

Violence as a public health issue



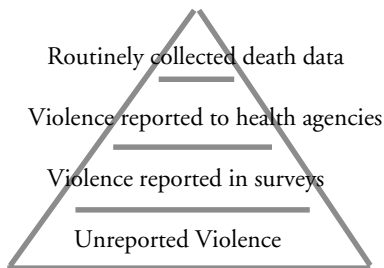
*Fran McFazden,
 Injury SIG Convenor*

In November 2002 the University of New South Wales (UNSW) School of Public Health and Community Medicine, the NSW Department of Health, Centre for Health Promotion and the NSW Injury Risk Management Research Centre, UNSW, organized a very informative and well-attended meeting on violence as a public health issue. Here are some of the highlights from selected speakers.

Etienne Krug , World Health Organisation (WHO) discussed the WHO *World Report on Violence and Health*. The report aims to change the political will to intervene on violence and to raise awareness of preventative measures in the context of public health. It includes chapters on youth, sexual violence, self-directed violence, elder abuse, intimate partners and child abuse and neglect.

It is estimated that half the violent deaths in the world are suicide, a quarter are homicide and a quarter are war related.

However, little good data is available and it is recognized that what there is, for example from coronial, police and hospital reports, represents the tip of the iceberg:



What data does tell us is that:

- there are 20 reports of violence for every recorded violent death;
- 70% of women experience violence from a partner;
- 5% of elders report violence from caregivers; and,

- 40% of women and 30% of men report first intercourse was forced.
- Violence is not caused by a single factor issue - it is multi-faceted across many levels. The cost of this violence not only include direct medical and other health care, but also indirect costs such as absenteeism.

WHO has looked at the evaluation of prevention strategies. Most of the strategies have not been evaluated and most of those which have been evaluated appear to have had little effect.

Approaching violence within a public health paradigm suggest the need to:

- collect data to identify incidence and prevalence;
- research specific factors eg the role of alcohol;
- implement and evaluate prevention strategies;
- develop policy;
- provide services; and,
- advocate for resources and prevention strategies.

continued on page 4

In this Issue

Violence as a public health issue	1
PHAA Primary Health Care SIG	2
Recommended Reading	3
Health promotion: Evolution or erosion?	6
Bangladeshi migrants living in Sydney	7
Letters to the Editor :	
Is it Time to Consider the Sociology of Nicotine Addiction?	
Smoking and Social Disadvantage.	8
Toxic effects of food, drink and chemicals	9
Banana Workers Win Against Dow, Shell & Standard Fruit	11
PHAA Advocacy Update - December/January	12
PHAA Profit & Loss Statement	13
Items of Interest	14
What's on	16
New Members	16

PHAA Primary Health Care SIG

Helen Keleher, Primary Health Care SIG Convenor -Submission to Review of the Role of Divisions of General Practice, Commonwealth Department of Health and Ageing

The preparation of a submission to the Review of the Role of Divisions of General Practice was the first activity of the new Primary Health Care Special Interest Group. The full submission can be found on the website for the PHC SIG. This is a brief summary of the key points of the submission.

The submission expressed support for increased activity in population health that draws in the activities of general practice. Key issues were highlighted, in relation to funding for population health activities to Divisions and broader population health needs that require a more integrated, multidisciplinary focus than Divisions are able to offer. Key concerns include:

- the capacity of service systems to meet health needs in communities;
- how organizations are structured and funded to meet

- those needs; and
- from what philosophy their approaches are framed.

We see considerable scope for improvements to the wider workforce who work across the primary care-primary health care-population health interface. However, the submission questioned any intensifying of funding directed towards general practitioners to enable them to lead population health initiatives outside of more strategic approaches to public health delivery through multidisciplinary public health activities in commissioned public health units. Such units require expertise in the disciplines of epidemiological and biostatistics, environmental health, public health nursing (as distinct from practice nurses), and social science based activities including community health needs assessment, health promotion, program evaluation and community development, to work alongside individualistic biomedical primary care and prevention activities. Attention was drawn to the need for goals to both improve population health and to reduce health inequities.

Office Bearers

The Board

President

Peter Sainsbury: Ph (02) 9515 3270 sainsburyp@email.cs.nsw.gov.au

Vice President - (Policy),

Angela Taft: Ph (03) 8341 8571, a.taft@latrobe.edu.au

Vice President - (Development)

Leonie Short: Ph (07) 3371 4360 leonieshort@ozemail.com.au

Vice President (Finance)

Peter Trebilco: Ph (02) 9319 1993, p.trebilco@unsw.edu.au

SIG Convenors' representative

Fran McFadzen: Ph (07) 4920 6980,

fran_mcfadzen@health.qld.gov.au

Doug Welch: (07) 3284 5155, doug@rbcdgp.com.au

Branch Presidents' representative

Ilse O'Ferrall: Ph (08) 9224 1620,

Jim Hyde: Ph (02) 9256 9602, jim.hyde@racp.edu.au

Editors, ANZJPH

Judith Lumley: Ph (03) 8341 8500 J.Lumley@latrobe.edu.au AND

Jeanne Daly: Ph (03) 9285 5273 j.daly@latrobe.edu.au

Branch Presidents

ACT Colin Sindall: Ph (02) 6289 6817, colin.sindall@health.gov.au

NSW Jim Hyde: Ph (02) 9256 9602, jim.hyde@racp.edu.au

NT Vicki Taylor: Ph (08) 8951 4713, Vicki.Taylor@flinders.edu.au

QLD Margaret Shapiro: Ph(07) 3365 2121,

Shapirom@social1.socialnet.uq.edu.au

SA Adrian Heard: Ph (08) , Adrian.Heard@dhs.sa.gov.au

TAS TBA

VIC Theonie Tacticos, Ph (03) 9496 4413

t.tacticos@unimelb.edu.au

WA Ilse O'Ferrall: Ph (08) 9224 1620 Ilse.O'Ferrall@health.wa.gov.au

SIG Convenors

Aboriginal & Torres Strait Islander Health

Mark Lutschini: Ph (03) 5261 9927, mlutschini@ozemail.com.au

Child Health

Peter Baghurst: Ph (08) 8339 4192, baghurstp@wch.sa.gov.au

Environmental Health

Elizabeth Hanna: (03) 5761 1248, Elizabeth.Hanna@dhs.vic.gov.au

Food & Nutrition

Mark Lawrence: (03) 9244 3789, lawrence@deakin.edu.au

Health Promotion

Fran McFadzen: Ph (07) 4920 6980, fran_mcfadzen@health.qld.gov.au

Injury Prevention

Beth Fuller: Ph (02) 6551 0870, beth@tsn.cc

International Health

Anna Whelan: Ph (02)9385 3593, a.whelan@unsw.edu.au

Mental Health

Valerie Gerrand: ph 9326 7776 vgerrand@vicnet.net.au

Oral Health

Kaye Roberts-Thomson: Ph (08) 8303 4454,

kaye.robertsthomson@adelaide.edu.au

Political Economy of Health

Doug Welch: (07) 3284 5155, doug@rbcdgp.com.au

Public Health Research Ethics

Craig Fry: Ph (03) 8413 8413, craigf@turningpoint.org.au

Rural Health

Helen Keleher: Ph (03) 9244 6688, hkeleher@deakin.edu.au

Women's Health

Kelsey Hegarty: Ph (03) 8344 4992 k.hegarty@unimelb.edu.au

Executive Director

Pieta Laut: ph (02) 6285 2373, plaut@phaa.net.au

Recommended Reading

Mark Lutschini, our Aboriginal and Torres Strait Islander SIG Convenor has put together the following list of recommended reading for January/February.

