Regulating obesity: An analysis of Australian legislative measures that address childhood obesity

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Abstract

**Objective:** This review aimed to determine the extent to which existing Australian legislative measures address childhood obesity.

**Methods:** We searched the Australasian Legal Information Institute (AustLII) databases to identify State and National laws proposed and enacted which do, or have the potential to, operate on the determinants of childhood obesity to reduce the prevalence of obesity in children. We particularly searched within five categories marketing, food, schools, built environment, and public health legislation.

**Results:** Twenty legislative measures were identified: with sixteen acts and two bills falling within the five categories. An additional category, early childhood was added to include two acts aimed at providing children with a healthy start to life. Only three of the identified measures include express intention to regulate childhood obesity, and one facilitative act addresses regulation in the population generally.

**Conclusions:** The current legislative response to childhood obesity in Australia is minimal in its extent and haphazard in its coverage. Very few laws, existing and proposed, derive from an explicit intention to address childhood obesity or obesity generally and there is no core legislation that enables or unites legislative responses to childhood obesity.
Introduction

Historically, law has proved a useful tool for public health action. (1, 2) In Australia, it has been used effectively in injury prevention, infectious disease control, and occupational health to bring about behaviour change (e.g. compulsory seat belts) and to improve environmental safety (e.g. domestic hot water temperature control). Experience in tobacco control demonstrates that effective legislative action is possible and likely to be successful in achieving public health outcomes. (3)

Recent studies demonstrate the potential for addressing childhood obesity through regulation and law. (4, 5) A web of interconnected factors – including availability and promotion of foods high in sugar and fat; mechanisation and urban planning limiting incidental exercise; increased sedentary activity (6-8) and a ‘hard-wired’ predisposition for calorie rich food - have shifted whole populations towards overweight and obesity. Addressing this issue through individual behavioural change alone is unlikely to succeed (9) and broad social, cultural and economic reform is required, including government intervention through regulation and law.

This paper describes the extent to which Australian laws address childhood obesity. Australian Governments have traditionally played an important role in protecting children in a range of areas, including child abuse and neglect, environmental protections (e.g. private swimming pool fencing), and in restricting exposure to sexually explicit material, tobacco, and alcohol. Australia, as a signatory to the United Nations Convention on the Rights of the Child, has an obligation to enact laws which put the best interests of children first. For both reasons and because public support is stronger, legislative reform on obesity in relation to children is likely to precede reform in relation to adults.

This review aimed to determine the extent to which existing Australian legislative measures address childhood obesity. This foundational work is an essential first step to inform current debate about the legitimacy and feasibility of legal interventions and to guide new laws to reduce obesity prevalence in Australia.

Methods

We identified State and National laws proposed and enacted by September 2013 which do, or have the potential to, operate on the determinants of childhood obesity to reduce the prevalence of obesity in
children. Identified laws were analysed using Freiberg’s framework of potential regulatory measures.(10)

Scope and limitations

Australian legislative measures that address, or have potential to address, childhood obesity by modifying the determinants of childhood obesity were included as follows:

(i) acts (laws currently in force);
(ii) relevant subordinate legislation under that act (such as regulations); and
(iii) bills (proposed legislation not yet passed into law).

Legislative measures that promote or perpetuate childhood obesity were excluded. Although not necessarily enacted, bills are formally drafted legislative instruments that may be subject to debate and re-drafting, thereby illustrating contemporary attitudes towards the use of legislation to reduce childhood obesity. Bills raise questions about why particular legislative measures merit attention while not gaining sufficient political support to be enacted.

‘Childhood’ was defined as approximately 2-18 years of age. Determinants of childhood obesity were considered to be elements of daily life which contribute to a child’s energy intake exceeding their energy expenditure. This necessarily broad definition includes factors and corresponding legislation that, in combination or in isolation, may not have a direct causal effect, but which in combination encourage an individual to become or to remain obese. We included measures with the potential to reduce determinants of childhood obesity, for example by a new application of existing legislation or by a reconceptualisation of the purpose of existing legislation (e.g. community planning legislation). We excluded legislation if its dominant operation was on the adult population to the exclusion of children.

