Zealand are concerned that the manufacture and sale of their products might be stopped, with people "banned from having their special treats – not just on occasion, but forever" (submission 48, pp4-5). The Confectionery Manufacturers of Australasia repeat this quotation from Cadbury. They continue:

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[2] Interview with Glen Wiggs, Media Watch (Radio NZ), 11 May 2008. Mr Wiggs declined to forward a copy of this paper to the writer.

> Imagine not being able to buy an Easter egg… As children, no one in parliament today would have conceived a world where they could not get a lolly for a treat (submission 97, p4).

The only attempt at reasoned argument about freedom of choice in industry submissions is made by the Food Industry Group (FIG):

> The exercise of these powers [the Director-General's powers to issue codes and guidelines] have potential serious implications for commerce, freedom of speech, removal of consumer choice and restrictions on the lifestyles of a large section of the population who may not be at risk of an NCD. For example while a significant proportion of the population may be obese or overweight, which is a high risk factor in the development of Type 2 Diabetes, a far greater proportion of the population are not overweight or obese and are not in the high risk group of becoming overweight or obese. There must be very strong justification to require the issue of codes of practice or guidelines that could eventually become legally enforceable … (submission 20, p5).

This is a serious argument that applies to any population-wide measure to address risky behaviour when, for many or most people, the behaviour will not have an adverse outcome. Seatbelts are an example where it is generally accepted that the risk justifies the restriction. Many drivers will never need seatbelts but, because they can save lives and serious injury, and because it cannot be predicted who will need them, we all must wear them. Obesity is the same. If current trends continue around two-thirds of today's children will become overweight or obese as adults.[3] While some can be identified as more at risk than others, none can be said to be free of risk. Further, no one can eat poorly and avoid exercise for much of their life without seriously damaging their health, irrespective of whether this leads to obesity.

FIG are right in saying there must be strong justification for restricting the behaviour of all to benefit only some. But there is very strong justification in the case of risk factors for non-communicable diseases. It is not just a minority who will benefit from reduced risk. Non-communicable diseases including heart disease, stroke, cancer and type 2 diabetes kill most of us, as well as having a huge impact on quality of life. Adopting more healthy lifestyles – through better eating, greater activity, not smoking and avoiding excessive use of alcohol – is by far the best thing the great majority of us can do to live longer and healthier lives.

FIG are wrong when they say that the risk of becoming overweight or obese applies only to a minority. The recently completed New Zealand Health Survey found that 63% of New Zealand adults are overweight or obese.[4]

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[3] In 2006/07 63% of New Zealand adults were overweight or obese (Ministry of Health, *A Portrait of Health, Key results of the 2006/07 New Zealand Health Survey,* 2008). Sub-populations more susceptible to obesity (Māori and Pacific peoples) are growing faster than the general population.

[4] See *A Portrait of Health,* previous footnote.

5 Better access to healthy choices: what public health advocates want us to have

Public health advocates want to influence people's choices, just as advertisers do but for a very different reason. The public health approach is to change the environment in which choices are made so that healthy choices are more available and easier. The purpose of regulation from this perspective is not to control to people's behaviour, but to change the context in which choices are made.

Alcohol Healthwatch put it succinctly:

> Regulation to reduce the risk factors for non-communicable diseases is not about stopping consumer choice. That is prohibition. Regulation is about making healthy choices easy, cost effective and safe (submission 185, p3).

In similar vein, Sport Northland submitted that:

> Preventing obesity is not about telling people what to do. It is about creating an environment in which it is easier to make healthy choices (submission 161, p1).

As put by internationally recognised public health expert Professor Robert Beaglehole:

> The challenge is not to "tell people what to do", rather it is to support and empower people, especially children, to make healthy choices (submission 183, p13).

In a joint submission Professors Jim Mann (Otago University), Grant Schofield (AUT) and Janet Hoek (Massey) wrote:

> We agree that individuals should assume responsibility for their health. However, we strongly believe that they will not be able to assume and discharge this responsibility if they make purchase and consumption decisions in environments that promote unhealthy choices and behaviours as the norm. For this reason, we strongly support the retention of all provisions that will enable government to intervene in order to create environments more conducive to public health (submission 114, p3).

This public health position is not just a matter of statements of principle. It flows through in the detail of what public health advocates would like regulation to achieve if self-regulation by industry or codes and guidelines issued by the Director-General of Health fail to deliver.

