

Safe Sex: Needed for more than Prevention of HIV



Angela Taft, PHAA
 Women's Health SIG
 & Pieta Laut, PHAA
 Executive Director

There appears to be a growing concern that the level of Chlamydia trachomatis is growing in our community. Chlamydia is the most common notifiable sexually transmitted disease in Australia, particularly among women aged between 16 and 25. However, most people don't have any symptoms and are unlikely to realise that they have acquired this infection. Consequently, most infections go untreated, even though diagnosis and treatment with antibiotics is relatively simple.

Chlamydia is spread via unprotected vaginal, anal or oral sex. For women the symptoms, if they occur, are pelvic discomfort, discharge or abnormal vaginal bleeding, pain when urinating and abdominal pain during intercourse. For men the symptoms are urethral discharge or painful urination. More seriously, if left untreated there is a danger that chlamydia might spread to the fallopian tubes and cause pelvic inflammatory disease (blocked tubes) and infertility.

The only way to determine if a person has chlamydia is to be tested. Testing is quick, simple and painless. It involves a vaginal swab.

There are no reliable figures on how many Australians have chlamydia, but more than 20,000 new infections were reported nationally last year. This is four times the rate of a decade ago. While there is debate about what this might mean (eg. more testing, or newer more accurate tests), the increase warns that unprotected sex is on the rise. The Sydney Sexual Health Centre has found that the prevalence of unprotected sex between heterosexual partners rose significantly between 1994 and 2000 – from 1.8% to 3.5% in women and from 2.1% to 6.6% in men.

As many people don't know that they have chlamydia, and as the consequences are costly to both the individuals and society, it is clear that we need a sexual health strategy for Australians that addresses chlamydia as a priority. Currently Medicare only provides reimbursement for testing in symptomatic patients.

Publicly funded screening for this disease, such as that used in the United States (it is recommended that all women who are sexually active and under the age of 25 be tested) should be put in place. While it is difficult to determine the costs and benefits of a widespread screening program, experience in the United States suggests that 91 sexually active women (in the 18 to 34 age group) would need to be tested to prevent one case of pelvic inflammatory disease.

The Victorian Human Services Department has recommended the screening of high risk patients, and the

● *continued on page 3*

In this Issue

Safe Sex: Needed for more than Prevention of HIV	1
Report on Australian Chronic Diseases Prevention Alliance (ACDPA) - Melbourne 15 March 2002	2
Office Bearers	2
AMA Drug Summit 2002 - Party Drugs: A new public health challenge	4
Damon Laris Prize: Public Health Perspectives on Suicide	5
Membership Renewal	6
PHAA Profit & Loss Statement	6
PHAA Policy	7
Letters to the Editor	8
Response to "Letter to the Editor" from the Injury Prevention SIG	9
Public Health Media Awards	10
Welcome to Public Health Research Ethics SIG	11
Adult Influenza and Pneumococcal Immunisation Programs for 2002	12
Sidney Sax Public Health Medal	13
Items of Interest	14
What's On	16

Report on Australian Chronic Diseases Prevention Alliance (ACDPA) - Melbourne 15 March 2002



*Terry Slevin, PHAA Vice President (Development),
Chair, Nutrition and Physical Activity and
Cancer Committee Party, The Cancer Council
Australia*

The Australian Chronic Disease Prevention Alliance (ACDPA) is a new partnership formed by the Cancer Council Australia, National Heart Foundation of Australia, National Stroke Foundation, Diabetes Australia and the Australian Kidney Foundation. The Alliance plans to link the prevention activities of these major non-government health organisations and create synergies with Commonwealth, State and Territory government activities across a number of major health priority areas.

Internationally, there are now two established national Chronic Diseases Prevention Alliances, in the UK and Canada, which are

based on the principle that there are a range of common preventable risk factors for the most common chronic diseases influencing health outcomes in modern industrialised societies. These risk factors include tobacco smoking, nutrition, physical activity, misuse of alcohol, and weight control.