Legislation search

We searched the Australasian Legal Information Institute (AustLII) databases(11) for consolidated state and national acts, regulations and bills within five categories, chosen on the basis of literature on determinants of childhood obesity(12) and strategies for public health responses.(13-17) Categories were marketing, food, schools, built environment, and public health legislation. The latter category was included to examine the extent to which existing public health legislative frameworks respond to childhood obesity. An additional category, early childhood, was added post-search to reflect identified legislation which addressed this area.
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Each individual provision of an act or bill identified was scanned for relevance. We excluded those hits with an AustLII relevance rating of less than 5% or where the act or bill had no bearing on childhood obesity. We retrieved full text of relevant acts and bills from government administered legislation websites which provide an authoritative, current source with all associated information about introduction, amendments, and any corresponding regulations and gazette notices. The full text of the legislation was considered against the inclusion criteria.

Analysis of findings

We categorised Laws as restrictive (R) or facilitative (F) (Table 1) according to Freiberg’s text, The Tools of Regulation, where regulation is described as “not just restrictive or coercive; it is also constitutive, facilitative and enabling. It can make things happen, not just stop them from occurring.”(10) Classifying the mode of regulation employed by each legislative measure allows for overall observations to be drawn about the dominant current legislative approach – either to prohibit obesogenic behaviour or to facilitate anti-obesogenic behaviour. For example, banning soft drink is restrictive whereas requiring that total sugar content be displayed is facilitative.

We examined the legislative measure for express intent to reduce obesity. The intention behind the legislation reveals the extent to which politicians and lawmakers intend to address childhood obesity through the vehicle of legislative regulation. We identified the express intention of the act or bill by examining the accompanying explanatory memoranda. An explanatory memorandum is a document presented to Parliament explaining what each section of the bill means and what the bill is attempting to achieve if passed into law.

Results

Twenty legislative measures were identified: 18 acts and 2 bills: (Table 1).

Marketing

One act and one bill were identified within the category of marketing.

The only legislative restrictions on advertising (but not specifically food and beverage advertisements) during children’s television periods are established by the Children’s Television Standards 2009 (CTS) which is subordinate legislation under the Broadcasting Services Act 1992 (National). The CTS relate to children’s program periods and must be observed by commercial television broadcasting licensees. The CTS prohibit all advertisements during the broadcast of programs suitable for preschool children, and impose restrictions on advertisements shown during the
broadcast of programs suitable for children (other than preschool children) up to the age of 14 years. The extent to which the CTS addresses the advertising of unhealthy products directed at children is dependent on the compliance of advertisers, the effectiveness of Australian Communications and Media Authority (ACMA) monitoring and the handling and resolution of alleged breaches but also the degree to which children are restricted in their daily lives to children’s television programs. A study examining compliance with the CTS over two months found 613 breaches relating to premiums, competitions and the use of popular characters by six companies. (18)

The national Protecting Children from Junk Food Advertising Bill was introduced in 2006, 2008, 2010 and 2011 but did not garner sufficient political support to be enacted. It proposed a complete ban on unhealthy food advertisements directed to children and a complete ban on all unhealthy food advertisements (directed at any target audience) during the times when children are most likely to be exposed to them. It also prohibited the publication of material on the internet and the sending of a commercial electronic message that constitutes or contains an unhealthy food advertisement directed to children. The Bill imposed a definition of ‘advertisement directed to children’ that would have reined in the current flexibility afforded to the fast food industry under the self-regulatory codes. In earlier iterations of the Bill, introduced in 2006 and 2008, the Bill proposed, as a condition of financial assistance from the National Government, that schools must not display advertisements or sponsorship announcements from a company, person or organisation whose principal activity is the manufacture, distribution or sale of food or beverages.