Eighty-five submissions supported inclusion of regulation-making powers to address NCD risk factors (Table 3). These 85 submissions were coded for any statements about how the Bill might be used to address risk factors. All

areas for potential regulation mentioned in two or more submissions are listed in Table 5.[5]

The list in Table 5 makes for tame reading after the industry talk about banning treats and similar measures. The focus is strongly on protecting children, particularly from advertising. Further, it is hard to interpret the areas for potential regulation reported in Table 5 as implying a net loss in freedom of choice.

Table 5 Areas for potential regulation proposed in submissions supporting inclusion of regulation-making powers to address NCD risk factors

Area for potential regulation	Submissions
Advertising and other forms of promoting less healthy foods and drinks to children	19
Advertising and other forms of promoting less healthy foods and drinks generally	10
Marketing of breast milk substitutes	7
The composition/ingredients of foods and/or drinks	6
Aspects of the built environment that affect opportunities for physical activity	6
The location of outlets selling less healthy foods and drinks in the vicinity of schools	5
Workplace practices or conditions that affect employee health	5
Nutritional content of school food	2
Sun protection for students while at school	2
The solarium (sunbed) industry	2

5.1 Restrictions on advertising and promoting less healthy products

The ability to regulate *advertising and other forms of promoting less healthy foods and drinks to children* is by far the biggest issue for supporters of regulation-making powers.

Lack of information about the availability of advertised products might be said to restrict children's freedom of choice. On the other hand a reduction in opportunities for marketers to apply highly sophisticated techniques to manipulate choices increases children's freedom to make autonomous

[5] Some form of influencing the price of less healthy or more healthy food, such as changes to GST, was advocated in six submissions. These proposals are not included in Table 5 as they are outside the scope of the Public Health Bill.

decisions. And it enhances the freedom of parents to make healthy choices for their children by reducing the effect of factors such as "pester power".

It is unclear whether the ten submissions wanting the power to regulate advertising and other forms of promoting less healthy foods and drinks generally had children in mind, or the whole population. Irrespective of this, the point still holds that freedom of choice for consumers is enhanced when the ability of others to manipulate choice is reduced. The advertising of less healthy foods is not about providing information to consumers about available choices. It is about attempting to influence consumers to purchase those products manufacturers believe will maximise their profits.

Seven submissions want regulation of marketing of breast milk substitutes. The submitters, such as the La Leche League (submission 189), are very unhappy about practices occurring under self-regulation by the New Zealand Infant Formula Marketers Association. They want the *WHO/UNICEF International Code of Marketing of Breast Milk Substitutes* to be made mandatory in New Zealand.

Public support for advertising restrictions

Two recent surveys have shown very strong public support for measures to curtail the advertising of unhealthy food to children.

The Chronic Disease Prevention Peak Group gave the Select Committee the results of a survey conducted in 2007 showing a large majority of New Zealand parents and grandparents would like to ban television advertising to children of unhealthy food and drink products (submission 10). Eighty-two percent of the survey respondents agreed or strongly agreed that advertising unhealthy products "using ads appealing to children" should be stopped.

Fight the Obesity Epidemic (FOE, submission 143) reported results of a 2005 survey by BRC Marketing and Social Research that showed similar results. Almost three-quarters (71%) of New Zealand adults surveyed agreed or strongly agreed that "advertisements for unhealthy food and drink products should be banned during children's television programmes".

A failure of self-regulation

In May 2008 the New Zealand Television Broadcasters' Council (NZTBC) representing Television New Zealand, TV Works and Māori Television announced a voluntary food classification scheme for TV advertising to children. The guidelines, which place restrictions on when certain types of food can be advertised, apply to children's programming times on TV2, TV3 and Māori TV. On weekdays these times finish at 5pm on TV2, 4.30pm on TV3, and 6pm on Māori Television.

In the same month the Broadcasting Standards Authority released a report showing that three of the four most popular programmes for children screen

outside these hours. This includes *The Simpsons* which is the programme most watched by children.[6]

In announcing the initiative, NZTBC chairperson Brent Impey said that "the new Classification reflects the NZTBC's desire to help address the obesity issue by reducing advertising exposure of certain foods that children would view within their programming times".[7] So NZTBC accept that childhood obesity can be addressed by reducing children's exposure to TV advertising. If self-regulation is all that is required to deal with risk factors for NCDs, as industry submissions incessantly claim, why then does NZTBC not implement its classification scheme when children's audiences are at their largest? The answer in the minds of many public health advocates is that the move had more to do with countering calls for regulation than with protecting children.

