in touch
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Oral Health in Australia Today

Christine Morris, Convenor, Oral Health SIG

With a federal election just around the corner, those of us with a special interest in oral health are beginning to pose questions to political parties to raise awareness of oral health as a significant health issue.

Oral health is integral to overall health and physical, mental and social well- being. A healthy mouth means that people are better able to eat, speak, work and socialize without embarrassment, discomfort or pain. However, not everyone experiences good oral health: oral diseases are among the most common health problems experienced by Australians.

Oral diseases, in particular dental caries and periodontal disease, which together account for 90% of all tooth loss, are a significant and costly burden to the Australian public. In 2001-02, approximately $3.7 billion, representing 5.4% of total health expenditure, was spent on dental services (AIHW 2003). Dental decay is the most prevalent oral health problem in Australia. Dental decay is the second most costly diet-related disease in Australia, with an economic impact comparable with that of heart disease and diabetes (AHMAC 2001).

Oral disorders often cause difficulties with chewing, swallowing and speech and can disrupt sleep and productivity. They can have a significant impact on self-esteem, psychological and social well-being, employment, interpersonal relations and quality of life. Tooth loss is directly associated with deteriorating diet and compromised nutrition.

Data for Australian children has shown a marked reduction in dental caries over the last 20 years but recent data indicate that disease levels may be increasing (Armfield *et al* 2003). Some children experience levels of dental caries high enough to require general anaesthetic for treatment. This is more likely to occur in rural areas, particularly among preschoolers (Victoria Dept of Human Services 2002).

The oral health of Australian adults has only marginally improved and remains a significant public health issue. Australia is among the nations with higher levels of dental caries in the 35-44 year age group and Australians 65 years and over have the fourth highest rate of total loss of teeth in OECD countries.

Oral health and disease are closely linked to general health and disease. Factors that threaten general health also threaten oral health and poor oral health has been associated with a range of other diseases. The social determinants of general health are similarly associated with oral health Sanders & Spencer 2004). This suggests that a

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The Public Health Association of Australia is the major organisation for public health practitioners in Australia with more than 40 health related disciplines represented in its membership. The Association makes a major contribution to health policy in Australia and has branches in every state and territory. Any person who supports the objectives of the Association is invited to join.

PUBLIC HEALTH ASSOCIATION
of Australia Inc

common risk factor approach could be used to reduce oral disease (AIHW 2002).

There are major inequalities in oral health in Australia that have widened in recent times. Aboriginal and Torres Strait Islander people, people on low incomes, rural and remote populations, older people in residential care and some migrant groups from non-English speaking backgrounds show the highest levels of dental disease. The most disadvantaged groups are about 25 times more likely to have all their teeth extracted than people from more advantaged backgrounds (AHMAC 2001).

National action is needed to improve the health and well-being of Australians through improving their oral health. The Oral Health Special Interest Group would like to see the following:

- better access to culturally appropriate, safe, affordable, timely, and cost-efficient oral health care and dental services with a preventative focus;
- reduced waiting times for access to general dental care and dentures for health care cardholders;
- priority given in existing public health care programs to the address the special oral health needs of specific disadvantaged groups such as Aboriginal and Torres Strait Islander communities, the unemployed, the homeless, newly arrived refugees and the aged, in particular those confined to their own homes, to nursing homes or other forms of residential care;
- action to address the declining supply of dental practitioners as a matter of urgency including an increase HECS allocations for dental training courses so that the supply of locally trained dentists and allied dental professionals meets the treatment needs of our population;
- access to dental treatment for people in rural and remote areas that their metropolitan counterparts enjoy
- support for community based preventive programs, including water fluoridation and comprehensive and ongoing oral health promotion;
- dental policy action that is evidence-based, independently evaluated, and allows for consumer participation; and
- direct Commonwealth funding for dental care for low income Australians.

The National Advisory Committee on Oral Health (NACOH) has recently submitted a ten year plan to the Australian Health Ministers' Advisory Council (AHMAC). AHMAC already support many of the initiatives, but now action is needed through endorsement of the plan and Commonwealth support, including a commitment to funding.

There are many public health groups with an interest in advocating for better oral health, especially in the lead-up to the Federal election. The Oral Health SIG is currently part of a coalition led by the Health Issues Centre which has sent a questionnaire to all political parties to explore their commitment to oral health.

Let's hope that the responses include strong policy statements that confirm the importance of oral health to the general health of the Australian population.

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World Congress on Health Promotion, April 26-30, 2004, Melbourne

WORLD CONGRESS ON HEALTH PROMOTION

Melbourne, April 26-30, 2004

Vivian Lin

Some 2920 people from 88 countries descended upon Melbourne for a week of camaraderie, celebration, discussion and learning about almost any aspect of health promotion that one could imagine. The 18th congress of the International Union of Health Promotion and Education was held jointly with PHAA, the Australian Health Promotion Association and the Health Promoting Schools Association, enabling Australians to attend an international event without having to go very far, and allowing others to experience an Australian approach to a health promoting conference.