An alliance of established and credible non-government health agencies may have the capacity to increase the impact and efficacy of their individual initiatives by a combined effort to directly address these risk factors.

The original proposal to establish the Australian Chronic Diseases Prevention Alliance was drafted by Prof Robert Burton, Director of The Cancer Council Victoria, along with Prof Andrew Tonkin, Medical Director, National Heart Foundation and Mr Brian Conway, CEO for Diabetes Australia.

There is a clear case for support for national campaigns and

● *continued on page 3*

Office Bearers

National Executive

President

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

Vice President - (Policy),

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

Vice President - (Development)

Terry Slevin: Ph (08) 9212 4345 terry@cancerwa.asn.au

Secretary

Victoria Touldkidis: Ph (02) 9290 6503

victoria.touldkidis@racp.edu.au

Treasurer

Judith Dwyer: Ph (03) 9479 2799 judith.dwyer@latrobe.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

SIG Convenors' representative

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

Branch Presidents' representative

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

Branch Presidents

ACT Indra Gajanayake: Ph (02) 6289 5154, ingaj@apex.net.au

NSW Peter Trebilco: Ph (02) 9319 1993,

p.trebilco@unsw.edu.au

NT John Boffa: Ph (08) 8951 4448, moriboff@dove.net.au

QLD Margaret Shapiro: Ph (07) 3365 2121,

Shapirom@social1.socialnet.uq.edu.au

SA Caroline Miller: Ph (08) 8291 4172, Cmiller@cancersa.org.au

TAS Mike Wilson: Ph (03) 6228 2921, mwilson@quittas.org.au

VIC Theonie Tacticos, Ph (03) 9489 9136,

sstrategies@infoxchange.net.au

WA Ilse O'Ferrall: Ph (08) 9884 1620,

Ilse.OFerrall@health.wa.gov.au

SIG Convenors

Aboriginal & Torres Strait Islander Health

Pat Anderson: Ph (08) 8936 1755, info@daniladilba@org.au

Child Health

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

Environmental Health

Anne Neller: Ph (07) 5430 2839, aneller@usc.edu.au

Food & Nutrition

Roger Hughes: Ph (07) 5594 8530, R.Hughes@mailbox.gu.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

Janis Shaw: Ph (08) 8943 2153, janis.shaw@abs.gov.au

Oral Health

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

kaye.robertsthomson@adelaide.edu.au

Political Economy of Health

Brien Fleming: Ph (08) 8237 8201, brien.fleming@health.gov.au

Rural Health

Jan Cregan: Ph (03) 5033 0282, cregan@murraytel.com.au

Women's Health

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

Executive Director

Pieta Laut: plaut@phaa.net.au

● *continued from page 2*

programs addressing public health related nutrition. Most recently this has been articulated in The Cancer Council Australia's National Cancer Prevention Policy (2001) and the Commonwealth Department of Health and Ageing Cancer Strategies Group through the Priorities for Action in Cancer Control 2001 – 2003 (2001). "Eat Well Australia", "Getting Australia Active" and related policy documents also support this type of action. In the lead up to the recent federal election, the former Commonwealth Minister for Health was approached to provide support for a national nutrition and physical activity strategy, coordinated by the Alliance.

Alliance members met recently with representatives of the Commonwealth Department of Health and Ageing, the National Public Health Partnership, the Partnership's nutrition and physical activity committees, the National Health Priority Action Council, the National Aboriginal Community Controlled Health Organisation and the RACGP to discuss common interests and possible joint strategies.

The Commonwealth Minister for Health and Ageing, Senator the Hon Kaye Patterson, attended for part of the meeting and commended the Alliance initiative, expressing general support and enthusiasm for the idea and for improved coordination and action on prevention.

While the Commonwealth Department of Health and Ageing indicated that it was unlikely that new resources could be identified in the 2002 – 2003 budget to support new major initiatives, there was agreement for two specific actions. Firstly, it was agreed that the Department would provide in-kind support to assist the development of the partnership between the Alliance and the government sector, to support further development of the ACDPA. This is seen as a first step in realising the longer term opportunities presented by the formation of the Alliance.