A discussion of the legislative regulation of advertising would be incomplete without reference to industry self-regulatory codes. These codes, developed by food and beverage industry groups, purport to limit the extent of advertising of unhealthy food and beverage products to children but only apply to companies which elect to become signatories. (19) The codes do not carry the force of law, and do not apply equally to all companies. (19, 20)

The scope of the legislative regulation in this area is limited, particularly in comparison to legislative measures designed to prevent exposure to, or minimise the appeal of, tobacco, gambling and liquor advertisements for children and young people. This difference may be explained by the illegality of tobacco and alcohol use and gambling under the age of 18 years, and consequently it would be nonsensical if advertisements promoting these behaviours to this group were not likewise illegal.

**Built Environment**

Three acts and no bills were identified within the built environment category. The *Transport Planning and Coordination Act 1994* (Queensland) empowers the State Chief Executive to make guidelines
related to land use and transport coordination to promote uptake of active transport, particularly through provision of infrastructure, for example, footpaths and cycleways or provision of equipment for maintaining bicycles. Similarly, the Transport Integration Act 2010 (Victoria) expressly acknowledges that the transport system should “promote forms of transport and the use of forms of energy which have the greatest benefit for, and least negative impact on, health and wellbeing” (see page 23 of the Act). However, this appears to be an aspirational objective to guide policy development as there are no related subsequent provisions of the Act.

In this category, the acts with the greatest potential for impact are local government environmental or development plans and statutory instruments created under State Environmental Planning or Development Acts. These plans set out objectives against which to assess and prohibit developments. They therefore carry the potential for anti-obesity measures by requiring consideration, at the planning application stage, of particular elements such as public transport facilities, designated recreation spaces, active transport corridors and regulation of the location of fast food outlets. As yet, the promotion of anti-obesogenic, healthy lifestyles is usually not expressly identified as an objective of the plans. However, although any declaration would need to be made with great care, there is potential within Part 4, Division 2 of the SA Public Health Act (described below) to include such measures if the council identifies childhood obesity as an “existing and potential public health risk”.

**Schools**

Four acts and one bill were identified which operate within the school environment (including pre-school education and care facilities). Only one included an overt intention to address childhood obesity - the *Schools Assistance (Learning Together – Achievement Through Choice and Opportunity) Act 2004* (National) - which required that the Minister must not authorise a payment to a State unless the State had made an agreement with the National Government ensuring at least two hours of physical activity each school week for primary and junior secondary students. The bills digest describes the Act as incorporating a commitment by National Government to physical activity in schools in response to parental and community concerns and in light of broader concerns about health and well-being. It also recognises increasing rates of childhood obesity and lack of physical activity, and states that the Act is a direct response to these concerns. The Act has been superseded by development of National Curriculum and the 2013 Australian Education Act ties State and Territory funding to the requirement that they “implement national policy initiatives for school education in accordance with the regulations”. Although physical education is incorporated into the curriculum, it is not clear how this translates into physical activity levels in school settings.

Recess and lunch periods are also opportunities in the school day to increase physical activity in children. The *Education (General Provisions) Act 2006* (Queensland) stipulates that detention must
not be more than 20 minutes during the school lunch period. There is no express legislative intention that this regulation promote physical activity but it can be seen as relevant to minimising childhood obesity.

The other identified acts and subordinate regulation regulate long day care, family day care, outside school-hours care, preschool and kindergarten services. These legislative measures address the nutritional value of the food provided to children at centres and they require nutritional education of children and of their parents with the goal that children will receive correct nutrition in the home environment. Physical activity is also to be promoted through planned and spontaneous experiences appropriate for each child.