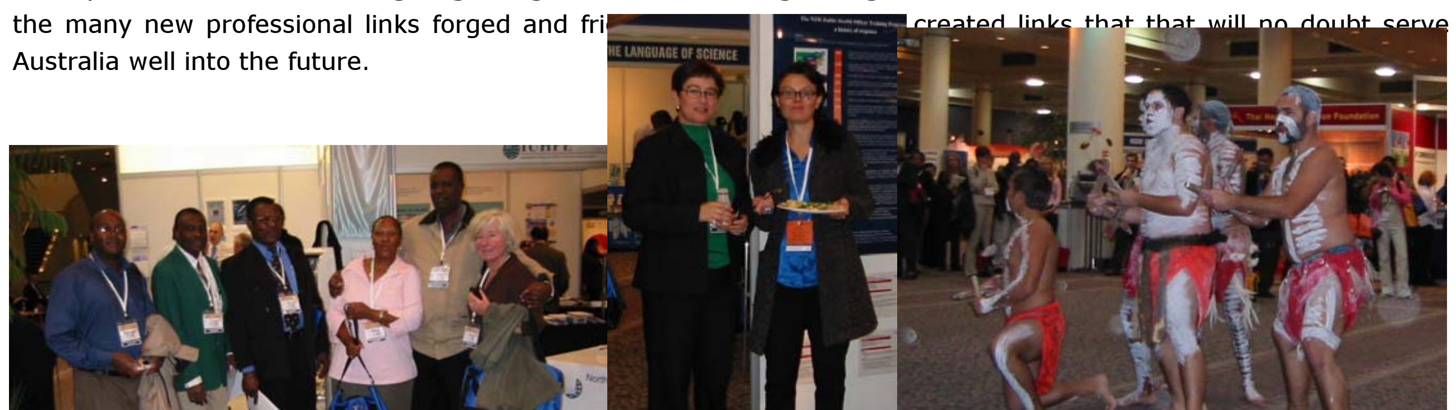
The conference theme was *Valuing diversity, re-shaping power: exploring pathways for health and well-being* and the conference plenaries covered a range of topics including Maori principles for health promotion, urban governance for health, social entrepreneurship, health and human rights and early childhood development. There were 'Conversations with …' sessions that featured health promotion 'elders' who reflected on their past (how did they ever get into it!), discussed present challenges (like evaluating complex interventions) and provided wise advice from hard learned lessons.

Conference participants could follow a stream - for example globalization and governance, environment and urbanization, health futures, health promoting schools, tobacco, physical activity, health promoting hospitals, indigenous health, HIV, youth, immunization, multicultural health, health and peace, healthy aging, evidence and effectiveness, education and workforce development - or go to skills-building workshops or select parts of these options. And if that weren't enough variety on offer, three special days were held on cervical cancer, HIV/AIDs, and health promoting schools.

People in Vietnam, Papua New Guinea and Sri Lanka who could not get to Melbourne had the opportunity to join in several of the sessions via the Global Development Learning Network. For those wanting a stopover, 'gateway' conferences were available in New Zealand, Singapore and Brisbane.

And in case anyone was bored with content, there were plenty of cultural and social events as well. A conference theme song was presented by the Victorian Police Band and the Australian Children's Choir at the opening ceremony. The conference highlights were summarized at the closing ceremony by an improvisation troupe. You could try Pilates, laughing workshops, Latin dancing or participate in a pedometer competition. The traditional Aussie barbecue was held at Luna Park - with unlimited rides! The traditional PHAA dinner dance was held on a boat cruising down the Yarra River.

Participants have continued to give glowing feedback to the organizing committee and the many new professional links forged and fri… created links that that will no doubt serve Australia well into the future.



Guidelines for reviewers of health promotion and public health interventions

Are you a systematic reviewer confronting problems when reviewing health promotion and public health evidence? Or are you a user of a systematic review discouraged by reviews never capturing all the information you require? Well, help is on its way.

The Cochrane Health Promotion and Public Health Field, in collaboration with an international taskforce of public health professionals, has developed guidelines for reviews of health promotion and public health interventions. This will ensure that future reviews will be of a consistent high standard and meet the needs of the many and varied users. The guidelines provide advice to the public health reviewer, highlighting important issues relevant to the assessment of public health evidence that should be included in a systematic review eg. the implementation of interventions (i.e. including process measures), theoretical models, effect of context, and determining sustainability and applicability. The guidelines supplement the many resources currently available to systematic reviewers, for example, the Cochrane Reviewers' Handbook (http://www.cochrane.dk/cochrane/handbook/hbook.htm) and the Centre for Reviews and Dissemination's Guidance for those Carrying Out or Commissioning Reviews (http://www.york.ac.uk/inst/crd/report4.htm).

The Field is interested in determining the user-friendliness and utility of the guidelines. We welcome any persons interested in conducting a systematic review in the near future to evaluate the guidelines or provide comments. The guidelines will be available on the Field's website http://www.vichealth.vic.gov.au/cochrane. Training in conducting systematic reviews of public health interventions is also available (through PHERP funding) – please contact Nicki Jackson for more information on courses in your state (njackson@vichealth.vic.gov.au).

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PHAA ADVOCACY – May/June

Pieta Laut, PHAA Executive Director

Physical Activity
A letter has been sent to all the State/Territory and Commonwealth Transport and Education Departments seeking their help in instituting national cycling and walking strategies. In addition, a letter has been sent to the Department of Health and Ageing advocating social research on environmental and policy interventions to promote physical activity. A similar letter, with an additional request for monitoring and evaluation of the Smoking, Nutrition, Alcohol and Physical Activity strategy (SNAP), has been sent to the National Public Health Partnership.

Skin Cancer
Letters have been written to all health ministers, the National Public Health Partnership (NPHP) and the Australian Local Government Association advocating the development of a co-coordinated national approach to the prevention and early detection of skin cancers.

Illicit and licit drug use
Letters have been sent to the NPHP and the Minister for Health outlining our licit and illicit drug policy. The letter expresses our view that harm minimization strategies need to be maintained and adequately funded. In addition, the Minister and NPHP are asked to address reducing substance misuse by Aboriginal people and Torres Strait Islanders.

