



29 September 2005

The Hon. Tony Abbott MP
Minister for Health
House of Representatives
Parliament House
Canberra ACT 2600

Dear Mr Abbott,

We need to alert you to a serious issue which is confronting the community of people affected by diabetes in Australia. We have been grateful for your government's support through the funding for insulin pumps and an islet transplant research centre in recent times, and know that you understand the complexity of the disease with which we live.

The *Don't Ignore Diabetes* campaign run by Diabetes Australia this year is an inappropriate use of scare tactics in social marketing. The advertisements show gruesome images of an eye being operated on, people on hospital beds undergoing renal dialysis, treatment for heart attack and stroke and an amputation.

We are cautious not to sound hysterical but must report to you our serious concerns that some young people with whom we work will be so gravely affected by this confrontation of their fears and anxieties that they will take their lives. An important study in the *American Journal of Child and Adolescent Psychiatry* showed that diabetic adolescents had a higher incidence of suicidal ideation than expected and that those with suicidal ideation took poorer care of themselves (Goldston, et al. 1997).

We have significant concerns for the mental health of all people affected by diabetes upon viewing the graphic images and messages of *Don't Ignore Diabetes*. All people with diabetes live with the knowledge that despite our best efforts to manage our condition these events are likely to occur. For example, after 20 years of Type 1 Diabetes, when many of us are just in our early 20s, we have a 95% chance of already suffering diabetic eye disease (Colagiuri et al. 1997). The threat of blindness is real and we live with the fear and worry. Being confronted with graphic representations of our fears is a step too far. Whilst the types of diabetes differ enormously, their end-points, these terrifying complications, are the same. It is widely known and accepted that all people with diabetes are twice as likely to suffer depression as those without and have a significantly higher incidence of anxiety. Basic facts that would hazard against a public awareness campaign based on scare-mongering and shock tactics.

Your department admirably leads the world with some terrifically successful shock tactic social marketing campaigns. Prevention of Type 2 Diabetes is a worthy goal and that the issue would be targeted in this manner was perhaps inevitable. Yet the basic premise is flawed. Diabetes is not like smoking. People at risk of Type 2 Diabetes cannot choose to discard themselves of the genetic risk factors, like a smoker, with adequate support and encouragement, can give up cigarettes. Furthermore, scare tactics may have been effective in reducing smoking rates in some demographic groups but for a person with risk factors of Type 2 Diabetes (as stated in the ads: over 30, overweight, don't get enough exercise ...) to act upon the advertisements and reduce their risk of heart attack, stroke, kidney failure and eye damage which are threatened, requires a complex array of lifestyle changes, medications, multi-disciplinary professional care and in many cases learning to use a syringe to administer daily insulin

injections. A shock tactic ad implies: here's a terrifying occurrence but do this and you can be free of that. In the case of diabetes, there is a complex series of behaviour modifications and medical treatment which must also be successful before the promise of the ad can be true. Diabetes is a wholly inappropriate target for shock tactic social marketing.

Now that we have already been subjected to this disturbing campaign, what can be done?

We propose two actions.

1. Psychological support for people living with diabetes be given greater importance through the development of a national strategy.

The recent widely reported death of thirteen-year old, insulin-dependant Andrew Anstey in Western Australia highlights the need for psychological support for people with diabetes, and has again brought the seriousness of Type 1 Diabetes to the public's attention. The negative impact of the *Don't Ignore Diabetes* advertisements, particularly on young people with diabetes who are struggling to manage a demanding and complex condition should not be underestimated. And the gaping lack of resources for us to turn to should we be experiencing the depression, anxiety or fear that we do, is an embarrassment to the Australian health system. The terms 'psychology' and 'mental health' are entirely absent from your government's *National Diabetes Strategy*. Where diabetes is in and of itself the cause of poor mental health and furthermore poor mental health is known to worsen diabetes self-management and lead to poorer health outcomes, a strategy for tackling systemic barriers to psychological support for people with diabetes must be a priority.

2. A thorough evaluation be undertaken of the *Don't Ignore Diabetes* campaign which includes its impact on people already living with diabetes.

As experts in social marketing campaigns, your Department is also expert in developing innovative evaluation mechanisms to track their effectiveness. We ask, as tax payers and people with diabetes whose peak consumer body has invested tremendous resources into *Don't Ignore Diabetes*, that a professional evaluation of the campaign be undertaken by your Department. The evaluation needs to critically investigate the impact of the campaign on people with diabetes, including children and young people.

Yours sincerely,

Kate Gilbert and Melinda Seed

Founder and Volunteers

Reality Check young adults with diabetes Inc.

cc: Professor Don Chisholm AO, Chair, National Diabetes Strategies Group
c/- Garvan Institute, 384 Victoria Street, Darlinghurst NSW 2010

The Hon. Judy Moylan, Chair, Parliamentary Diabetes Support Group
House of Representatives, Parliament House, Canberra ACT 2600