The following four reports have been released and make interesting reading for health policy and health system issues.

The Australian National Audit Office (ANAO) has released a follow-up audit to its 1998 audit of the Aboriginal and Torres Strait Islander Health Program, title 'The Aboriginal and Torres Strait Islander Health Program Follow-up Audit', Audit Report No. 15, 2002-03, at <http://www.anao.gov.au>. The 1998 audit made 12 recommendations for improvement of the Commonwealth Department of Health and Aged Care's administration of the program. The findings are that 'Health has made progress against the 12 recommendations of Audit Report No.13 1998-99, with eight recommendations implemented, one partially implemented and three not implemented but in the process of implementation.' Further, the 'ANAO made no further recommendations'.

"A Report to the Australian Health Ministers' Conference from Australian Health Care Agreement Reference Groups September 2002" at <http://www.health.gov.au/haf/ahca.htm>. The section on 'improving Indigenous health' is interesting because it is proposing changes to the Australian Health Care Agreements by basing proposals on the yet to be released 'National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH)', and contains a smidgeon of information about the strategy.

The third report is a bit obscure but fascinating called 'Productivity Commission Health Policy Roundtable - Conference Proceedings' at <http://www.pc.gov.au/research/confproc/healthpolicy/>. Section 5 is by Gavin Mooney and he says very appropriately in his footnotes (p.161) 'I have also received assistance from Aboriginal colleagues. Many thanks to them. I would emphasise, however, that in no sense am I attempting to write in their behalf. In this context, it was, in my view, unfortunate that no Aboriginal people were invited to the Roundtable.'

'Health Care Systems in Transition - Australia 2001' at <http://www.health.gov.au/pubs/hit/hit.htm>. It provides an analytical description of Australia's health care system, including reform initiatives in progress, and sets out Australia's experience alongside that of other countries. It is part of the Health Systems in Transition (HiTs) series produced by the European Observatory on Health Care Systems, which analyses health systems in 40 European countries, as well as New Zealand, Canada and the United States. Other HiTs country profiles are available at <http://www.euro.who.int/observatory/TopPage>. The Australian HiTs report has been jointly pre-

pared by the European Observatory and the Department of Health and Ageing.

We hope to bring further lists of recommended readings to you in future editions.

2003 General Practice & Primary Health Care Research Conference

Primary Health Care Research Evolution or Revolution?

National Convention Centre, Canberra
18 – 20 June, 2003

CALL FOR ABSTRACTS

The GP & PHC Research Conference is an important annual forum where investigators can present research funded through a variety of primary health care funding sources. It also provides a unique opportunity for delegates to meet, share ideas and explore general practice & primary health care issues.

This year's conference will address questions such as: What orthodoxies should we be challenging so that what we practice is best practice; What new methodologies should we be exploring to get a greater understanding of how primary health care is best conducted; How do we build on existing evidence and How do we ensure that research is relevant to policy and practice?

Abstracts for paper & poster presentations that address the conference theme are invited from investigators working in the field of general practice/primary health care. Closing date for receipt of abstracts is **10 March, 2003**.

On-line registration and abstract guidelines are available at www.phcris.org.au

Abstract, registration & general enquiries should be directed to:

Conference Logistics

PO Box 201, Deakin West ACT 2600

Tel: (02) 6281 6624, Fax: (02) 6285 1336

Email: conference@conlog.com.au

Violence as a public health issue –continued from page 1

More WHO information can be found at http://www.who.int/violence_injury_prevention

Adam Graycar, Australian Institute of Criminology, referred to a national report on violence in Australia which found that:

- violence in Australia is on a par with the reported incidence in France, at lower levels than in Chechnya and higher levels than Singapore and Switzerland; and,
- Australia is now much less violent than 100 years ago, but more violent than it was 20 years ago.

Dr Graycar pointed out that “crime is not an equal opportunity predator – not everyone is equal”. The chances of becoming a victim in Australia depend on who you are, where you live, who you hang around with and what you do. For example, young males are more likely to experience violence than other population groups.

He presented data which suggests that:

- Australian homicide rate is 1.8 /100,000;
- 7% of children are abused; and,
- Aboriginal and Torres Strait Islander peoples experiences violence at 7 to 9 times the rate for other Australians.

To reduce crime, we need to:

- increase the effort an offender has to make to commit violence;
- increase the risk of the offender being apprehended; and,
- reduce the potential rewards of crime.

Protective factors must include legislative, educative and supportive programs to:

- strengthen social capital;
- work with people;
- build partnerships; and,
- ensure commitment to evidence based interventions which must incorporate evaluation in their basic design and budget.

Barriers to positive change include:

- lack of political will;
- fatalism – thinking that nothing can be done about it;
- lack of evaluation so that there seems to be no clear way forward;
- the difficulties in establishing the causes and effects of violence; and,
- acceptance of violence as normal eg 7 out of 10 parents apparently think it is okay to smack children.

Violence is not caused by a single factor issue - it is multi-faceted across many levels. The full report is available at <http://www.acic.gov.au>

Ian Webster, National Advisory Council on Suicide Prevention, pointed out that Australia is already using a public health approach to suicide, citing a number of programs which have been operating since the 1990s These include:

- the federal LIFE program Living Is For Everyone: A Framework for Prevention- the program handbook includes sections on building partnerships, areas for action and information about suicide;
- mindframe, a National Media Strategy for media professionals (see www.mindframe.media.info);
- response-ability for Schools of Journalism and Schools of Education; and,
- mindMatters, a program for schools run by principals using a whole of school approach.

Although Australian suicide rates are declining, from 2,683 in 1998 to 2,492 in 1999 and 2,363 in 2000, we must increase mental health literacy if we are going to maintain this trend.

Ross Homel, School of Criminology and Criminal Justice, Griffith University, talked about our slow progress in reducing crime. This can be attributed to that fact that we don't know a lot about how to do it, as well as a lack of political will and therefore of resources committed to crime prevention.

The problem of community violence needs much further analysis and Dr Homel presented two relevant case studies.

The first focused on the Gold Coast Safety Action Group which worked in collaboration with licensed venues, local government, Griffith University and Queensland Health to change drinking environments and encourage their self-regulation. Attractive, well kept premises send a message about acceptable behaviour, and comfortable spacious environments with well designed layouts of toilets and movement pathways promote enjoyment and do not irritate or frustrate people.

