

CHIEF HEALTH OFFICER'S REPORT 2020

HEALTHY LIFESTYLES

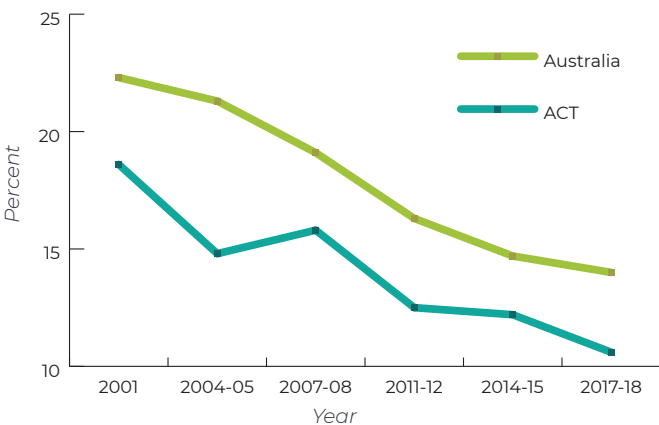
Individual lifestyle choices have a substantial impact on our health. What we eat and drink, how much we exercise and whether we smoke or use drugs can affect our health, not only in terms of how long we may expect to live, but how long we can expect to live in good health. Reducing exposure to smoking, alcohol, poor diet and illicit drugs and maintaining a healthy weight presents the potential for significant health gains across the entire community.

Encouraging trends

Tobacco Use

Tobacco smoking is declining: Although smoking remains a leading health risk, contributing 22% of the cancer burden in Australia [AIHW 2019, Aust BOD Study 2015], there has been a long-term downward trend in daily tobacco smoking over the past two decades and the ACT continues to have the **lowest smoking prevalence in Australia** (10.6%), compared to 14.0% nationally [ABS NHS].

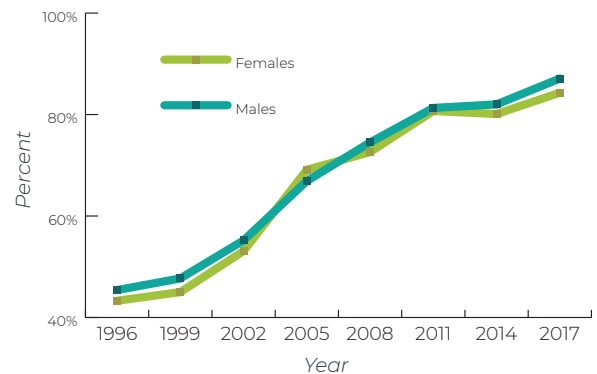
Current daily smoker, persons aged 18 + years by year, Australia, and the ACT, 2001 – 2017/18



Source: ABS NHS

Fewer young people are taking up smoking and they are older when they try their first cigarette: nationally, the average age at which people aged 14–24 years had their first full cigarette increased from 14.3 years in 2001 to 16.6 years in 2019 [AIHW 2020, Alcohol, tobacco & other drugs in Australia].

Proportion of secondary students aged 12–17 years who have never smoked, by sex, ACT, 1996-2017

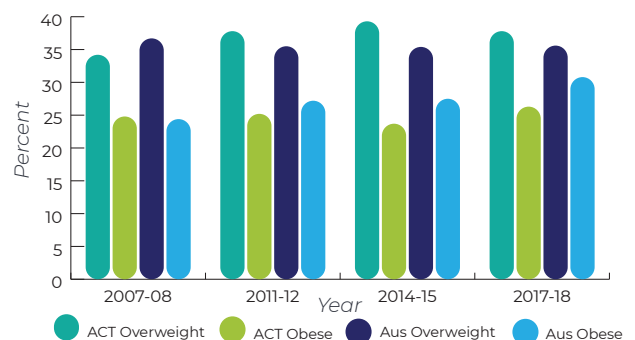


Source: ASSAD Survey

Overweight & Obesity

In 2017-18, prevalence of overweight or obese adults was lowest in the ACT (64.0%), compared to 67.0% nationally [ABS NHS]. Further, the proportion of ACT men (54.1%) and women (65.3%) with a **measured waist circumference** that put them at an increased risk of disease (ie. >94cm for men; >80cm for women) was lower or similar to that for Australia (men: 59.6%; women: 66.0%) [ABS NHS 2017-18].

