



Rob Moodie

Not only getting personal

Are the harmful use of alcohol and tobacco smoking, problem gambling and obesity issues of personal responsibility or societal responsibility? Are they lifestyle choices or industrially driven diseases? Was Tony Abbott right or wrong in 2005 when he said of childhood obesity, 'We decide what we eat, and I think that it's high time that we took more responsibility for what we eat and the amount of exercise we take'.¹

They are different issues but in my view they can all be understood as both individual and societal problems. So the Prime Minister was not wrong, he was just half right. Preventing or minimising the harm from all of these problems cannot be accomplished by simply hectoring the population to 'stop it'; nor can they be solved or lessened by regulation alone. As we have seen from our highly successful public health approaches to tobacco and road traumas, these problems require savvy, long-term, persistent and comprehensive approaches. These approaches include regulation of pricing (making unhealthy products more costly); appropriate regulation to reduce the danger of unhealthy products or behaviours, such as the mandatory use of seat belts, legislation for smoke-free areas and the banning of unhealthy sponsorship in sport; widespread, repeated well-researched and highly effective social media campaigns; a mobilised medical profession and community; and multi-party political support and funding. Management of these problems requires leaders at international and national levels but, just as importantly, it needs leaders at local levels. These approaches have proven that prevention does work and people can change their behaviour, especially if we as a society are also changing our behaviour.

If we just rely on personal responsibility, we will miss great opportunities to significantly

improve our health. Let's take the comparison between what we have done with tobacco control and reduction of road trauma on the one hand, and our approaches regarding harmful alcohol consumption, problem gambling and obesity on the other hand.

When you now counsel your patients and their families about harmful drinking and problem gambling, or counsel them on dietary behaviour for obese or overweight patients, virtually all your encouragement and advice, and every attempt to reinforce the personal responsibility of your patients is constantly being undone and undermined by the saturation advertising, promotions and sponsorship of the alcohol, gambling and junk food and drink manufacturers and retailers.²

Compare these with counselling patients to give up smoking, as described in this issue.³ Doctors can now be sure that their patients will not have to confront a barrage of up to 14 television advertisements for tobacco per hour, billboards, prominent sportsmen encouraging them to continue the habit or retailers running price wars to make their addiction cheaper and cheaper.

Our children look up to the kings of Australian sports (in cricket, AFL, NRL and Rugby Union), yet these elite sportsmen have become ambassadors for alcohol, gambling, junk foods and highly sugared drinks.

The alcohol and junk food and drink industries have understood how effectively they can use sports and sports stars to normalise the excessive consumption of their products; they understand how to get their message to Australia's children almost from the cradle.⁴ They insist they are not the problem but are 'part of the solution' and thus have a right to be part of national health policy, but their conflicts of interest ensure they use the same methods as tobacco companies to

undermine public health approaches as well as clinical behavioural change interventions.⁵

Generating effective national policies that support personal responsibility will take time – much longer than we might have thought. We can learn an enormous amount from other countries, particularly in Northern Europe, but also parts of the USA and Mexico. But we need the leadership of the GP. You have major roles to play in recognising and managing these problems in your clinics,⁶ as counsellors, role models and local and national leaders in the community, and in national responses to these issues. Doctors have led the way in tobacco control. We need you to lead again.

Author

Rob Moodie MBBS, Professor of Public Health, Melbourne School of Population and Global Health, University of Melbourne, VIC. r.moodie@unimelb.edu.au

References

1. Australian Broadcasting Corporation. Four Corners. Interview with Tony Abbott MP, 17 October 2005. Available at www.abc.net.au/4corners/content/2005/s1480656.htm. [Accessed 1 May 2014].
2. Thomas S. Problem gambling. *Aust Fam Physician* 2014;43:362–64.
3. Zwar N, Mendelsohn C, Richmond RL. Tobacco smoking: options for helping smokers to quit. *Aust Fam Physician* 2014;43:348–54.
4. Lindsay S, Thomas S, Lewis S, Westberg K, Moodie R, Jones S. Eat, drink and gamble: marketing messages about 'risky' products in an Australian major sporting series. *BMC Public Health* 2013;13:719.
5. Moodie R, Stuckler D, Monteiro C, et al on behalf of The Lancet NCD Action Group. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet* 2013;381:670–79. Available at <http://wpnhna.org/wp-content/uploads/2014/01/13-02-The-Lancet-Monteiro-et-al.pdf> [Accessed 1 May 2014].
6. Pennay A, Lubman D, Frei M. Alcohol: prevention, policy and primary care responses. *Aust Fam Physician* 2014;43:356–61.

correspondence afp@racgp.org.au