Safety Action Groups, which include business interests, residents, local government, police and other civic authorities, can work to reduce violence in club venues by:

- reducing crowding, providing food and music and facilitating traffic flows;
- reducing possible excuses/justifications used to excuse violence by setting clear rules;
- discouraging drinking to intoxication, eg by limiting drinks promotions, introducing responsible serving practices; and,
- employing trained, peace loving bar attendants and bouncers and teaching them conflict resolution strategies.

These strategies must be backed by strong, consistent law enforcement.

continued on page 5

Violence as a public health issue - continued from page 4

The second, Jack's Story, followed the experiences of an individual, an Indigenous man from a disadvantaged background, who was a happy, cheeky kid in school until he was about 9 or 10 years old. Then he started wagging school, shop lifting, and falling into a downward spiral which led to stealing cars and finally a crash which killed two young people. It turned out that sexually abuse by older boy at school had been a trigger to his involvement in crime. The case study considered developmental prevention and the trajectory of the individual if things go wrong for them. It looked at individual and social pathways and recommended good institutional facilities that provide doorways that let people take time out from false starts and make new starts.

Other speakers included:

- Diane Heriot, Attorney General's Department, Canberra, who spoke on the importance of research in developing policy that should be tested and evaluated as part of its

implementation;

- Barbara O'Dwyer, AusAID, who discussed the Australian Aid Program's commitment to reducing violence. Prevention costs about a third of the price of conflict and AusAID works to reduce poverty and promote sustainable development in order to diminish the underlying causes of conflict; and,
- Derek Silove, School of Psychiatry, UNSW, who spoke of humanity's ability to recover from conflict, war and disaster.

So far violence has not been well integrated into the public health agenda, even within the injury prevention stream. State health departments seem reluctant to invest in violence prevention as a public health issue, preferring to see this as more of a police responsibility or matter for the justice system. Perhaps the time has come for this to change.

THE AUSTRALIAN NATIONAL UNIVERSITY NATIONAL CENTRE FOR EPIDEMIOLOGY AND POPULATION HEALTH

MASTER OF APPLIED EPIDEMIOLOGY

Lecturer/Senior Lecturer
Level B/Level C

Applications are invited for the position of Lecturer or Senior Lecturer in the Master of Applied Epidemiology program.

The Master of Applied Epidemiology (MAE) is an exciting and unique "learning by doing" field based program which currently trains epidemiologists in disease control and Indigenous health. An environmental sub-specialty may be added in the near future. Scholars are placed at health institutions in Australian states and territories, returning to Canberra for several short coursework intensives during a two year period.

The MAE program provides leadership nationally and internationally as a member of TEPHINET, the global field epidemiology network. It aims to strengthen national capacity in communicable disease control and surveillance and Indigenous public health by developing a national network of applied epidemiologists and producing practical research outputs.

Applicants need to have strong interpersonal skills, a postgraduate qualification in epidemiology, proven experience in applied epidemiology and demonstrated expertise in at least one of the following: communicable diseases, Indigenous health, environmental health, international health, or rural and remote health.

As a member of the MAE team you will be required to assist in the supervision of students in their field-based research studies and to teach in the study modules undertaken on campus. Qualified people of Aboriginal or Torres Strait Islander descent are particularly encouraged to apply.

Appointment: Appointment will be at the level of Lecturer or Senior Lecturer, depending on qualifications and experience.

Salary: Lecturer Level B \$53,640 - \$63,287 pa
Senior Lecturer Level C \$65,215 - \$74,865 pa

Enquiries: Professor A J McMichael, Director, NCEPH, tel: (02) 6125 4578, email: Director.nceph@anu.edu.au , fax (02) 6125 0740.

Contact: Further particulars, including the selection criteria, must be obtained before applying from Rebecca Low, NCEPH, telephone (02) 6125 0713, email: Rebecca.Low@anu.edu.au

Closing date: 28 February 2003

Health promotion: Evolution or erosion?

Susan Pettifer, Director of Health Promotion,
Women's & Children's Hospital, Adelaide

As a new member of the Health Promotion SIG, but a not-so-new health promotion practitioner, I was in a quandary when asked to write this column. In my work as Director of Health Promotion at the Women's and Children's Hospital in Adelaide practice challenges are never in short supply: I could write about childhood obesity, alcohol and pregnancy or food supply for aboriginal communities. However, the issue that has occupied much of my thinking in recent months is the term health promotion itself.

My belief is that we are witnessing a gradual erosion of the concept of health promotion. Over the last two years in particular, I have observed a subtle but discernible narrowing of the meaning of the term, and in some cases its complete disappearance. The words now seem to be primarily employed to denote behavioural or lifestyle change programs or programs using social marketing approaches.

I offer three brief examples. The first comes from the National Mental Health Strategy's health promotion plans. The first plan, entitled *Mental health promotion and prevention action plan* (1999), was soon followed by the second, entitled *National action plan for promotion, prevention and early intervention for mental health* (2000). Since when did the term health promotion not encompass prevention and early intervention? This terminology of "(health) promotion, prevention and early intervention" has replaced "health promotion" in many mental health circles.

The second observation comes from the UK, where the Blair government has initiated significant reforms to improve health and to reduce health inequalities (*Saving lives: Our Healthier Nation*, 1999). As part of these developments, Health Promotion England was abolished and most of its functions taken over by the new, larger Health Development Agency. The Health Development Agency was created "to support and enhance efforts to improve health and reduce inequalities". Its priorities include coronary heart disease, cancer, accidents, mental health, drug and alcohol use and sexual health.

In discussions with British colleagues, I found that the term health promotion seldom appeared. 'Health development' was often used instead, due to limited understanding, and frequent misunderstanding, of health promotion. I heard of fierce debates over naming rights for new units and positions in areas I would have referred to as health promotion practice. Should they have directors of health promotion, directors of public health or directors of population health promotion and

social health? The need to add the words 'population' or 'public' to health promotion suggested that health promotion was no longer considered to include healthy public policy or structural action.

The last example I offer is from the South Australian Generational Health Review, a comprehensive report on the state's health system initiated by the new Labor Government. One of the limitations of the review papers to date has been the way the term health promotion is applied. Once again, it is generally used to describe health education or personal behavioural and lifestyle approaches.

The timing of these developments is interesting. They have come at the very time when policymakers, researchers and practitioners are acknowledging the need to tackle structural, environmental and behavioural aspects of health through programs that target the individual, the community and the settings in which they live and interact.

It has been known for decades, since the publication of the Ottawa Charter for Health Promotion by the World Health Organisation in 1986, that health promotion encompasses more than health education and personal behaviour change. The five action areas of the Ottawa Charter provide a comprehensive framework for health promotion that moves beyond the individual to take into consideration healthy public policy, supportive environments, community action and the reorientation of health services.

Can it be that the term health promotion just doesn't describe these ideas and actions well enough?