Trade reform, global economic regulation and health development
A letter has been sent to the Australia Council for Overseas Aid, the Minister for Foreign Affairs and the Minister for Health expressing PHAA's belief that in developing overseas trade and development aid policies, it is critical that the Australian Government assess the potential health impact of these policies via health impact statements. The letters advocate for an all-party parliamentary committee on the health impact of trade reform, global economic regulation and health development.

Smoke alarms in residential housing
The Secretariat has written to the Commonwealth and State/Territory housing ministers advocating:
- regulations requiring the fitting of alarms to both new and existing housing stock
- public education campaigns about residential housing fire alarms, and
- monitoring the disposal of old ionizing alarms.

Tobacco control
A letter has been written to the Minister for Health and the Prime Minister asking the Government to ratify the Framework Convention for Tobacco Control. In addition, an email was sent to all federal Members of Parliament seeking:
- ratification of the international Framework Convention for Tobacco Control
- the immediate adoption of a policy that declares tobacco sponsorship of political parties as unacceptable and commitment to the subsequent development of relevant legislation
- a bi-partisan commitment to picture-based warnings on tobacco packaging, and
- a bi-partisan commitment to providing appropriate resources for implementation and evaluation of the National Tobacco Strategy that is currently being developed.

Hepatitis C
A letter has been sent to all jurisdictions advocating that harm reduction measures be made widely available, and seeking national model standards for health care in custodial institutions. A media release on the *Australian and New Zealand Journal of Public Health* article *Hepatitis C in the workplace: a survey of occupational health and safety knowledge and practice in the beauty therapy industry* was also issued. A copy of the release can be found on the PHAA web-site under Advocacy - Media Releases.

Fire arms injury
A letter was sent to all ministers for police/law enforcement advocating for strict controls on the registration, licensing, storage, transport, purchase and sale, importation and disposal of firearms, and other proposals listed in the PHAA policy. In addition we have provided comments on the proposed firearms national training standards.

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Fall prevention in older people
Letters have been sent to all health ministers about the activities that the PHAA believes are needed to prevent falls and advocating for the adoption of evidence based strategies and systematic multi-faceted approaches. The letters also supported collaboration between health sector disciplines, researchers, educators and policy makers in order to generate appropriate strategies.

Hepatitis B
The Secretariat has written to all ministers for health, the NPHP and the Australian Hepatitis Council requesting the development of a national strategy to address the increasing problem of hepatitis B.

HIV/AIDs
A media release promoted the article *Rising HIV infection in Victoria: an analysis of surveillance data*, published in the *Australian and New Zealand Journal of Public Health.* A copy of the media release can be found on the PHAA web-site under Advocacy –Media Releases.

Hot water temperature and scald burns
Letters were sent to the Australian Local Government Association and State/Territory housing ministers seeking the implementation of controls on domestic hot water systems in new houses and an education program and subsidies to encourage the adoption of hot water controls on existing hot water systems.

Fencing residential pools and spas
Letters have been sent to health and housing ministers in all States/Territories advocating the mandatory installation of fences fitted with self-closing, self-locking gates that meet the Australian Standards.

Preventing head injuries
A letter was sent to all ministers for sport and recreation, education, health and transport and the Sports Commission, Australian Local Government Association and the NPHP advocating for a comprehensive head injury strategy. The letter asked that all jurisdictions enact legislation and appropriate regulations and emphasized the need to undertake comprehensive safety promotion campaigns and programs to prevent falls in older people.

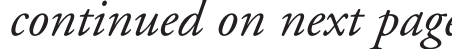
Refugees
The major focus of the PHAA's work on refugees continues through the participation of the International Health Special Interest Group (SIG) in the Australian Research Council Linkage Grant for *An examination of Refugee Women at risk in Australia's Refugee Policy*. The PHAA contact on this work is Anna Whelan.

A letter was sent to Amanda Vanstone seeking an explanation of her deportation of an asylum seeker to Iran, after she had announced that she would not be deporting Iranian asylum seekers. As yet no reply has been received.

A letter was sent to a number of newspapers, noting the difficulties asylum seekers encounter, seeking publication on World Refugee Day.

Violence prevention
A letter was sent to the Commonwealth and State/Territory ministers for health, community services and education, the Prime Minister, the Minister for Foreign Affairs, the NPHP and the Australian Local Government Association advocating:

- a national action plan for violence prevention
- the promotion and strengthening of primary prevention responses, (measures to stop violence from occurring in the first place)
- strengthening responses for victims of violence, and
- increased collaboration and exchange of information on violence prevention.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Preventing drowning in rural and remote Australia
A letter has been sent to State/Territory ministers for health, housing and primary industry/regional development, the Australian Local Government Association, the NPHP and the National Rural Health Alliance advocating the adoption of the PHAA policy on prevention of drowning in rural and remote Australia.

Emergency contraception
In response to the Minister for Health's statement that he was withdrawing proposed legislation to remove emergency contraception from sale without a prescription at pharmacies, a letter was e-mailed to all Members of federal Parliament attaching the two submissions to the Commonwealth that PHAA had previously made on this subject. We strenuously urged MPs to ensure that emergency contraception remains available over the counter in pharmacies. To that end, we asked MPs to inform the Minister for Health that they would not vote for any legislation that restricts the availability of emergency contraception beyond its current level and that it should remain available over the counter in pharmacies.