The Queensland Soft Drinks (Prohibition from Selling at Schools) Bill, was a private members bill which sought to ban soft drink sales on State and non-State school premises. The explanatory memorandum of the Bill recognised that “while the obesity crisis is a complex problem, reducing access to soft drinks in the school environment is a relatively simple intervention with potentially enormous benefit”. The memorandum also stated that relying on school canteen guidelines was inadequate, since these are “pieces of paper that can be overlooked or ignored”.

Food

The category of food contains the greatest number of identified legislative measures with six acts.

The Australia New Zealand Food Standards Code (‘the code’) contains food standards that apply as law in every Australian jurisdiction by virtue of the Food Standards Australia New Zealand Act 1991 (National) and the State and Territory food acts. In developing food regulatory measures the priority of the code is protection of public health and safety, but a subordinate priority is provision of adequate information relating to food to enable consumers to make informed choices.

The food acts in two states (South Australia (SA) and New South Wales (NSW)) and one territory (Australian Capital Territory (ACT)) require prominent display of food energy content on chain food-business menus and an adult’s average daily energy needs. Explanatory notes to the Food (Nutritional Information) Amendment Bill 2011 (Australian Capital Territory), which introduced this law into the ACT’s Food Act 2001 and Food Regulation 2002, recognises the initiative as “one means of combating obesity within the community and assisting people to understand the implication of their purchasing decisions”.

The only identified act that seeks to improve access to fresh and healthy foods is the Stronger Futures in the Northern Territory Act 2012 (National). It imposes a licensing regime on community stores in order to promote food security, specifically access to reasonably priced and nutritionally appropriate
food and drink. Factors that impact on whether a community store will be granted a licence include its range of healthy items, steps it takes to promote good nutrition, and pricing policies that encourage, or at least do not penalise, healthy choices. This legislative measure derives from an express intent to improve access to foods that meet nutritional needs, but in the context of combating malnutrition, not obesity.

**Early childhood**

An ameliorative childhood obesity outcome was identified in the explanatory memorandum of the Paid Parental Leave Act 2010 (National). The measure provides financial support to primary carers of newborns and newly adopted children to allow for time out of the paid workforce. The explanatory memorandum recognises that a mother’s early return to work following childbirth can have adverse consequences for the child, including obesity in adult life. Breastfeeding has also been associated with reduced risk of obesity in later life.\(^{(21)}\) The right to breastfeed is enshrined in the Sex Discrimination Act 1984 and in laws in every state and territory.

**Public Health Legislation**

Two act measures were identified in the category of public health legislation. Each state or territory has a central public health act intended to create legislative frameworks under which powers can be exercised to deal with public health issues particularly the traditional problems of infectious disease control, drinking water safety and sewerage treatment. Childhood obesity or obesity generally do not feature. It is a noticeable absence that obesity and, at a more general level, the notion of making healthy choices easy choices, is not enshrined in our public health legislation.

The closest thing to a core legislative response across any of the jurisdictions is the Public Health Act 2011 (South Australia). Part 8 of the Act provides the potential for broad ranging initiatives to be implemented for conditions declared by the Minister as non-communicable conditions of significance to public health. The Minister may then issue a code of practice in relation to preventing or reducing the incidence of that condition. The scope of the code of practice is broad and may relate to an industry or sector; a section of the community; or an activity, undertaking or circumstance. It can contain extensive proscription or regulation which, within the constraints of the Australian National system, may relate to: the manner in which specified goods, substances or services are advertised, sponsored, promoted or marketed, manufactured, distributed, supplied or sold; the manner in which buildings, infrastructure or other works are designed, constructed or maintained; or the manner in which the public are able to access specified goods, substances or services.
Although the legislation provides for extensive legislative regulation of childhood obesity determinants, Part 8 is a discretionary measure. The Act came into operation February 2012 and no conditions have yet been declared under Part 8. It is hard to ascertain the capacity for this legislative measure to address the determinants of childhood obesity because optimisation of its potential will depend on uptake by government and the requirement for consultation, including with food and beverage industry groups. There may also be constraints related to a State entering into a field of largely national regulation.