I suspect that the source of these semantic dilemmas is partly due to the connotation of the word 'promotion'. Whilst *development* is often associated with acceptable words such as 'sustainable' and 'community', *promotion* is often seen alongside words like 'product' and 'campaign'. Despite years of practice and a growing research base, the field of health promotion is hampered by that word 'promotion'. I suspect that, like me, my colleagues are frustrated by answering stray enquiries about balloons for a launch, when the caller really wanted the public relations department! To the general public, 'health promotion' suggests alignment with public relations or marketing. This is not a position of power when advocating with government or clinicians.

So in the next decade, will those of us involved in community programs that aim to improve health be talking about health development, health promotion, health advancement or some other overarching concept yet to be determined? Concepts and the words we use to describe these concepts will and should evolve over time, so I wait in interest.

Bangladeshi migrants living in Sydney

Bangladeshi migrants in Australia are a group of individuals of different cultural backgrounds and educational levels but similar socio-economic status in a new cultural scenario. Most of them are skilled, qualified migrants although a few are here under Temporary Protection/Asylum visas.

A mail questionnaire survey project aimed to describe and assess some aspects of the current health status, health-related activities and lifestyle of Bangladeshi migrants living in Sydney and also to determine barriers to their accessing health services .

A questionnaire, cover letter and stamped addressed return envelope were mailed out to fifty randomly selected participants. The researchers had no access to the identity of the participants. Thirty-eight completed questionnaires were returned within the set timeframe, thus achieving a 76% response rate.

The findings present a profile of the current health

status of Bangladeshi migrants living in Sydney. This includes good physical health, with low levels of acute and chronic illnesses, adequate lifestyle and good concepts of preventive health. However, the report also identifies some problems in accessing health services and high levels of unhappiness and feelings of social limitation.

Some measures to improve the wellbeing of Bangladeshi migrants are suggested. Further research is needed on aspects of health status that remain obscure, including morbidity, mortality, quality of life and barriers to accessing health services.

Contact: Dr Sharafat Malek, email: sharafat_mlk@yahoo.com

EDITORIAL NOTE: We would welcome readers' views on publishing information about MA and higher degree theses and reports.

HOSPITAL EQUIPMENT AVAILABLE

(As new, used). Prices & Photos on application.

HOSPITAL BEDS: 6 of pneumatic lift, wheels, tilt, head & foot boards, tilt s/s side rails, mattresses, IV stands, lift arms, etc. Manufactured Marrickville NSW. as NEW.

SURGICAL BED: S/S, on wheels, tilts both ends, side rails, mattress, etc. good order/mint cond.

THEATRE LIGHTS: Combo unit, 1 large 7 globe, 1 small 4 globe ceiling mount on telescopic arms, German made, 32volt 50 watt.

PORTACOT: ICU Manufactured by CIG current reg 3/2003 on trolley, operating manual, as new.

HUMIDICRIBS: X 4 0f on wheels, current reg 3/2003 good condition.

ECG unit free to good home. C/W modules & leads as is.

ANGIOMAT 3000: injector, good order, as is, any reasonable offer considered.

POWER CONDITIONER: Sola 200 5KVA for electronic protection of computer based equipment. As new.

ICE MACHINES: All shapes sizes, bins & dispensers, your requirements suited.

Contacts: Ph 07 3288 8705. Fx 07 3288 6614. Email: icemania@bigpond.net.au

Letters to the Editor



Is it Time to Consider the Sociology of Nicotine Addiction? Smoking and Social Disadvantage.



Dear Editor,

It was with great enthusiasm that I attended a recent public seminar entitled "Inequities and Addictions: An exploration of the relationship", held at the University of South Australia as a forerunner to the

national APSAD Alcohol and Drug Conference in Adelaide, Australia in November of this year (1). Of particular interest was the presentation by Professor Martin Jarvis of the Department of Epidemiology and Public Health, University College of London, on the relationship between smoking and social inequality. During his presentation, Professor Jarvis emphasised the lack of convincing evidence for a social theory of addiction to nicotine despite the known higher prevalence of smoking and addiction by the more socially disadvantaged smokers among the population. He and others at the seminar gave several examples of such disadvantaged groups, such as the known statistics that 83% of prisoners in the UK smoke, that 90% of homeless people smoke, and that approximately 75% of people with serious mental illness smoke. All agreed that the more severe the deprivation, the higher smoking prevalence appeared to be. However, he and other speakers were hesitant to explore the social context associated with smoking by such disadvantaged groups, other than to quote the statistics.

This brief letter to your readers invites debate on the issue in an attempt to learn more about this problem from a social perspective. It also seeks to engage those who require cold hard facts and figures, evidence that seems more convincing to policy makers than evidence derived from our innate knowledge and understanding of the human condition. To give an example, we can all empathise with the notion of social deprivation and its consequences. If you do not have much and you do not have much to lose, it would be understandable that you might elevate the meaning and significance of what you do have. My own recent qualitative research with a small group of mentally ill smokers (N=24) strongly supported this view (2). These smokers elevated the importance of their cigarettes, often choosing them over food, secure accommodation and safe interactions with others, that is, perceiving cigarettes as a core need in line with how Maslow would define such needs in a hierarchy (3). Further, few of these smokers altered their smoking behaviours once the price of cigarettes changed, as predicted would occur in a recent report by the World Bank the concept of elasticity (4).

It would appear that policies attempting to solve the problem of high rates of smoking among disadvantaged groups must look at solving problems of institutional poverty and the existential suffering that comes with unemployment and absence of meaningful activity and sense social contribution, stigma and social exclusion. These concerns arise in addition to the clear weight of evidence that exists about the physical health inequalities that exist for such disadvantaged groups when compared with others in the community (5). Other social concepts also need further exploration. Two such concepts are: the effects of institutional environments and the phenomenon of smoking by minority groups as an expression of power. The first of these was explored extensively within the South Australian public psychiatric system (6). The latter concept was demonstrated in a study of alcohol abuse by Palm Island Aborigines (7) and smoking by Aborigines (8).

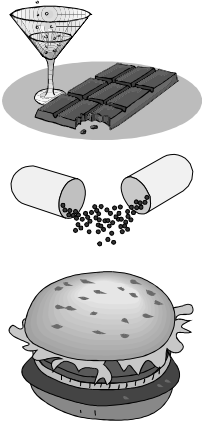
Professor Jarvis ended his talk with the question, "If absolute improvements in life expectancy as a result of current tobacco policy lead to a situation in which widening health inequalities mean that such disadvantaged groups are left behind, does this matter?" I would urge readers to argue that, yes, it does matter and that we need to be advocating for strategies that reduce poverty and make treatment more readily available to disadvantaged groups. Providing free nicotine replacement therapy to such groups as part of the National Health Scheme (NHS) might be a good place to start, as has been successfully done in the UK according to Professor Jarvis. By doing so, we are acknowledging that social equity does not involve treating everyone equally, or the notion that one rule fits all. Rather, it involves the provision of greater support to those with greater needs.