International health
The International Health SIG has continued to provide support for the YAKKUM Bali project, which assists poor young people and children who have a permanent disability and who are not receiving help from any other organization. $5,300 has been raised for the project and a cheque has been drawn and forwarded. We will be seeking information on how the project progresses over the coming months.

More information on this project can be found under Special Interest Groups - International Health on the PHAA web-site.

Dioxins
Pieta Laut is the PHAA representative (observer) on the National Dioxins Stakeholders Group. She is currently preparing comments on a number of papers.

Prison health
In early February letters were written to all the State and Territory ministers for health seeking their commitment to the Resolutions from the 2003 Incarceration Conference. These substantially focused on the disproportionate representation of Aboriginal and Torres Strait Islanders in Australia's prisons and the need for gaols to be "healthy settings" within the context of the Ottawa Charter. The letters are on the PHAA web-site under Advocacy.

We now have received a considerable number of replies from these ministers. Now To progress the issues raised, we need some voluntary help from people prepared to progress the issues raised. Is anyone interested in taking on this role?

An initial indication from those who attended the Incarceration Conference suggests that we have sufficient interested members to develop a Prisons Health SIG. If anyone is interested in preparing a submission for the Board to do so, please contact plaut@phaa.net.au.

Immunisation
Letters on this issue were sent to all State and Territory health ministers and the federal health minister in early February and we are awaiting replies. Copies of the letters are on the PHAA website under Advocacy and replies will be posted as they come in. We are now ready to develop the next phase of advocacy on the issues raised with Ministers and are seeking people who are willing to volunteer their time and expertise to advance advocacy on these issues ahead of our August Immunisation Conference at the end of August. Please contact Pieta Laut if you can help: plaut@phaa.net.au.

Copies of all PHAA advocacy correspondence are placed on the PHAA website under Advocacy unless otherwise stated. There may be some delays on placing documents on the website, but they appear as soon as is practicable after they have been sent to those we are lobbying.

Items of Interest

Commonwealth Rent Assistance, June 2002: A Profile of Recipients

Commonwealth Rent Assistance (CRA) is a non-taxable income supplement paid through Centrelink to individuals and families who rent in the private rental market. This recently released bulletin describes the characteristics of CRA recipients, the accommodation they used, the Centrelink client groups receiving CRA, a comparison of CRA recipients with Centrelink clients living in public housing and the effect of CRA on housing affordability.

AIHW Catalogue No. AUS-45 available from CanPrint (tel: 1300 889 873),$10.00

Community Aged Care Packages Census 2002

This new Australian Institute of Health and Welfare (AIHW) report summarises the data collected in the census of the Community Aged Care Packages (CACP) Program conducted by the Institute from 16 September to 14 October 2002. The aim of the project, which was conducted for the Australian Government Department of Health and Ageing, was to gather data about CACP recipients and the assistance they receive and about the providers of CACP assistance, in order to develop an information base for planning and policy development.

AIHW Catalogue No. AGE- 35; Available from CanPrint (tel.1300 889 873), $26.00

Nail Injuries

No, we are not looking at the broken fingernail – rather, we are concerned about the results of a recent study by doctors at the Royal Melbourne Hospital that found over 600 Victorians went to hospital with nail gun injuries in the five years to 2002. The results of the study were reported in a letter to the editor in Emergency Medicine Australasia. The study has warned that nail gun injuries are a potentially deadly occupational risk. Almost all (98.5%) of those injured were male, and the average age of those injured was in the late twenties. It also reported that "most injuries involved the non-dominant hand, which most likely reflects the practice of bump firing whilst holding the work piece steady in the left hand" said Dr Knott. Another area where a little preventive action could reduce the number of injuries…

Old butts for new

I suggest a simple solution to the litter caused by cigarette butts would be to allow the purchase of cigarettes only when the same number of butts is handed in. That way we would have desperate smokers scouring our streets and beaches for butts and saving the rest of us the cost and effort. Congratulations to Sam Bateman for sowing the seed of thought for the "butt exchange" in a recent letter to The Age. One suspects his strategy would lessen both litter and access to cigarettes.

Health System Expenditure on Disease and Injury in Australia 2000-01

This new AIHW publication presents estimates of health expenditure on disease and injury in Australia in 2000-01, classified by disease or injury group, age and sex. The estimates are available by area of expenditure: hospitals, high-level residential aged care, medical services, other professional services, pharmaceuticals and research. The 2000-01 disease expenditure estimates were based on the 176 disease and injury conditions used in the first Australian burden of disease study (Mathers *et al* 1999), with the inclusion of some additional sub-categories. This report aggregates these conditions into the 19 broad disease groups used by the burden of disease study. Disease expenditure estimates are also presented for selected conditions in the seven National Health Priority Areas and by age and sex. AIHW Catalogue No. HWE-26; Available from CanPrint (tel: 1300 889 873), $25.00

Early Language Diary for Profoundly Deaf Children

A simple diary has become an important tool in managing hearing loss in very young children around the world. The Diary of Early Language (Di-EL) developed by Australia's Cooperative Research Centre for Cochlear Implant and Hearing Aid Innovation (CRC HEAR) enables systematic recording of how deaf infants acquire language.

”Very young children who have not yet developed speech are a special problem for educators, hearing clinicians and physicians,” says Dr Robert Cowan, Chief Executive Officer of CRC HEAR. “This is particularly important in cases where the child has received a cochlear implant.”

Unlike a hearing aid which simply amplifies or filters sounds to assist a deaf person to hear them, a cochlear implant electrically stimulates the acoustic nerve, which is connected to the hearing centres in the brain.