The second relevant legislative measure is the precautionary principle that is expressed in the public health acts of SA, Victoria, and NT. The principle provides, in slightly differing language in each act, that if there is a perceived material risk to public health, lack of scientific certainty should not be used as a reason for postponing measures to prevent, control or abate that risk. Its operation is limited to actions taken in furtherance of powers or authority provided under the public health act within which it is contained. Theoretically, this is a crucial legislative measure to support development of interventions to minimise childhood obesity. In SA, the strength of the precautionary principle to shepherd in a full suite of innovative regulations is, however, undermined by the caveat that decision-making and action should be guided by an aim to ensure, amongst other things, commercial activity so far as is consistent with providing any necessary protection from identified public health risks.

Discussion

Public health is described as “organised efforts” directed to maintenance and improvement of the health of all people. The use of legislative measures to address childhood obesity in Australia belies this intent, with bills and acts sporadic and scattered, with little explicit intent, failure to enact stronger restrictive legislative measures and lack of relevant core public health legislation. Nonetheless, the range of bills and acts do reflect interest in this area, particularly amongst the Australian States.

The trajectory of legislative action on tobacco control will be used as a comparison throughout this discussion. The States and Territories often led the way in smoking control legislation. Bills and acts that initially appeared scattered became the backbone of a comprehensive approach. For example, smoking in cars when a child is present was first banned in SA in 2007 but had been banned in all States and the Australian Capital Territory by 2010. In 2014, a similar bill was introduced into the Northern Territory legislature ensuring universal coverage of the initiative across Australia. Anti-smoking laws now comprehensively regulate the composition, advertising, packaging, health warnings, availability, display, cost, and purchase of cigarettes, as well as who can smoke, and where
they can smoke. In comparison, to date, the States and Territories have not capitalised on the potential for legislative action to support childhood obesity prevention.

In particular, few acts and bills have explicitly addressed obesity. Only three of the 20 identified laws derive from express intention to regulate childhood obesity, and one facilitative act addresses regulation in the population generally. The minimal intent to address childhood obesity through legislative enactment suggests that law is not being used as a principal tool for obesity prevention although, where the legislature seeks to address obesity, it mostly targets childhood obesity. This may be due to a general acceptance by the public of interference with the freedoms of children compared to the freedoms of adults. (23) For example, total bans on alcohol and tobacco sales to children are widely supported. (24)

Bills identified in this study (laws not assented to and not enacted) are all restrictive or prohibitive rather than facilitative or enabling. For example, they propose the prohibition of advertising of unhealthy food products to children and sale of soft drinks in schools. The failure of the Protecting Children from Junk Food Advertising (Broadcasting and Telecommunications Amendment) Bill to be enacted is not for want of trying. The Bill, in slightly different iterations, and with considerable lobbying support from public health and grass roots organisations, was introduced four times, between 2006 and 2011. With respect to soft drink sales in schools, several states, (Victoria, NSW, WA, SA) and one territory (ACT) banned (through departmental policy not legislation) soft drink sales in state schools although it is not clear how effective such bans are. Advocacy efforts to date have focused on nationally-based advertising bans: given the lessons from tobacco control, it is possible that a focus on state-based legislation, such as local restrictions on sale and advertising of soft drinks or linking urban design and public health, may be more effective. (25)