1. Jarvis M. The Relationships between Smoking and Social Inequality. Inequalities and Addictions: An Exploration of the Relationship. Univ. South Australia, City West Campus, North Terrace Adelaide, 15 November, 2002.
2. Lawn SJ, Pols RG, Barber JG. Smoking and Quitting: A Qualitative Study with Community-living Psychiatric Clients. *Soc Sci & Med* 2002; 54: 93-104.
3. Lowry AJ, editor. Dominance, Self-Esteem, Self-Actualization: Germinal Papers of AH Maslow. Monterey, California: Brooks/Cole Publishers, 1973.
4. Jha P, Chaloupka FJ. Curbing the Epidemic: Governments and the Economics of Tobacco Control. Washington, DC: The World Bank, 1999.

continued on page 10

Toxic effects of food, drink and chemicals

Dear Editor



All NGOs interested in mental health issues, including the National Mental Health Strategy, should be aware of the work of the Australasian College of Nutrition and Environmental Medicine (www.acnem.org) and numerous medical journals, articles and monographs relating to symptomology associated with adverse reactions to foods, drinks and chemicals.

My own experience on this issue has been presented in papers to the World

Mental Health Federation Oceania Regional Congress & the Australian National Association of Mental Health in Hobart in 1998 and the NSW Rural Mental Health Conference in 1999 .

I supply the information below to assist members of the PHAA Mental Health Special Interest Group who may be interested in the effects of foods, drinks and chemicals in producing symptomology associated with mental illnesses.

Selected references

Randolph T & Moss R (1984) - *Allergies. Your hidden enemy*. Thorsons ISBN 0 07225 0981 2 - A MUST READ!! THE PIONEER!

Collison D (1989) - *Why do I feel so awful?* Angus & Robertson ISBN 0 207 15731 6

Little C (1985) - *A guide to allergy & related disorders*. VABA Publishing ISBN 0 949498 09 2

Mackarness R (1980) - *Chemical victims*. Pan Books ISBN 0 330 25937 7

Mandell M (1983) - *5-day allergy relief system*. Arrow Books ISBN 0 09 930630 1

Rogers S (1997) - *Depression : cured at last*. SK Publishing ISBN 1 887202 00 5

Schauss A (1980) - *Diet, Crime and Delinquency*. Parker House ISBN 0 0939764 00 8

There are also journals of orthomolecular medicine and related medical medical topics . The International Clinical Nutrition Review (ISSN 0813-9008) is a useful quarterly published in Sydney by Integrated Therapies Pty Ltd (Robert Buist and Wendy Buist). It looks at preventive health issues, including environmental health risks. Robert Buist has written a couple of very good monographs on food intolerance and food chemical sensitivity which have been published by Harper & Row, Sydney.

Useful websites include:

International Society of Orthomolecular Medicine

(www.healthy.net/library/journals/ortho/), a Canadian organization working in the area of orthomolecular medicine in assisting people with a mental illness . Dr Abram Hoffer, a well known and highly regarded clinician, researcher and author, is associated with this site.

National Toxics Network (www.oztoxics.org). Marian Lloyd-Smith (tel/fax 6288 5881, mobile 0413 621 557) studies the impact of toxic chemicals on human health and wellbeing and is a member of several government and NGO committees.

Useful contacts include:

Dr Chris Reading, BSc, DipAgSc, MB, BS, FRANZCP, a Sydney psychiatrist and author who is acknowledged as a leading Australian medical practitioner working on the effects of foods, drinks and toxic chemicals on mental health. Dr Reading is Patron of the Supporters of the Orthomolecular Medicine Health Association of Australia Ltd (SOMHA). Contact details: Suite 12A , Pacific Medical Centre, 8-12 Pacific Parade, Dee Why NSW 2099, P.O. Box 587, Dee Why, NSW 2099. tel 02 9982 9586; fax 02 9971 7901.

Dr Ian Brighthope , FACNEM, MB, BS , DAgSci, Secretary of the Orthomolecular Medical Association of Australia. Dr Brighthope, who is also President of the Australasian College of Nutrition & Environmental Medicine (ACNEM) (www.acnem.org.au), has over 30 years experience in orthomolecular medicine practice and principles. Contact details: 13 Hilton Street, Beaumaris Vic 3193. fax 03 9589 5158.

Swinburne University Graduate School of Integrated Medicine. Prof Avni Sali, MB PhD FRACS FACS FACNEM, the Director and Head of Research, is closely associated with ACNEM & Dr Brighthope.

Contact details: tel 03 9214 5296, fax 03 9819 5454, asali@swin.edu.au

Dr Colin Little , MB, BS, MRCP, FRACP, prefers the title "Special Clinical Allergist". He has an excellent reputation in diagnosis and assessment and intervention strategies. Dr Little is researching the processes associated with adverse reactions to foods, drinks and chemicals.

Contact details: 324 Stephenson's Road, Mount Waverley Vic 3149. tel 03 9888 1345, fax 9888 1369, littlec@bluep.com

Dr Robert Buist, BS, PhD DO DC & **Wendy Buist**, BA, of **Integrated Therapies**, are very helpful on nutrition.

Contact details: PO Box 370, Manly NSW 2095. tel 02 9977 0771, fax 9977 0267, educate@intacad.com.au,

continued on page 10

Is it Time to Consider the Sociology of Nicotine Addiction? Smoking and Social Disadvantage - continued from page 8

5. Lawrence D, Holman C.D.J, Jablensky AV. (2001) Preventable Physical Illness in People with Mental Illness. Perth, the University of Western Australia.
6. Lawn SJ. Systemic Factors that Perpetuate Smoking Among Community and Institutionalised Public Mental Health Service Populations [dissertation]. Adelaide: Flinders Univ. South Australia; 2002.
7. Barber JG, Punt J, Albers J. Alcohol and Power on Palm Island. Aust J Soc Issues 1988; 23(2): 87-101.
8. Roche AM, Ober C. Rethinking Smoking Among Aboriginal Australians: The Harm Minimisation-Abstinence Conundrum. Health Promotion Journal of Australia 1997; 7(2): 128-133.

Dr Sharon Lawn
Marion Community Care Team, SA

Toxic effects of food, drink and chemicals - continued from page 9

The Complementary Medicine Association is a federal body members of which include health and medical practitioners interested in orthomolecular medicine. Contact details: Federal Administrative Officer, P.O. Box 6412, Baulkham Hills NSW 2153. tel 02 9894 5581, fax 02 9899 5513

Supporters of Orthomolecular Medicine Health Association Australia Ltd (www.soma-health.com.au) produces a very helpful newsletter.

Contact details: Jean Sulima, Director, PO Box 7180, Bondi Beach NSW 2026, tel 02 9955 6605, fax 02 9922 5747 help@soma-health.com.au

For the views of other organizations, you can access the RANZCP Position Statement (no 24) at www.ranzcp.org.au and those of the Mental Health Research Institute of Victoria Inc (MHRI) at www.mhri.edu.au.

The Mental Health Council of Australia (www.mhca.org.au) does not include a representative who

practises, or is a consumer of, the orthomolecular medicine techniques for psychiatric disorders.