Proportion of adults classified as overweight and obese, ACT and Australia

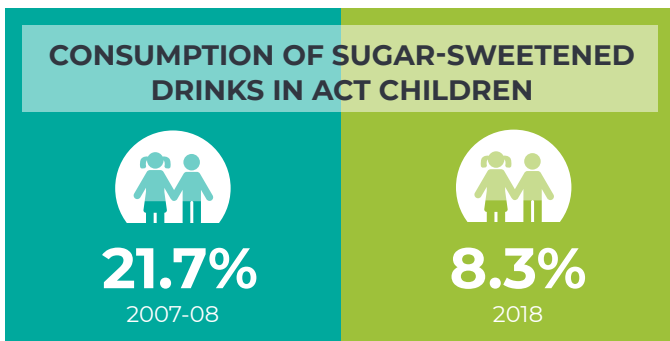


Source: ABS NHS

Dietary Risks

Consumption of sugar-sweetened drinks is trending down: Over the past ten years, the proportion of ACT children (aged 5-17 years) consuming sugar-sweetened drinks daily has dropped from 21.7% in 2007-08 to 8.3% in 2018 [ACT GHS].

Compared with Australia, the ACT also has the lowest prevalence of children who consume sugar-sweetened drinks or diet drinks at least once per week (44.8% and 39.7%, respectively), and a lower proportion of adults consuming sugar-sweetened drinks daily (9.1% and 6.7%, respectively) [ABS NHS 2017-18].



Source: ACT GHS

Alcohol Use

Most Canberrans drink alcohol, but not at risky levels: In 2019, 4 in 5 (80%) Canberrans had consumed alcohol in the previous 12 months and the proportion exceeding the lifetime risk guideline* was lower than that for Australia (14.1% compared with 16.8%) [AIHW NDSHS 2019].

Risky drinking is declining: Between 2007 and 2019, the proportion of ACT residents exceeding either the guideline* decreased from 22% to 14.1% for lifetime risky drinking and from 28% to 21% single occasion risky drinking [AIHW NDSHS 2019].

Fewer younger people use alcohol: Most secondary students have tried alcohol; however, this proportion has been steadily decreasing over time [ASSAD].

Guideline 1: To reduce the risks of alcohol-related harm over a **lifetime** (such as chronic disease or injury), a healthy adult should drink no more than 2 standard drinks a day.

Guideline 2: To reduce the risks of injury on a **single occasion** of drinking, a healthy adult should drink no more than 4 standard drinks on any one occasion.

Guideline 3: For children and young people under 18, not drinking is the safest option.

Source: Australian guidelines to reduce health risks from drinking alcohol, NHMRC 2009

*Data for alcohol risk in this report are measured against the 2009 NHMRC guidelines.

Alcohol use, secondary students aged 12-17 years, 1996-2017



Source: ASSAD Survey

Illicit Drug Use

Illicit drug use declining: In 2019, 1 in 7 (14.6%) Canberrans reported illicit use of any drug in the previous year, down from 17.8% in 2001 [AIHW NDSHS 2019]. Similarly, between 1996 and 2017, prevalence of drug use in the last year in ACT secondary students (aged 12-17 years) declined from 32.5% to 15.7% [ASSAD].

Physical Inactivity

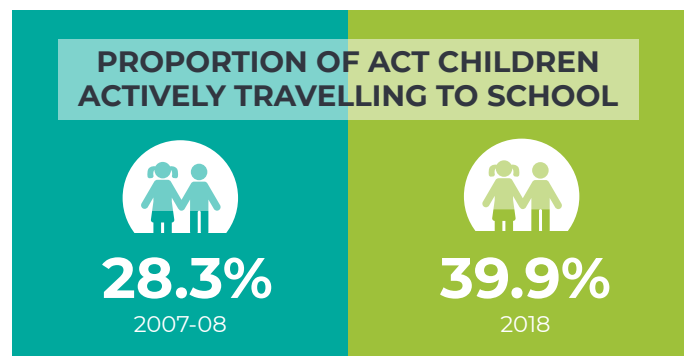
Physical activity highest in ACT adults:

ACT had a higher proportion of adults aged 18-64 years who undertook 150 minutes or more of exercise in the last week excluding workplace activity compared with Australia (62.6% and 55.4%, respectively) [ABS NHS 2017-18] and a higher proportion of Aboriginal and Torres Strait Islander people who met the physical activity guidelines compared with Australia (21.2% and 11.0%, respectively) [NATSIHS 2018-19].