The second was to gain an "early win" through the ACDPA's support for the physical activity message of World Health Day

via a publicity event on 7 April. This event duly took place and the issues attracted some media attention.

I understand that, at its March meeting, the National Public Health Partnership Group (NPHPG) also expressed strong support for the alignment of agendas in chronic disease prevention between the NPHP, the NHPAC and the ACDPA. To this end, the NPHPG has proposed the development of a joint Statement of Intent to be agreed and signed by these bodies. This proposal is currently under consideration, but could represent a major step forward in improving coordination of the national population health effort in chronic disease prevention. "United we stand" may be an appropriate slogan for these developments. The ACDPA is one vehicle where we would hope to attract meaningful resources to national public health initiatives relevant to key chronic disease risk factors in a way that is proven to be successful and beneficial to population health outcomes.

Let's hope it becomes more than "another advisory group". In the context of the above report it seems there is a need to articulate what these groups in common might call for. This is written purely as a personal opinion, based on what needs to occur in addition to what is currently in place, with a view to broader chronic disease prevention. Perhaps other groups will feel able to sign up to such a "creed", or improve upon it.

The Creed

1. That we invest in a sustained and well resourced campaign and program aimed at increasing vegetable and fruit consumption among all Australians.
2. That we invest in a sustained and well resourced campaign and program aimed at increasing physical activity among all Australians.
3. That we invest in a sustained and well resourced campaign and program aimed at reducing and preventing tobacco smoking among all Australians.

In the context of this creed, we make clear that what is required is a minimum additional investment of \$10 million dollars per year for ten years for each of the above priorities.

Anybody keen ?

Safe Sex: Needed for more than Prevention of HIV - ● *continued from page 1*

NSW Department of Health is planning an awareness campaign to encourage wider testing and promote condom use as a preventive measure.

Screening alone will not address all the issues that a positive test will raise for young women. Women who are diagnosed often feel stigmatised, shocked and hold fears for their reproductive health. Preventive strategies such as sexual health education and the promotion of safe sexual practices in the heterosexual as well as homosexual community are urgently needed.

The National Public Health Partnership is preparing a Sexual Health Strategy, which will be focussed on sexually transmitted infections. Chlamydia will be a key focus of the initial work. Cathy Mead the Executive Officer of the NPHP welcomes input from anyone who thinks that they can offer expertise, or information to help in the development of the strategy. Cathy can be contacted on cathy.mead@dhs.vic.gov.au

AMA Drug Summit 2002 – Party Drugs: A new public health challenge

The Australian Medical Association (AMA) held a consultative forum on party drugs in mid-April with a wide variety of non-government organisations and community groups, the Australian Federal Police, the Commonwealth Bank and the Commonwealth Department of Health and Ageing specifically to address the public health challenge in dealing with party drugs.

The aims of the summit were to:

- provide participants with information about the variety of views held about party drugs; and
- develop parameters around the needs for and directions in which effort should be applied to prevention, research, treatment and professional education.

Research

The summit concluded that there is a clear need to develop a party drug research agenda. At the broadest level the agenda needs to include research on the social questions – e.g. on the continuum of risky behaviours, who is most at risk, and what prompts risk-taking behaviour as depicted by the party drug-user sub-culture. In order to be able to contemplate appropriate approaches for preventive action, we need to bring this research together with research on the social and psychological factors of adolescence.

While party drug users are a cultural sub-group it is not a homogeneous sub-culture and we need to understand how it functions as a community as well as the effects of party drugs on individuals. The capacity of this group to look critically at health messages and to use their international networks to inform their choices is a new and confronting issue for preventive action. Equally, research is needed on the context within which these drugs are taken (often in nightclubs where dance and music are an integral part of the experience) the rituals of drug taking, and their importance in its attraction.