Lack of support for restrictive legislative measures partly relates to their introduction as private members’ bills. However, it also suggests that Australian legislatures are not yet receptive towards legislative measures of restrictive effect to address childhood obesity. Underpinning this reticence lie concerns about the use of restrictive legislation where there are no clear boundaries to what may be considered healthy or unhealthy food. Clear definitions of what constitutes unhealthy food would be helpful in future legislative design. The situation is in contrast to the contemporary political acceptability of the restrictive ‘command and control’ regulation that is pervasive in tobacco control. (22) This is unfortunate since, it is probable that those laws which are most likely to be effective in reducing childhood obesity are currently least likely to be enacted.
The current Australian legislative regulation of obesity is characterised by an absence of core legislation to enable or unite legislative responses to childhood obesity. The closest thing to a core legislative response across any of the jurisdictions is Part 8 of the Public Health Act 2011 (South Australia) which provides powers to regulate in relation to preventing or reducing the incidence of a declared non-communicable condition. Obesity has not been declared a non-communicable condition of significance to public health by the Minister under these powers and consequently no regulation has been implemented through a Part 8 code of practice. To see this measure achieve its maximum impact will require considerable political will. A similar Public Health Bill 2014 has been proposed in Western Australia. The Bill includes a flexible set of regulatory tools to regulate any risk to public health. However, it is not clear that comprehensive core public health legislation across Australia is necessary to address obesity. Clearly, the absence of core legislation has not undermined legislative action on tobacco control.

**Conclusion**

This study is the first systematic survey of existing and proposed Australian legislation with the potential for amelioration of childhood obesity. The emerging picture of the current legislative response reveals it to be minimal in its extent, haphazard in its coverage, and sporadic in its enactment. Very few laws, existing and proposed, derive from an explicit intention to address childhood obesity or obesity generally and facilitative modes of regulation are favoured over restrictive ones. Additionally, there is no core piece of legislation that enables or unites legislative responses to childhood obesity, with the consequence that the enactment of new laws is likely to continue to be sporadic and haphazard. This concurs with the judgement of Swinburn and Wood who concluded that Australia has “remarkably little progress to show for over two decades of awareness of the escalating obesity crisis”.(26)

Given the scale of chronic disease which may result from current levels of obesity and overweight, there is a good case to be made that effective legislative responses should be instituted more quickly than the gradual evolution of legislative response in tobacco control. Legislative reform of the public health acts could provide a platform at the State level for identification of obesity as a public health problem and development of appropriate legislation. A more concerted approach to obesity regulation could also be achieved by bringing together the currently scattered relevant public health measures within one central act for each State and one central act at the National level.

Public health action operates on the broader determinants of health and inevitably deals with social, cultural, political and economic issues. As a correlate, public health law often reaches into other
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portfolios to achieve outcomes. This study has revealed the minimal nature of relevant legislation for obesity prevention in Australia and the potential for this to be a more powerful force in the future.

