

The Nanny State Argument is Fundamentally Flawed - 17 Dec 2009



Mr Gino Vumbaca - *The Sydney Morning Herald*

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Using arguments such as the nanny state against measures to reduce harm to people are nonsensical given the legislated measures we already have such as seatbelts. Photo: Kylie Pickett

Opponents of the proposed new Australian National Preventative Health Agency appear to have decided to denounce any government action to reduce the harms caused by alcohol, tobacco and obesity as the construction of a "nanny state". It is a term that has been taken up with gusto by some media commentators and journalists. The basic message is simple — Canberra's bureaucrats and academics trying to tell people how to live their lives. It is interesting that when invoking the nanny state argument there is never any measure given of when exactly a nanny state begins and ends, just like beauty it is apparently all in the eye of the beholder.

For instance, if I choose not to wear a seatbelt when I drive or not to wear a helmet when riding a motorbike or a pushbike the government will intervene and penalise me for taking such risks. But such interventions rarely draw protests of a nanny state being imposed. Similarly, manufacturers of tobacco products cannot advertise their products, while other "adult only" products cannot promote their goods and services at times when children may be viewing or in some cases in places where children may view them. Again these are restrictions that for most people do not mean we are living in a nanny state. Yet they do represent government intervention for the wider benefit of our society.

The argument against the ANPHA and its preventative health agenda at times appears to be based on a belief that the government is plotting social engineering. This is, of course, nonsense. The focus on preventative health measures is based on a strong empirical evidence base and a logical and rational approach. Some of the agenda ensures those of us that choose to engage in potentially damaging behaviours also contribute to the true health and economic cost that such choices can cause for the rest of the society. The more you drink, smoke and eat unhealthy foods then the more you contribute. To assist us in making these choices there are plans to further increase awareness by educating and informing the public on the harms associated with these choices. It also includes restricting the availability, advertising and promotion of alcohol and unhealthy products, particularly to children. Naturally, for those with addiction or other problems that suffer in their ability to make such rational choices, access to effective treatment needs to be a crucial part of this mix.

If we are to take the alternative of this approach to its logical conclusion then we would be advocating for a system where everyone has the right to produce, promote and consume what, when and wherever they choose. Decisions about our own health and safety would be ours alone to determine without any government intervention, persuasion or concern on the harm it may cause us or others. The rest of the community will just have to pick up the tab if problems arise, or maybe not at all to take it a callous step further.

There is also something flawed with a position that is opposed to introducing measures to reduce preventable

health problems yet at the same time supports reform of a health system because of its unsustainable cost. With an estimated 70 per cent of the health budget being used on treating preventable conditions there is sound reason to promote prevention. People who are sick demand medical attention and as a society we expect that this to be provided. Waiting lists, restricted access to medicines and long queues at the hospital and doctor's surgeries all have one issue in common – a lack of funding.

This funding will be difficult to find, especially in the current budgetary conditions. Look no further than the heated debate over reducing rebates for some medical procedures or the ongoing private health rebate argument to see how difficult it is to change some of our current spending. ANPHA will try and focus new spending on better value options that decrease disease and increase our ability to take control of our own health.

Given the obvious logic in the preventative health agenda it seems to be a reasonable request, in the interest of fairness and transparency, to ask those opposed to reducing the damage associated with alcohol misuse, smoking and obesity on the grounds it would turn Australia into a "nanny state" to undertake a task. That is, identify which of the many restrictions on personal freedom of choice currently imposed by governments they support and why.

Today there is emerging evidence that just like the public concern with passive smoking, which fostered so much change, so too has the public mood been transformed on alcohol by the violence, distress and other harms its causes for others. Combine this with the latest figures that show NSW and Victoria spend as little as 50 cents and 20 cents per person per year respectively on preventing harmful alcohol use in their states.

This makes debate and discussion on determining the best agenda for ANPHA now and in the future to get the best health outcomes, returns on our investment and protect the public health and safety as sensible and helpful. ANPHA in its proposed form may benefit from such a debate but please spare us arguments that use such absurd concepts as "nanny states" to oppose change.

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