As deaths caused by party drugs are not the most reliable indicator of harm (for example, this does not take long term brain damage or depression into account) research is needed on issues of party drug morbidity (both medium and long term).

Prevention of uptake and harm

Poly-drug use is the norm amongst party drug users (although many users are not aware that this is the case, as the street drugs they purchase are often diluted with other cheaper or more readily available drugs). Some drug users take prescription drugs such as antidepressants to counter the after effects of their drug use, and are not aware that this may be a dangerous strategy. The effects of alcohol and prescription drugs are well known, but the effects of party (street) drugs

are not, and this is hampered by the prohibition instead of the regulation of these drugs.

We need to be aware that some simple messages such as 'drugs and alcohol should not be mixed' have not been taken up. Prevention (of both drug taking and harm) therefore needs to focus on providing high quality information to users via credible sources, which may well be within the party drug community. Consequently, there is a need to involve users in developing any response. This may call for approaches to be discussion-based, and to concentrate on the consequences of decisions. The provision of information must also acknowledge that the use of party drugs is relatively non-problematic for the majority of users.

Treatment

It was acknowledged that this is an area in which much more research is required. In addition, a number of practitioners pointed out that treatment is not a universal 'one size fits all', as party drugs are an array of individual and mixed drugs not of common origin or of any particular standard. It was noted that research is needed on the treatment of the after-effects, particularly on how to treat serotonin depletion in individuals who had 'binged' on ecstasy.

Professional Education

Discussions on the need for professional education centered on medical practitioners, but also covered nightclub owners and workers, police, counselling and psychiatric services. Educative effort of nightclub owners, workers and the police was seen to be critical. It was felt that a prohibition framework could contribute to users taking too many drugs at once, having fewer opportunities to test the drugs that they are taking, and to pushing drug taking underground, with a concomitant loss of control.

Some clubs have harm minimisation plans in place. These include use of security to discourage drug use, provision of free water, information on harm minimisation on water bottles, provision of on-site medical services and user-pays ambulance services. However, the prohibition on appropriate testing kits remains a problem, as does the accuracy of these kits in indicating all the drugs in a given package.

While GPs are regarded as very believable sources of information, users don't tend to go to them for advice. There is a need to educate GPs about party drugs and how to be available to patients who use the drugs. In particular, the perceptions of drug users as 'down and outers' is being challenged by people who use party drugs and GPs need to recognise this changing drug user demographic.

● *continued on page 5*

Damon Laris Prize: Public Health Perspectives on Suicide

“Damon was generous and humble, he was impulsive, I thought he was happy. I miss his humour.” Sky Laris, Damon’s sister

Damon Laris took his own life in December 1999 at the age of 27. At the time of his death his family wished to recognise that rates of suicide among young Australian men aged 25-34 were the highest of any age group and that these rates reflected more than individual personality traits or pathologies. Even amid the immediate grief, Damon’s death seemed to his family to be part of an epidemic. Consequently they requested that donations be sent to PHAA for the purposes of public health suicide investigation.

The Damon Laris Prize, worth \$2000, is offered for a work in written form or other media that presents a public health perspective on suicide. The work should address the question of what social and economic factors may account for changes in suicide rates for particular groups. It may also look at what public health measures might reduce or prevent suicide.

The work may also focus on a description and analysis of particular interventions to prevent suicide that are based on public health principles.

The work can adopt a variety of forms. Journalistic style pieces or academic essays are acceptable, as are other media such as

film, video or radio programs.

Length should be approximately 3000-5000 words for written form, or 20-50 minutes for audiovisual media.

Selection will be by a panel of three judges, who will choose the work which best achieves:

- contribution to understanding of social and economic factors affecting incidence or other key aspects of suicide as a public health problem;
- effective communication of key ideas; and
- potential to contribute to effective intervention or change

The closing date for applications is 9 August. All applications should be forwarded to :

Pieta Laut
PO Box 319
CURTIN ACT 2605

Contact: Queries regarding the prize should be addressed to Pieta Laut, Executive Director, PHAA, at plaut@phaa.net.au.