”Detecting deafness in young babies is a problem in itself which has recently been overcome through use of universal newborn screening programs in Australia and world-wide,” says Dr Cowan. “In the case of babies under the age of twelve months, who have received a cochlear implant or a hearing aid, the question has been: how can we be sure that the device is in fact working to develop language?”

In an older child the clinician or therapist can use speech perception tests as an indicator of whether an implant or a hearing aid is functioning correctly. But until the development of the Di-EL there was no simple objective measure of ongoing language acquisition in the very young.

Researchers have compiled data about language acquisition, including The first hundred words and the first use of sentences in the normal hearing child. Most children start to acquire words, and start creating sentences, between twelve and twenty-eight months.

Research Officer Ms Pauline Nott, who is developing the Di-EL as her doctoral project at the University of Melbourne, discovered that there was no such data available for the hearing-impaired, in particular those using modern cochlear implants.

”Would they follow the same patterns?” she asked. “Is the data similar for cochlear implant and hearing-aid users? These questions led to the development of the Di-EL, which is a structured diary maintained by the parents of the hearing-impaired child.

”Parents who have use the Di-EL receive tutorials that inform them about early language development - and this also reduces the clinical time needed by each child,” she says.

Dr Cowan says that a pilot study carried out by Ms Nott and other staff at CRC HEAR showed that the ‘normal’ pattern of language acquisition at between eighteen months and two years is similar in severely hearing-impaired children - but that the starting point is at the fitting of the hearing aid or cochlear implant.

”This meant that we can make a real comparison between ‘normal’ and hearing-impaired children,” he says. “The clinician can be more confident that the device is doing what it is supposed to do, which is helping that child develop language, the building block of their communication, their education, and their involvement in the community,” he says.

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Early Language Diary for Profoundly Deaf Children *-continued from previous page*

The Di-EL system provides clinicians and parents with a daily on-line measure of language progress. Other tests are normally done over six to twelve month intervals. The Di-EL system picks up detailed development over shorter intervals, which can be critical if, for example, a young child with a hearing aid in fact needs a cochlear implant.

Through Di-EL, the parents have objective information to enable them to assess their child's progress in acquiring meaningful language and they can compare this against the newly-developed norms for the peer-group of children who are also implant or hearing-aid users.

"This allows for very early intervention where it is necessary, and can identify problems in the child which may in fact not be hearing-related," Dr Cowan says.

Dr Cowan says that international paediatric and hearing institutions have welcomed the development of Di-EL, which fills a world-wide niche in the management of hearing loss in young children. CRC HEAR is now researching the Di-EL in Spanish, working with the University of Pamplona in Spain, and in German with the Medizinische Hochschule in Hanover. The Di-EL is also being trialled by the University of Indiana Medical School and the Central Institute for the Deaf in the United States.

CRCA Media Release 04/24
More information contact: Dr Robert Cowan, CRC HEAR, tel 03 9667 7500, mobile 0418 780 198 or
Prof. Julian Cribb, CRCA Media, 0418 639 245

Yo-yo dieting may have long-term negative effects

Yo-yo dieting, in which a person repeatedly loses and regains weight, may have a lasting negative impact on immune function, according to preliminary findings by researchers in the United States.

Conversely, maintaining the same weight over time appears to have a positive effect on the immune system, according to Cornelia Ulrich and colleagues at the Hutchinson Cancer Research Center and the University of Washington.

As reported in the June issue of the Journal of the American Dietetic Association, Ulrich's team found that long-term immune function decreases in proportion to how many times a woman reportedly intentionally loses weight.

"To our knowledge, this is the first study to show potential long-term effects of yo-yo dieting on health," said Ulrich, senior author of the paper and a member of Fred Hutchinson's Public Health Sciences Division.

For tAhe study, the researchers interviewed 114 overweight, but otherwise healthy, sedentary postmenopausal women about their weight loss history over the past 20 years. Participants had to be weight-stable for at least three months before joining the study, which was funded by the National Cancer Institute.

"While one weight-loss episode of ten pounds or more in the previous 20 years was not associated with current natural killer cell activity, more frequent weight loss episodes were associated with significantly decreased natural killer cell activity," said Ulrich. "Those who reported losing weight more than five times had about a third lower natural killer cell function."

In contrast, women who maintained the same weight for five or more years had 40% greater natural-killer-cell activity compared to those whose weight had remained stable for less than two years.

Natural killer cells are a vital part of the immune system. In addition to killing viruses, they have been shown to kill cancer cells in laboratory tests. Depressed natural killer cell activity has been associated with increased cancer incidence as well as an increased susceptibility to colds and infections.

Source: just-food.com

Tie Die

Doctors who wear bow ties may be doing so with good reason. A recent US study found that almost half the ties worn by doctors in a New York hospital proved to be carrying disease-producing organisms.

By contrast, only one of 10 ties belonging to security guards, who have far less close contact with patients, was germ infested.

The study was conducted after a medical student noticed that the ties worn by male doctors often swung close to or touched patients when the doctors leaned over hospital beds. Other research has found that doctors' pens, mobile phones and pagers can also harbour potentially harmful micro-organisms

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The Free Trade Agreement between Australia and the United States undermines Australian public health and protects US interests in pharmaceuticals

Peter Drahos, Professor of Law, Research School of Social Sciences,
Australian National University & David Henry, Professor of Clinical Pharmacology, School of Medical Practice and Population Health, University of Newcastle, NSW

Australia and the United States have released the text of a bilateral trade agreement designed to reduce trade barriers between the countries.1 Surprisingly, the Australian Pharmaceutical Benefits Scheme (the national drug subsidy programme operated by the federal government of Australia) was part of the deal, with Australian negotiators conceding to several US demands. These included the creation of an independent review body to examine drugs rejected by the Pharmaceutical Benefits Advisory Committee.