5.2 Changing the composition of processed foods

The Food Industry Group report that "thousands of tonnes of fat, salt and sugar have been taken out of the food supply" as a result of their initiatives to reduce obesity (submission 102, p3). By doing this they can be said to be restricting the choices of some people (those who want more salt in their bread), and widening the choices of others (those wanting less salt).

Six submissions from Table 5 want to see powers in the Bill to regulate <u>the composition/ingredients of foods and/or drinks</u> for those cases when self-regulation fails. The oils used in cooking make a direct contribution to the composition of consumed foods, and here McDonald's believe there is a case for government action. They note in their submission that:

> many food outlets in New Zealand use cooking oils which are high in saturated fat. We believe that, in consultation with the food industry, the Director-General of Health could set guidelines for the types of oils used in cooking and food preparation. A guideline about minimising the use removing oils *[sic]* that are high in saturated fat has the potential to contribute significantly to the public health of New Zealanders (submission 39, p10).

McDonald's do not appear to be worried about limiting the freedom of New Zealanders to purchase products cooked in oils high in saturated fat.

5.3 Changing the built environment

The six submissions wanting the power to regulate <u>aspects of the built environment that affect opportunities for physical activity</u> were mainly concerned with creating greater opportunities for active transport options such as walking and cycling. Such changes increase freedom of choice for those wanting alternatives to car travel (walking to work might become a viable

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[6] Broadcasting Standards Authority (2008). *Seen and heard: Children's media use, exposure, and response.* Available from http://www.bsa.govt.nz/publications-pages/seenandheard.php.

[7] Press release, NZTBC, 15 May 2008.

option), but may reduce it for car travellers (there may be fewer car parking spaces because of conversion to cycling lanes, for example). Increasing opportunities for physical activity would unequivocally make it easier for people to make healthy choices.

5.4 The location of food outlets close to schools

Five submissions wanted powers in the Bill to be able to regulate the location of outlets selling less healthy foods and drinks in the vicinity of schools. Schools have been moving to remove less healthy options from canteen menus other than as occasional treats. This is part of the educational message that unhealthy foods should be eaten only occasionally. This message is undermined when food outlets in the immediate vicinity of schools are encouraging consumption of less healthy foods.

In practice, any move to influence the location of food outlets close to schools would probably involve a requirement for territorial authorities to impose conditions on applications for new premises.

5.5 Changing workplace practices or conditions that affect employee health

Five submissions hoped that the Bill would enable regulation of workplace practices or conditions that affect employee health. The Cancer Society, for example, submitted that an "area where the Bill might be helpful is through the introduction and implementation of regulations ensuring outdoor workers are protected from harmful levels of ultraviolet radiation" (submission 76, p5). Other submissions wanted more opportunities for physical activity to be provided for employees.

It is arguable whether workplace health and safety issues would be appropriately managed under a Public Health Act or other legislation. Whatever the answer, the outcome would certainly not be any reduction in freedom of choice for employees. Increased opportunities for physical activity at work would enhance freedom of choice.

6 Conclusion

The companies and organisations comprising the industry sector for the purpose of this paper greatly prefer self-regulation to government regulation. It is to be expected that they will oppose legislation that could lead to regulation by government. To achieve this they will do what they can to get public opinion on their side. For this reason they want to frame provisions in the Public Health Bill to reduce risk factors for non-communicable diseases as heralding some unpopular infringements on personal freedom.

Conversely, public health advocates want to increase public support for non-communicable diseases provisions by framing the issue as one of making it easier for people to make healthy choices, particularly for children and their

caregivers. This paper is part of that. It has been written to show how industry interests are giving a distorted picture of the ways in which the Bill might be used to reduce risk factors for non-communicable diseases.

While the content of the submissions is discussed from a public health perspective, the description of the content is the outcome of an attempt to be as objective as possible. If someone else were to do a similar analysis the numbers in the tables would inevitably vary slightly. But four inescapable conclusions would remain:

- the health sector wants the Public Health Bill to contain regulation-making powers to address risk factors for non-communicable diseases;
- food and beverage, advertising and media interests want such powers removed;
- by focussing on measures such as banning treats, which is not what the health sector wants, industry submissions make much play about ways in which, they incorrectly claim, the Bill will lead to restrictions on individual freedom of choice;
- changes the health sector would like to see as possible outcomes of regulation under the Bill bear virtually no resemblance to the picture painted by industry, and in general are more likely to increase freedom of choice for New Zealanders rather than diminish it.