I hope that all stakeholders will be encouraged to consider the important role of foods, drinks and chemicals in producing symptomology associated with mental illness, and, as a corollary, the need to assess the function of foods, drinks and chemicals as in relation to intervention strategies including fasting, single food challenging, eliminating some foods and drinks, monitoring diet, clinical assessment of toxic chemicals in the body and the use of supplementary nutrients.

Sincerely yours with very best wishes,

Doug McIver
Honorary Life Member, Mental Health Foundation ACT Inc
Member, Canberra Schizophrenia Fellowship Inc
Member, SOMA Health Association of Australia Ltd
Member, Health Care Consumers Association ACT Inc
dougmci@netspeed.com.au

**Please insert PDF file called
MP050
Master of International Development
Melbourne University**

Banana Workers Win Against Dow, Shell & Standard Fruit

In December 2002, a Nicaraguan judge ordered three U.S. companies, Dow Chemical, Shell Oil Company and Standard Fruit (Dole Food Company in the U.S.), to pay US\$490 million in compensation to 583 banana workers injured by Nemagon, an extremely toxic soil fumigant that has sterilized thousands of Central American banana workers. The pesticide, used to control burrowing rootworms or nematodes, is also known to cause impotence, depression and is suspected in increased rates of stomach cancer.

Nemagon's active ingredient is dibromochloropropane or DBCP, formerly classified "extremely hazardous" and now classified "obsolete or discontinued" by the UN World Health Organization (WHO). The nematicide was first produced in the late 1950's by Dow and Shell, which conducted toxicity tests before U.S. registration. Those early tests revealed that DBCP reduced sperm counts and atrophied testicles of rabbits and monkeys: however, neither Dow nor Shell revealed that information to government regulators. In 1964, the U.S. government approved DBCP for commercial use, and the companies proceeded to market the pesticide but did not divulge its full toxicity or recommend protective clothing.

The companies produced roughly 11 million kilograms of Nemagon each year in the 1960s and early 1970s. Standard Fruit was the largest user of the pesticide in Central America. In 1977, workers and their union at a formulating plant in Occidental, California, identified the first human sterility cases linked to DBCP. The product was banned in the U.S. after the California cases became public, but exports of DBCP continued. Two of the three major banana-producing companies in Central America switched to other, more expensive nematicides in 1977, but Standard Fruit continued using Nemagon.

An attorney for the Nicaraguan workers called the December court ruling historic. However, a Dow Chemical spokesman termed the recent judgment unenforceable because the case was supposed to be moved to a U.S. court, and because the ruling was "based on a law passed in Nicaragua that its own attorney general has called unconstitutional." This is in reference to a 2001 Nicaraguan law intended to help DBCP victims bring suit against foreign chemical and agribusiness companies responsible for their injuries.

The Nicaraguan workers' suit is not the first to seek compensation for harm caused by DBCP. In the early 1990s, more than 16,000 banana plantation workers from Costa Rica, Ecuador, Guatemala, Honduras, Nicaragua and the Philippines filed a class-action lawsuit in Texas against a number of U.S. fruit and chemical companies asking for compensation for permanent sterility linked to DBCP

exposure. In 1997, the four chemical corporations that produced DBCP—Amvac, Dow, Occidental and Shell—agreed to pay US\$41.5 million in an out-of-court settlement that resulted in relatively small payments to affected workers. The case against the banana plantation owners, Dole, Chiquita and Del Monte, is ongoing.

It was possible to go forward with the 1990s suit because at the time, Texas did not recognize the legal doctrine of *forum non conveniens* (inconvenient forum). This doctrine allows a judge to refuse to exercise jurisdiction over a case if he or she feels that another forum is more convenient. International corporate defendants have successfully used this legal doctrine to escape liability claims in U.S. courts (the claims against Dow by Bhopal survivors are one striking example). Liability suits face greater barriers in foreign countries where the cost to pursue a case may be prohibitive, compensation awards are usually low or are limited by law, and where few precedents exist for complicated toxics cases. In response to petitions from Texas corporations, many of which were Fortune 500 members, Texas changed its law and now recognizes *forum non conveniens*.

The case of Nicaraguan banana workers illustrates the need for global accountability for global corporations. As Erika Rosenthal, legal advisor for Pesticide Action Network Latin America states, "There should be global access to justice for citizens injured abroad by the products or services of U.S. corporations." The use of the legal doctrine of *forum non conveniens* currently protects U.S. corporations from such claims; Rosenthal reports that only 4 percent of the liability cases turned away in U.S. courts through *forum non conveniens* have been brought to court in other countries. Dow Chemical, in particular, stands to benefit from this protection as it attempts to fend off liability claims brought by survivors of the pesticide plant explosion in Bhopal, India. Ever since Dow purchased Union Carbide in 2001, the company has accepted responsibility for Union Carbide liabilities in Texas—but not in India. Hopefully the Nicaraguan court, in assessing Dow and others nearly US\$500 million, has raised the ante in the international movement for corporate accountability.

Sources: PANUP : Pesticide Action Network Updates Service December 15, 2002, *El Nuevo Dario*, DBCP Out-of-Court Settlement. PANNA Global Pesticide Campaigner, March 1998. Direct Damage, DBCP Poisoning in Costa Rica, PANNA Dirty Dozen Campaigner, May 1989. Nicaraguan Banana Workers May Sue International Firms, Reuters, Sept 2000.

PHAA Advocacy Update – December/January

Commonwealth/State Housing Agreement

In October/November the PHAA wrote to the Commonwealth Minister for Housing, all Commonwealth MPs and to the Health and Housing Ministers in all States and Territories requesting information about current levels of funding for public housing and advocating for the need to increase rather than decrease housing funding.

Replies have been received from the Commonwealth Minister, some Commonwealth MPs and a number of State and Territory Ministers. The replies are being placed on the website under current issues as they are received.

Anyone interested in pursuing this issue further is asked to contact Pieta Laut at plaut@phaa.net.au so a teleconference can be set up to discuss what further steps may be taken.

Foreign Bases

Senator Robert Hill has replied to the follow-up letter forwarded to him in October outlining the PHAA's concerns about foreign bases in Australia. A copy of the Ministers reply is on the PHAA website under Latest News.

In essence the Minister's reply notes that "the Government is satisfied that the presence of the Joint Defence Facility at Pine Gap is in Australia's interests, and is, therefore, pleased to see it continue." It further notes that on "the question of nuclear threat, we [the Government] believe that changes to the international situation since the end of the Cold War, in particular advances in the US-Russia relationship, have largely removed any threat of nuclear attack on Pine Gap."

Anyone interested in pursuing this issue further is asked to contact Pieta Laut at plaut@phaa.net.au so a teleconference can be set up to discuss what further steps may be taken.

Hand Guns

In October the PHAA wrote to the Prime Minister congratulating him on his proposals to further limit the availability of hand guns. PHASA also wrote to all State and Territories recommending that the availability of hand guns should be limited to competition shooters and that a gun buy back be organised and enforced.