Under existing legislation only the Advisory Committee can recommend listing of drugs for subsidy. However, the dissenting views of another review body, supported by publicity and lobbying, may undermine the famously tough stance of this Committee concerning the cost effectiveness and prices of pharmaceutical products.

In addition, Australia has agreed to changes in intellectual property protection that, among other things, increase the risk of delayed entry of generic drugs on to the Australian market. The use of the trade agreement to push the interests of US pharmaceutical companies is one in a long list of hostile moves that have included legal challenges to the decisions of the Pharmaceutical Benefits Advisory Committee to reject drugs for subsidy and political lobbying for removal of Committee members.[2]

This trade agreement, however, is of wider importance. It follows a pattern of trade agreements by the United States (with Jordan, Chile, and Singapore) that contain long chapters on intellectual property. These represent a retreat from the principles espoused in the Doha declaration of the World Trade Organisation (WTO), which stated that the agreement on trade related aspects of intellectual property rights (TRIPS) should be interpreted and implemented so as "to protect public health and, in particular, to promote access to medicines for all."[3]
This was a major step forward for public health and access to medicines. The bilateral trade agreements now being negotiated by the United States seem to be designed to undermine the Doha agreement and promote a particular business model for the production of medicines that is based on ever stronger patent protection.

TRIPS forms one of the pillars of the WTO. One of the most important obligations in TRIPS is the recognition of patents in any field of technology for both products and processes. This in effect globalises the patenting of pharmaceutical technologies. As the HIV/AIDS epidemic grew, and patented (but expensive) antiretroviral drugs became available in rich countries, the full implications of TRIPS for access to long term treatment by poor people became clear. The adoption of the Doha declaration in 2001 to address this problem was crucial. The declaration is really a bill for rights for the public health regulation of medicines. Lying at its core is the recognition that WTO members have the right to interpret and implement TRIPS in ways that places public health before trade. But large pharmaceutical companies in the United States and Europe have seen risks to their profits in the Doha declaration. With the public gaze fixed on TRIPS and the WTO they have encouraged the proliferation of bilateral trade agreements that contain intellectual property standards that are much stronger than those to be found in TRIPS.

The Australian-US agreement follows the template that US negotiators use for intellectual property in all such trade negotiations. Compulsory licensing of patents is prohibited except in three circumstances (TRIPS permits compulsory licensing in any circumstances if certain conditions are met). Provisions exist that require US standards of exclusive protection for test data that are submitted as part of the process for gaining marketing approval for pharmaceutical products (TRIPS simply requires its members to protect against unfair commercial use and does not specify a period of protection). Other provisions require parties to offer patent term extensions for pharmaceuticals (not required by TRIPS). On the important issue of parallel trade the Australian-US agreement

continued on next page

gives the patent owners greater control over the importation or re-importation of their products. TRIPS expressly steers away from setting a standard on parallel trade.

Some of the greatest risks to Australia, however, may come from the procedures to resolve disputes. The United States and Australia could take different views of Australia's obligation to provide an "independent review" of decisions made by the Pharmaceutical Benefits Advisory Committee, because the meaning of this term has not been specified. The fate of Australia's Pharmaceutical Benefits Scheme could come to lie in the hands of a three member trade panel set up under the trade agreement. If Australia lost and did not comply with the judgment of the panel, the United States could retaliate by suspending the benefits to Australia in other sectors affected by the trade agreement, putting pressure on the Australian government to make concessions on drug listing and pricing. Noteworthy here is the fact that Australia has agreed to a procedure to resolve disputes that allows for the possibility of non-governmental persons or entities to make submissions. The US pharmaceutical industry, and its lawyers, will no doubt see an opportunity here.

The United States offers no room for negotiation on intellectual property in trade agreements. The law in the United States requires that the country's trade negotiators bring back US standards of intellectual property protection. A committee, which advises Congress on intellectual property and trade, vets the intellectual property chapter in each trade agreement. The committee's membership includes Eli Lilly, Merck, Pfizer, the Pharmaceutical Research and Manufacturers of America and the Biotechnology Industry Organization.[4]

Bilateral trade agreements and TRIPS together provide the US pharmaceutical industry with a means of strengthening and enforcing patent monopolies globally. They are a covert form of private governance that threatens to undermine hard won public gains in health regulation around the world. The United States is currently negotiating, or is about to start negotiations, with 13 other countries. Countries entering into such arrangements are engaged in a high stakes gamble with their public health systems.

[Competing interests: DH has a contract with Wyeth Consumer Products (USA) to review adverse effects of non-steroidal anti-inflammatory drugs and cyclo-oxygenase 2 inhibitors.]

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Reprinted from the **British Medical Journal**, 4 March 2004

Irrational Rationing

Reprinted from: The Nation, http://www.thenation.com/outrage/index.mhtml?bid=6&pid=1449
20 May 2004

This cant be serious, but it is. Bush has passed a bill to study regulatory budgeting. The eventual aim seems to be to cap the extent to which Governments can regulate the private sector in favour of public health etc. Watch out for the deputy sherrifs version in the Pacific.

Imagine that you are a US entrepreneur and you own a business that develops and markets a wildly successful diet pill. Profits are soaring, the stock market takes note and you are poised to make gazillions. Suddenly, some people who take your pill start to develop an undesirable side-effect. Roughly every 100th customer who spends a few months on the pill spontaneously combusts.