Further, less than a quarter of Canberrans (aged 18+ years) self-rate their physical activity as 'not at all active' (2.9%) or 'not very active' (18.9%) [2018 ACT GHS].

More children actively travelling to school:

Between 2007-08 and 2018, the proportion of ACT children aged 5-17 years who usually walked or cycled to school increased from 28.3% to 39.9% [ACT GHS].



Source: ACT GHS

Challenges and Opportunities

Tobacco Use

In 2018, only 1 in 20 (4.9%) ACT mothers smoked at any time during their pregnancy, but **younger mothers** (aged <20 years: 29.8%) **and mothers of Aboriginal and Torres Strait Islander origin** (31.4%) were **much more likely to smoke** [ACT MPDC].

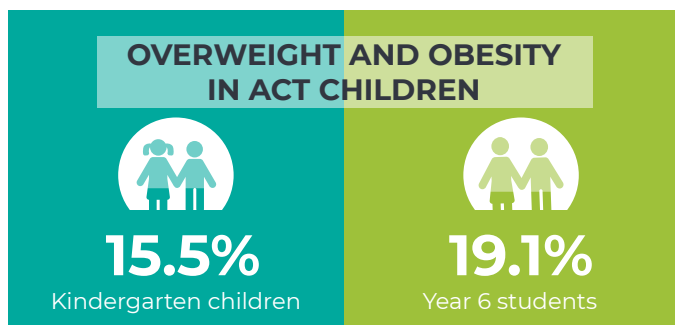
Despite a significant decline from 54.5% in 1994 to 43.4% in 2018-19, **smoking remains disproportionately high among Indigenous Australians** [ABS 2019].

E-cigarette use is of growing concern, not least because **young adults are most likely to be attracted** to these products: one in ten (10.5%) ACT secondary students aged 12 to 17 years had ever used e-cigarettes in 2017 [ASSAD 2017]¹.

¹ National comparison data is available on the HealthStats website

Overweight & Obesity

Along with Tasmania (28.7%), the ACT (28.6%) has the **highest proportion of children** (aged 5-15 years) who are **overweight or obese** in Australia (24.9%) [ABS NHS 2017-18]. Further, data from ACT surveys with measured height and weight show that **overweight and obesity in children increases with age**; for example, one in six (15.5%) Kindergarten children [Kindergarten Health Check 2017] and one in five (19.1%) Year 6 students [ACTPANS 2018] are overweight or obese.



Source: Kindergarten Health Check 2017

Source: ACTPANS 2018

Dietary Risks

In the ACT, more than three quarters of children aged 2-17 years (75.3%) and half of adults (48.1%) are meeting the Australian Dietary Guidelines recommended daily serves of fruit, but the proportion of people meeting the guidelines for **vegetable intake remains low** (children: 3.5%; adults 6.8%) [ABS NHS 2017-18]¹.

¹ National comparison data is available on the HealthStats website

Alcohol Use

Single occasion risky drinking among young people a concern: In 2017, one in 17 (5.7%) ACT secondary students had consumed four or more drinks in a single session, placing them at risk of alcohol-related injury on the occasions in which this occurred [ASSAD 2017].

In 2019, ACT residents aged 25-29 years (19.4%) and 45-54 years (16.5%) were more likely to drink at levels that exceeded the **lifetime risk guideline*** than the general ACT population (14.1% aged 14 and over) [AIHW NDSHS 2019].

Illicit Drug Use

Non-medical sedative use most common illicit drug among young people: Apart from alcohol, sedatives for non-medical reasons (23.4%) were the most widely used drugs among ACT secondary students, followed by cannabis (14.9%) and inhalants, such as glue, paint or other volatile solvents (14.4%) [ASSAD 2017].