References


Table 1: Australian legislative measures that address childhood obesity

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<thead>
<tr>
<th>Marketing</th>
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<tbody>
<tr>
<td>Children’s Television Standards 2009; section 122 Broadcasting Services Act 1992 (National)</td>
<td>No television advertisements of any kind may be shown during the broadcast of programs suitable for preschool children. (R)</td>
</tr>
<tr>
<td>Protecting Children from Junk Food Advertising (Broadcasting and Telecommunications Amendment) Bill 2011. Previously introduced in 2006; 2008; 2010. (National)</td>
<td>Bans the broadcast of any unhealthy food advertisement directed to children. (R)</td>
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<tr>
<th>Built Environment</th>
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<tr>
<td>Transport Planning and Coordination Act 1994 (State – Queensland)</td>
<td>Ensures the provision &amp; development of active transport infrastructure; aims to increase access to public passenger transport. (F)</td>
</tr>
<tr>
<td>Transport Integration Act 2010 (State – Victoria)</td>
<td>Promotes forms of transport and the use of forms of energy which have the greatest benefit for, and least negative impact on, health and wellbeing. (F)</td>
</tr>
<tr>
<td>Environmental Planning and Assessment Act or Development Act (All States)</td>
<td>Dictates healthy objectives in local government development plans to guide development. (F&amp;R)</td>
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<th>Schools</th>
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<tr>
<td>Schools Assistance (Learning Together – Achievement Through Choice and Opportunity) Act 2004 (National)</td>
<td>The school curriculum must provide at least 2 hours of physical activity each week for primary and junior secondary students. (F)</td>
</tr>
<tr>
<td>Education (General Provisions) Act 2006 (State – Queensland)</td>
<td>Detention must not be more than 20 minutes during the school lunch period. (R)</td>
</tr>
<tr>
<td>Education and Care Services National Regulations 2012 enacted under the Education and Care Services National Law Act 2010 (State – New South Wales)</td>
<td>Food or beverage provided at an education and care services must be nutritious and adequate in quantity; and be chosen having regard to the dietary requirements of individual children. (F)</td>
</tr>
<tr>
<td>Children (Education and Care Services) Supplementary Provisions Regulation 2012 (State – New South Wales)</td>
<td>Staff of education and care services to be trained to educate children and parents about nutrition and to encourage physical activity. (F)</td>
</tr>
<tr>
<td>Soft Drinks (Prohibition from Selling at Schools) Bill 2005 (State – Queensland)</td>
<td>Bans sale of soft drink at school premises. (R)</td>
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<th>Food</th>
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<tr>
<td>Section 112 of the Food Act 2001, regulation 10A Food Regulations 2002 (State – South Australia); Division 4 Food Act 2003, Part 2B Food Regulation 2010 (State – New South Wales); and Part 9 Food Act 2001, Part 4 Food Regulation 2002 (Territory – Australian Capital Territory)</td>
<td>Consumers of fast-food products are made aware of the energy content of the food items and its bearing to the average adult daily energy intake needs. (F)</td>
</tr>
<tr>
<td>Stronger Futures in the Northern Territory Act 2012 (National legislation affecting only the Northern Territory)</td>
<td>Improves access to fresh and healthy foods at community stores enabling healthier nutritional choices to be made. (F)</td>
</tr>
<tr>
<td>A New Tax System (Goods and Services Tax) Act 1999 (National)</td>
<td>Includes a tax exemption for healthy, fresh foods. (F)</td>
</tr>
<tr>
<td>Standard 1.2.7 Australia New Zealand Food Standards Code; Sections 13(1)(a), 94 Food Standards Australia New Zealand Act 1991. (National and applied as law in all the states through state Food Acts)</td>
<td>Specifies the claims that can be made on labels or in advertisements about the nutritional content of food and about the relationship between a health effect and a food. (R)</td>
</tr>
<tr>
<td>Standard 1.2.8 Australia New Zealand Food Standards Code; Sections 13(1)(a), 94 Food Standards Australia New Zealand Act 1991. (National and applied as law in all the states through state Food Acts)</td>
<td>The label on a package of food must include a nutrition information panel (F)</td>
</tr>
<tr>
<td>Section 62 Food Act 1984 (Victoria)</td>
<td>Enables regulations to be made in relation to the composition, advertising and labelling of food. (F&amp;R)</td>
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<th>Early Childhood</th>
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<tr>
<td>Paid Parental Leave Act 2010 (National).</td>
<td>Provides financial support to primary carers of newborns and newly adopted children to allow them to take time out of the paid workforce. (F)</td>
</tr>
</tbody>
</table>
### Section 7AA Sex Discrimination Act 1984 (National)
**Sex Discrimination Act (all States)**
- It is illegal to discriminate against a person either directly or indirectly on the grounds of breastfeeding including the act of expressing milk (F)

### Public Health Legislation

| Part 8 South Australian Public Health Act 2011 (State – South Australia) |
| Obesity could be declared by the Minister as a non-communicable condition of significance to public health. Once declared, a code of practice may be issued in relation to preventing or reducing the incidence of a non-communicable condition. (F&R) |

| Section 6 South Australian Public Health Act 2011 (State – South Australia); Section 6 Public Health and Wellbeing Act 2008 (State – Victoria); Section 5 Public and Environmental Health Act 2011 (Territory – Northern Territory) |
| The precautionary principle enshrined in these Acts facilitates implementation of initiatives to prevent, control or abate material risks to public health even in the absence of full scientific certainty. (N/A) |