Luckily for you, my entrepreneurial friend, Americans are *lunatics* about work-free weight loss. Your profits slip, but they are still enormous, as men and women everywhere shrug at a 1-in-100 risk of going up in a poof of flames and continue popping your pills.

Enter the Feds. Naturally, they are going to aggressively regulate a product that brings a messy death to thousands of customers. Let's say that they suspend your business, study it, and then insist you include a proven but costly ingredient that heads off the bursting into flames side-effect - an ingredient so expensive that it severely curtails your profits.

So here's the question: At what point should the Feds, whose meddling has cost you so much cash, have to stand down?

If your answer is: " *"What?"* That's *insane!*" then congratulations: you are a person with a normally functioning moral and ethical compass.

If your answer is: "That's a significant question and we really ought to budget Federal money to study it!" then congratulations: you are ready to serve in the hallowed halls of the US Congress.

The US House of Representatives just passed a bland sounding 10-page bill called the *Paperwork and Regulatory Improvements Act of 2004*. Much of it sounds wonderful. For example, it talks about forcing the Internal Revenue Service to stop bothering us with hieroglyphic tax forms.

But on page 9 the bill suddenly endorses the bizarre concept of "regulatory budgeting," and formally directs the White House green-eyeshade guys - the Office of Management and Budget - to study how "regulatory budgeting" could be brought into agencies dealing with labor, environmental protection and public health.

That's an interesting threesome of agencies to consider for this experiment. As consumer advocates explain, "Regulatory budgeting imposes a limit on the costs that federal agencies can impose on the private sector. With regulatory budgeting, once the cap on costs has been reached, agencies must stop fulfilling their mandates, regardless of the need for continuing public health, safety and environmental protections. Regulatory budgeting elevates the interests of corporations over the public interest." [www.citizen.org/]

A similarly grim interpretation is offered in another web site: "The ultimate vision of regulatory budgeting is a world in which the economists have the final say on our public safeguards…as incalculable and literally priceless

benefits such as lives saved, irreplaceable natural resources conserved, and diseases prevented, are turned into cash dollar figures and weighed against the costs to industry of complying with new protective rules. Our safeguards could then be 'budgeted' and subjected to arbitrary caps." [www.ombwatch.org/]

So if your coal-burning plant causes asthma that kills dozens of elderly Americans each year and the Feds demand a multi-million dollar filtration system in response, "regulatory budgeting" can be your salvation. All you have to do is prove, mathematically, that the economic gains of saving the lives of elderly Americans (who look cheap on paper since they are near the end of their economically productive lives) are outweighed by the economic loss of plant upgrades. Ditto for your hypothetical exploding diet pill: Prove on paper that the thousands of deaths cost less in lost economic productivity than the burden of your safety upgrades, and the Feds can choke in silence on their own "regulatory budget."

Still makes no sense to you? Well, maybe it'll be clearer after the Bush Administration, as per the direction of the Tom DeLay Republicans, "studies" the matter.
http://www.thenation.com/outrage/index.mhtml?bid=6&pid=1449

Where there's muck there's money

CERAR Media Release, June 9, 2004

Some of Australia's thousands of contaminated sites may yet turn out to be goldmines, leading clean-up experts believe.

Old industrial sites, once thought so polluted that the only solution was to lock them up forever or else dig them up and move the hazard elsewhere, often prove less dangerous than thought using a new approach that evaluates their toxic risk.

The move to environmental risk assessment (ERA) and human health risk assessment (HHRA) has major implications in capital cities where contaminated sites abound and land is scarce and expensive, says Professor Ravi Naidu, head of the Centre for Environmental Risk Assessment and Remediation (CERAR) at the University of South Australia.

"Accurately assessing the risks often reveals that the site is not as dangerous as originally assumed from what's in it," he explains. "Also it may show that clean-up measures need not be as drastic nor the costs prohibitively high. For example, a site may be known to contain arsenic or chromium - but assessment may show these are in chemical forms which humans cannot easily absorb and which also may be locked up and unable to reach us. The use of risk assessment has the potential to open significant areas of valuable real estate for development which otherwise would have had no value", he says.

The Chief Executive of South Australia's Land Management Corporation, Mr Bruce Harper - whose organisation deals with contaminated sites on behalf of the SA Government - agrees.

He cites the Bowden-Brompton Project, where some old clay pits filled with old industrial waste had stalled redevelopment for many years because of the very high cost of clean up. However, LMC specifically sought a developer for the site who could put together an integrated clean-up and development scheme based on the use of risk assessment. Mr Harper is confident that the approach will shortly result in approval for a clean up plan that will see all of the contaminated soil managed on site and most of the land developed for medium density housing.

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Where there's muck there's money - continued from previous page

"The result is that land that has been considered a liability to Government will now return a dividend both in terms of dollars to the taxpayers of SA as well as the regeneration of a blighted region close to the central business district," he says.

Mr Rob Taber, general manager Transit City with VicUrban, says that risk assessment and remediation are all about renewing the value of land. "Traditionally when the industry evaluates a contaminated site it looks at the absolute amount of various toxins present. But this does not take into account their type, or whether they can actually get into people or the environment - which is what risk assessment does." He describes risk assessment and remediation as "fixing real problems" rather than paying very large sums to clean up sites that really don't need it.

"If your tests show that the toxins are unable to reach people, food or water, then it is a lot cheaper to treat them in place than to dig them up and cart them away - so creating a headache for someone else in future."