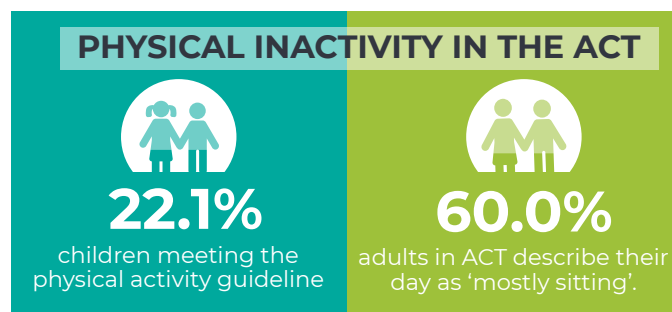
Physical Inactivity

Few ACT children meeting the physical activity guideline: The vast majority of ACT children (aged 5-15 years) self-rate their physical activity as 'active' (30.3%) or 'very active' (49.2%) [ACT GHS 2018]. However, only one in five (22.1%) are meeting the physical activity guideline for children (60 minutes or more of physical activity per day) [ACT GHS 2018].

Recreational screen time is high among ACT children: Half (49.5%) of 5-15-year-olds exceed the recommended amount of screen-based activity time, spending more than two hours each day for entertainment [ACT GHS 2018].

Few Canberrans actively commute: Only one in ten (13.4%) ACT adults (18+ years) usually walk or cycle to work or study [ACT GHS 2018].

Many Canberrans spend their day mostly sitting: Compared with Australia (43.7%), the ACT has a higher proportion of adults aged 18-64 years (60.0%) who describe their day as 'mostly sitting' [ABS NHS 2017-18].



Source: ACT GHS 2018

Source: ABS NHS 2017-18

Achievements

Fresh Tastes: healthy food at school

Fresh Tastes is a free, voluntary ACT Government service for primary schools to make healthy food and drinks a bigger part of everyday life at school. ACT Health provides each school with one-on-one support to develop and implement annual action plans over three years. The aim of the service is to influence the food and drink culture and environment using a strengths-based, whole-school approach.



Source: Fresh Tastes Interim Monitoring Report

By mid-2021, 95 schools will have participated in Fresh Tastes, reaching 39,000 students. A full report of their achievements will be available by the end of 2021.

<https://health.act.gov.au/freshtastes>

Healthier Choices Canberra

Healthier Choices Canberra is an ACT Government program making it easier for ACT residents to find fresh and healthier food and drink options in public places, including when eating out, buying groceries at the supermarket, at junior sports, or having fun with children at entertainment venues. The program was launched in 2017 after a pilot program confirmed there was consumer demand for readily available, competitively priced, healthier food and drinks and that businesses can introduce these without damaging profitability.

The ACT Health Directorate works with a range of partners to deliver Healthier Choices Canberra which supports over 100 local businesses and 7 state sporting organisations and their junior clubs to provide and promote healthier food and drink choices. Sporting organisations are also working to promote fruit and water as the snack of choice at sport and to reduce unhealthy sponsorships.

Refill Canberra is an initiative of Healthier Choices Canberra delivered in partnership with Icon water. The initiative is making tap water more accessible to Canberrans when they are out and about. Participating outlets display a Refill Canberra sticker in their window which means they are happy to refill your re-usable water bottle for free. With 136 participating cafés and businesses it is clear Canberra is on board with reducing waste, helping the environment, and choosing tap water for health and wellbeing.



Glossary: ABS Australian Bureau of Statistics; ACT Australian Capital Territory; ACTPANS ACT Physical Activity & Nutrition Survey; AIHW Australian Institute of Health & Welfare; ASSAD Australian Secondary Students' Alcohol & Drug survey; BOD Burden of Disease; CODURF Cause of Death Unit Record File; GHS General Health Survey; MPDC Maternal Perinatal Data Collection; NDSHS National Drug Strategy Household Survey; NHMRC National Health and Medical Research Council, NHS National Health Survey.

Data included in this report are the most recent available at the time of publication. For more information, see: stats.health.act.gov.au