These recommendations have been partially agreed between the Commonwealth and States/Territories. Copies of letters from the Prime Minister and States and Territories will be posted on the PHAA web-site at Latest News.

Anyone interested in pursuing this issue further is asked to contact Pieta Laut at plaut@phaa.net.au so a teleconference can be set up to discuss what further steps may be taken.

US Attack on Reproductive Health Care

In October 2002 the PHAA wrote to the Prime Minister, the Ministers for Foreign Affairs and Trade and Health and Ageing requesting them to raise the issue of the Bush Administrations withdrawal of support for the Cairo Program of Action on Reproductive Health with their counterparts in the United States.

A reply has been received from the Department of the Prime Minister and Cabinet noting that Australia strongly supports the principles and Programme of Action on Population Development adopted at the Cairo Conference and that the Government provides significant aid funding for population and reproductive health activities. However, the letter went on to say "[c]onsistent with our current Australian aid programme policy, we will not provide any assistance through the Australian aid programme which involved abortion training and services, or research, trials or activities which directly involve abortion drugs."

Copies of letters from the Department of the Prime Minister and Cabinet has been posted on the PHAA web-site at Latest News.

Anyone interested in pursuing this issue further is asked to contact Pieta Laut at plaut@phaa.net.au so a teleconference can be set up to discuss what further steps may be taken.

We also wrote to the American Public Health Association offering our support for action that they may take to raise this issue with American voters. To date no reply has been received.

GM Foods

Advocacy for greater consideration of the potential effects of the introduction of GM Foods and crops in Australia has continued to be an area of concern for the PHAA. In response to a request from GE Free Victoria, the PHAA's policy on GM Foods has been provided to all local government organisations in Victoria. GE Free Victoria is seeking a five-year moratorium on the growing of GE crops in Victoria. The PHAA will continue to interact with this and other organisations that are seeing a better application of the precautionary principle to GE issues in Australia.

A reply from the Parliamentary Secretary to the minister for Health and Ageing on PHAA's concerns about GE foods was received. The letter notes that "The Government is taking a very cautious approach to the approval of any uses of gene technology in Australia". The full text of the letter can be read on the PHAA web-site under FLRAG.

Anyone who is interested in helping to develop PHAA's expertise in this area is asked to contact Pieta Laut on plaut@phaa.net.au.

National Public Health Partnership Round Table on NGO Consultations

The Vice President (Policy) and the Executive Director attended a round table discussion in Canberra on the need for the NPHP to improve its performance in regard to consultation and engagement with the non-government sector. Discussion centred on a communications strategy based on the NPHP web-site, its three newsletters per annum and publication of major documents.

The NGOs attending the meeting sought:

- the development of a meaningful work program for each of the NPHP sub-committees that could be used by NGOs to help plan their work loads around when input might be useful;
- calls for NGO input early in the work being undertaken rather than being confined to making comments at the end of the process when a draft document is made available for comment;
- use of NGO expertise during the process of developing strategies;
- use of NPHP as a means of advocating to government on particular issues;
- the opportunity for NGOs to advise NPHP as to which sub-committees they were most interested in;
- use of small payments to NGOs to help them develop information around particular issues (eg in the scoping phase of a work plan); and
- use of the NPHP as a means of reflecting on the dynamics of the public health system.

We will continue to interact with the NPHP on these issues over the coming year.

Submission on Draft Values and Ethics in Aboriginal and Torres Strait Islander Health Research.

Mark Lutschini (Aboriginal and Torres Strait Islander Health SIG) and Craig Fry (Public Health Research Ethics SIG) together with members of their SIGs developed a submission on the National Health and Medical Research Council's (NHMRC) Draft Values and Ethics in Aboriginal and Torres Strait Islander Health Research. A copy of the submission can be found on the PHAA website under ATSI SIG.

Symposium on Responding to violence against women: policy issues confronting health provider organisations

Vice President (Policy) met with Professor Anthony Zwi and representatives from the Victorian departments of Human Services and Office of Women's Policy to plan a symposium in Melbourne, June 2003. The symposium will offer prominent health organisations an opportunity to discuss possibilities and problems in developing and implementing policy responding to the health outcomes of violence against

women. Participants will be offered the chance to discuss these issues with Professor Zwi, co author of WHO 'Violence and Health Report' 2002 and Professor Jacquelyn Campbell Anna D Wolf Endowed Professor at Johns Hopkins (JHU) School of Nursing and JHU School of Public Health. She also serves on the Board of Directors of the US Family Violence Prevention Fund. PHAA is currently seeking involvement from Office for the Status of Women and the major provider organisations.

Media Interactions

Over December and January the President was involved in a number of media interactions. These included:

- **January** – interview with Nell Schofield on Radio National about the 'Counting the Cost: estimates of the social costs of drug abuse in Australia in 1998-99 (<http://www.health.gov.au/pubhlth/publicat/document/mono49.pdf>) by Collins and Lapsley.
- **January** – ABC-TV (Sydney) for the 7:30 report on the state of private health insurance in Australia.
- **January** – 2SM, Greg Goldman regarding the application but private health insurers to increase premiums .

PHAA	
Profit & Loss Statement	
1/10/2002 through 31/12/2002	
Income	
Non National Income	\$16,981.93
National Income	\$65,067.48
Total Income	<u>\$82,049.41</u>
Expenses	
Non National Expenses	\$22,662.49
National Expenses	\$186,935.39
Total Expenses	<u>\$209,597.88</u>
Operating Surplus	
Conference Income	
Conference Income	-\$7,897.48
Total Conference Income	<u>-\$7,897.48</u>
Conference Expense	
Conference Expenses	\$86,337.27
Total Conference Expense	<u>\$86,337.27</u>
Net Suplus/(Deficit)	<u>-\$221,783.22</u>

Items of Interest

Newcastle Welcomes Refugees

The following motion, moved by Councillor Barbara Gaudry, was passed 11 to 2 by the Newcastle City Council at its meeting on November 26 2002.

“Newcastle City Council adopts the motion that Newcastle becomes a Welcome City for Refugees and resolves to :

- support a tangible and visible policy of welcome, acceptance and hope to people classed as refugees in Australia today;
- be an on-going partner in a wider community forum that discusses the needs and treatment of refugees and asylum seekers in Australia today; and,
- endorse and promote the development of a community strategy to identify, support and welcome refugees within the Newcastle community.”

A background statement noted that more than 25 councils across Australia have already declared their towns or cities as Refugee Welcome Zones.

Contact for more information:
Anne.McLaughlin@newcastle.edu.au

UNICEF Report on Education Performance

Australian children who struggle in school are far more likely to be left behind than their counterparts in other developed countries, according to a report by the United Nations Children’s Fund released on November 26.

The Report, which measures educational disadvantage across 24 countries, found that the gap in educational performance between low achievers and the national average in Australia’s schools was the tenth highest in the developed world.