Mr Taber says that by using the risk assessment approach many sites regarded as "orphans" (irretrievably contaminated and abandoned) can be returned to productive use for nature reserves, recreation, industry and even residential use.

Dr John Yeates, Business Manager, Operations, for WA LandCorp predicts that remediation based on risk assessment will become the industry standard in Australia for dealing with contaminated sites.

"You just can't have guidelines for every single contaminant in every situation. It's much better to look at what's there and assess the risks," he says.

"Dealing with contamination present on Rhodes Peninsula and in Homebush Bay in Sydney is an excellent example of where a risk assessment approach is being taken, and redevelopment going ahead successfully and safely.

"In most cases where risk assessment is conducted, a range of remediation options are highlighted to enable site contamination to be to economically and safely treated. A triple bottom line outcome can be achieved by consideration of the options".

The bottom line with contaminated sites is to achieve the best environmental outcome - not just to move the problem somewhere else, Dr Yeates says.

He says that Australia now needs to move towards setting agreed detailed nationwide protocols for environmental and human health risk assessment, so that everyone is operating on the same basis.

With an estimated 100,000 contaminated sites in Australia and over 3 million in Asia, the issue of how to deal with them requires an approach that is both safe, sustainable and cost-effective, Professor Naidu says.

"We believe that the combination of risk assessment and on-site remediation is a best-of-both-worlds solution, that will protect the health and wellbeing of citizens while making formerly polluted land available for use at an acceptable cost."

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Skin Disease Link to Heart, Kidney Failure

Skin infections are a major factor in the very high rates of kidney disease in Australia's Indigenous communities and may be linked to world record rates of rheumatic heart disease, according to researchers at the Cooperative Research Centre for Aboriginal Health (CRCAH).

Their work has shown that kidney failure due to glomerulonephritis and cumulative heart damage caused by repeated bouts of rheumatic fever have a direct link to skin infections caused by the streptococcus bacterium, which is usually induced by the scabies mite.

"There is growing evidence that scabies is a critical factor in the continuing high incidence of rheumatic fever in Indigenous communities," says the CRC's Associate Professor Jonathan Carapetis.

"Rheumatic fever has become rare in more affluent societies, but in Australia's Indigenous communities it is a recurrent scourge and leads to serious and permanent heart damage. The highest rates of rheumatic fever in the world occur among the Aboriginal population," he says. "Many Aboriginal people have severe heart damage by their late teens or early twenties. Rheumatic fever is known to be caused by streptococcal infection of the throat. We believe that in Indigenous communities, it is also caused by streptococcal skin infection resulting from scabies infestation."

He says that the potential link between skin diseases and other parts of the body is always present, but in Indigenous communities, where rates of skin infection are often high, the threat of further illness is more serious.

"We also believe that the high rate of children's skin disease is also linked to high rates of other ailments such as gastroenteritis and pneumonia," he says. "When children are covered in skin sores, their immune system becomes pre-occupied with fighting the skin infection, and that lowers their defences against other diseases."

Associate Professor Carapetis has a kind word for the dogs which are part of many Indigenous communities. "Accepted wisdom for years has been that dog mange is a source of human scabies infection," he says. "However, over the past few years, work at the Menzies School of Health Research in Darwin (part of the CRCAH), using careful laboratory testing of the DNA of the mites which cause dog mange and the mites which cause human scabies, has shown that they are a different species and that dogs are not implicated in the spread of human scabies."

Until recently, community health officers and veterinarians had spent considerable time and funds attempting to control dog mange.

"While this is a good thing for the dogs, it is not an effective means of combating human scabies," says Associate Professor Carapetis. "Scabies is passed from one human to another during close physical contact. It is often a disease of overcrowding or inadequate housing."

The CRC is now co-ordinating a region-wide scabies treatment program.

"We've shown in recent years that we can reduce scabies in Indigenous communities, and so reduce streptococcal infections, if we take a community-wide approach," says Associate Professor Carapetis. "The aim is to involve everyone in the community, on a single day if possible, and to treat every single person; and then to follow this with regular screening, particularly for the children, two or three times a year.

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Skin Disease Link to Heart, Kidney Failure -continued from previous page

"These small scale community 'scabies days' have been very successful and very well received by the people," he says. "There's a festive atmosphere and almost total participation. We are co-ordinating the Healthy Skin Program throughout the whole East Arnhem region, involving many communities. The region is largely cut off from the rest of Australia and most population movement takes place within the East Arnhem communities.

"As researchers we have worked in a collaborative way with the communities, to try to provide them with what they feel is important," says Associate Professor Carapetis. "We hope to demonstrate that community and regional involvement can lead to the long-term sustainability of the Program."

"In Aboriginal communities, skin infections are the single most common reason for seeking medical attention. We hope one outcome of the Program will be a practical strategy to save the communities many thousands of dollars in avoidable medical costs as well as improving their overall health."

Associate Professor Carapetis and his colleagues have recently published a report on the link between scabies and rheumatic heart disease: McDonald M, Currie BJ & Carapetis JR – Acute rheumatic fever: a chink in the chain that links the heart to the throat? Lancet Infect Dis 2004; 4(April):240-5.

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ORAL HEALTH SIG UPDATE

The Oral Health Special Interest Group ran a workshop attached to the International Union for Health Promotion and Education Conference in Melbourne in April. We had over 50 people from Australia and two representatives from the World Health Organization. In a very successful afternoon session, speakers from across Australia presented snapshots of oral health promotion. A resolution at the workshop was to work towards a coordinated national approach to oral health issues.

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