According to the Report, countries including Canada, Spain, France, Korea and Japan were far more successful than Australia at ensuring those struggling at school did not fall too far behind their peers.

The Report shows just how far Australia was falling behind other developed countries in providing its young people with a reasonable education. It also provides further proof of the strong links that exist between a child’s success at school and the wealth and occupation of her/his parents.

UNICEF’s has made a call for significant public investment in early childhood care and education.
Web site www.unicef.org

Latest Hospital Data

An ABS/AIHW report , Hospital Statistics: Aboriginal and Torres Strait Islander Australians 1999-2000 , was released in December 2002 (AIHW Cat. No. IHW-9 , ABS Cat. No. 4711.0).

The report, which covers the period July 1999 to June 2000, provides information about the diagnoses of people identified as Aboriginal and/or Torres Strait Islanders in public and private hospital morbidity collections ,the procedures performed and comparisons between Indigenous and non-Indigenous rates based on population estimates for the same period.

A free electronic version of the Report can be downloaded from the AIHW website : www.aihw.gov.au
Hard copies are available from the ABS (tel. 6252 6009) for \$28.00.

UN says water is a human right

The United Nations Committee on Economic, Cultural and Social Rights has taken the unprecedented step of agreeing on a General Comment on water as a human right.

It says: Water is fundamental for life and health. The human right to water is indispensable for leading a healthy life in human dignity. It is a pre-requisite to the realisation of all other human rights.

A General Comment is an interpretation of the provisions of the International Convention on Economic, Social and Cultural Rights. The 145 countries that have ratified the Convention will now be compelled to ensure progressively that everyone has access to safe and secure drinking water and sanitation - equitably and without discrimination.

WHO Director-General Dr Gro Brundtland said: “Countries will be required to respect, protect and fulfil individuals’ rights to safe drinking water and sanitation. This is a major boost in efforts to achieve the Millennium Development Goals of halving the number of people without access to water and sanitation by 2015 – two prerequisites for health.”

For more information, contact Gregory Hartl, Communications Adviser, Sustainable Development and Health Environments, WHO, Geneva. e-mail hartl@who.int website www.who.int

Update on the Framework Convention on Tobacco Control

The fifth meeting of the Intergovernmental Negotiating Body (INB5) on the Framework Convention on Tobacco Control (FCTC) was held in Geneva in October 2002 . The meeting was productive and the Australian delegation felt that progress was made on several contentious issues.

Items of Interest

There was general agreement on the Convention's objectives, guiding principles and general obligations and substantial agreement on a number of health issues, including passive smoking, education, communications, training, public awareness and demand reduction measures. However, further negotiation is needed in areas of continuing contention, including financial obligations, trade issues, smuggling and duty free sales.

The Convention text will now be consolidated and the revised version will be the basis for negotiations at the sixth meeting (INB6) which will be held in Geneva from 17-28 February 2003. Written comments on the revised text will be sought prior to the meeting.

The text of the new version is available at <http://www.who.int/gb/fctc>

For further information contact Melissa Ford :
tel 02 6289 8059

Disability Support Services 2002

The AIHW have released a report titled Disability Support Services 2002: First National Results on Services Provided under the Commonwealth/State Disability Agreement (Catalogue no. DIS 27). This is an internet only release.

This report informs Australians about services funded under the CSDA for people with disabilities in Australia. These first results are published on the AIHW web-site. A more comprehensive publication will follow during 2003, to be published both electronically on the AIHW web-site and as a printed report.

The report can be found at <http://www.aihw.gov.au/publications/index.cfm?type=detail&id=8267>

Trends in Deaths: Analysis of Australian Data

A new report titled Trends in Deaths: Analysis of Australian data 1987-1998 with updates to 2000 (Cat. No. PHE 40), is available from InfoAccess (toll free 132 447) for \$30.00.

Trends in Deaths is a comprehensive analysis of the patterns of death in Australia over the past 15 years. It presents contemporary data for 16 causes of death that are of particular interest in the health field or the influence of which could be reduced by behavioural changes. The data are analysed by socioeconomic status, country of birth, state/Territory and geographic area, Indigenous status and international comparison.

The British Medical Journal

The British Medical Journal has a series of articles on how to judge the quality of journal articles, statistics, methodological quality, meta analyses papers, etc: please go to their webpage

at <http://bmj.com/collections/read.shtml>

The following publication is now available to order:

Title: Genetic Engineering and the Intrinsic Value and Integrity of Animals and Plants — Proceedings of a Workshop at the Royal Botanic Garden, Edinburgh, UK. 18-21 September 2002

Edited by David Heaf & Johannes Wirz
Published by Ifgene - International Forum for Genetic Engineering, December 2002, ISBN: 0-9541035-1-3,
Format: A4; 116 pages; 35 illustrations

Full details of how to order: <http://www.anth.org/ifgene/2002.htm> or contact David Heaf for email enquiries:
101622.2773@compuserve.com

PaperWeight

The Commonwealth Department of Health and Ageing has just received Ministerial approval to release the third edition of PaperWeight, a newsletter on overweight and obesity, and associated issues. The newsletter aims to increase awareness of overweight and obesity and what both the Government and non-government sector are doing to address the problem.

Editions of PaperWeight are now available on the Department's Promoting Healthy Weight website.
<http://health.gov.au/pubhlth/strateg/hlthwt/index.htm>

What's on

4-7 June 2003

Australian Sexual Health Conference
Tango down South - 2003!
Christchurch Convention Centre -
New Zealand
Contact: Dart Associates
Tel: 02 9418 9396/97
Email: dartconv@mpx.com.au
Web: <http://www.acshp.org.au>

26-29 May 2003

SimTecT Simulation Conference &
Exhibition, Adelaide
For further information contact:
Consec - Conference Management
Ph 02 6251 0675
Email: simtect@consec.com.au
Web: www.simtect.com

25-29 April 2004

XVIII World Conference on Health
Promotion and Health Education
Melbourne Exhibition and
Convention Centre
For further information contact:
Conference Manager
Ph 03 9667 1313
Email:
2004wchphe@vichealth.vic.gov.au
Web: www.health2004.com.au

Advertising in



New Members

NEW SOUTH WALES

Craig Smith
Robert Marloire Zoa Manga
Leah Finney
Rebecca Gee
Ye Rong
Tanya Jochelson
Cassandra Wilkinson
Jan Carter
James Harrison
Jan Fizzell
Andrew Fizzell

VICTORIA

Paul Jackson
Mohammad Siahpush
Todd Harper
Dominique Cadilhac
Sandra Falconer

SOUTH AUSTRALIA

Helene Dimitri

QUEENSLAND
Maxine Chaseling
Joanne Risk
Carolyn Chapple
Kaeleen Dingle
Barbara Ford
Michelle Smith

WESTERN AUSTRALIA

Ana Toquero
Rani Param

AUSTRALIAN CAPITAL TERRITORY

Ruth Parslow
Julia Smith

OVERSEAS

Neil Graham

EDITORS: Elizabeth Proude and Susan Stratigos