AMA Drug Summit 2002 – Party Drugs: A new public health challenge

● *continued from page 4*

One of the challenges for GPs is that people from other regions attend large-scale events (such as the Sydney-based Sleaze Ball and the Mardi Gras). Some people who are not used to the drugs at these events will experiment or binge on a new drug. This requires GPs to be educated not just about the prevalent drugs in their local area, but also those used at major events. While regular well-educated users might cope, irregular uneducated users may find their use of new drugs particularly high-risk.

Conclusions

The framework of the presentations and the discussions was non-judgemental and sought to stay away from the political polarisation of prohibition and harm minimisation approaches. Over the day there was a strong underlying theme - the taking of party drugs is seen by users as being on

the continuum of drug taking that has always been a part of society.

Takers viewed the only difference between the taking of party drugs and the drinking of alcohol as being the artificial division of one being illegal while the other is legal. Understanding this perspective is clearly critical to the success of prevention measures and to harm minimisation.

Membership Renewal

The process of membership renewal is about to begin again in the Secretariat. At this time each year the question of retaining existing members and of gaining new members comes even more sharply into mind than at other times.

Council have had their discussions on fees, and once again agreed not to raise them. Branches and Special Interest Groups have been undertaking membership drives since the beginning of the year, and the Secretariat have been involved in a corporate membership drive along with a Journal only membership drive. Over the past year the PHAA has been involved in significant advocacy efforts and has been undertaking a push to renew all current policies that have reached their three year term. As Peter Sainsbury reported in last month's intouch, we have been undertaking a great deal of work in a wide variety of public health fields.

Still, it seems that we maintain rather than significantly increase our membership. So once again I appeal to all members of the PHAA to talk to their colleagues and see if they can't convince at least one other person to join the Association. Your personal experiences of being part of the Association – your involvement in policy and advocacy work, the conferences, Branch and SIG seminars and workshops, the value of *intouch* and the *Journal* – all of these are best expressed person to person.

It may be useful to remind colleagues of the variety of membership types available – from Student or Associate to Corporate. A copy of our rates is below.

The strength of the PHAA lies in its members - the expertise they can bring to bear on specific subjects, the capacity to approach issues from a multi-disciplinary perspectives, our networks, and our academic capacities some of which are represented in the Australia and New Zealand Journal of Public Health.

MEMBERSHIP RATES

Corporat For profit **\$825**

Not-for-profit government agencies **\$605**

Not-for-profit community-based organisations **\$495**

INDIVIDUAL

Full Membership

Category 1 (Gross income above \$70,001) **\$429**

Category 2 (Gross income \$55,001-\$70,000) **\$297**

Category 3 (Gross income \$40,001-\$55,000) **\$159.50**

Category 4 (Gross income below \$40,000) **\$93.50**

Associate Membership (restricted benefits:) **\$77**

Full Time Student Membership **\$77**

SIG Membership(s) **\$ 10 per SIG**

Epidemiologic Principles and Methods

Menzies Centre

**Printers please take out box and replace with
Add**

PHAA Profit & Loss Statement

1/01/2002 through 31/03/2002

Income

Non National Income	\$8,659.98
National Income	\$57,308.12
Total Income	<u>\$65,968.10</u>

Expenses

Non National Expenses	\$11,950.43
National Expenses	\$103,215.97
Total Expenses	<u>\$115,166.40</u>

Operating Profit -\$49,204.48

Conference Income

Conference Income	\$45,499.99
Total Conference Income	<u>\$45,499.99</u>

Conference Expense

Conference Expenses	\$33,788.33
Total Conference Expense	<u>\$33,788.33</u>

Net Profit/(Loss) -\$37,486.64

PHAA Policy

The Public Health Association of Australia (PHAA) has a commitment to promoting the health of the public as well as serving as a professional resource for public health personnel. To do so, the PHAA undertakes such initiatives as promoting particular policy options with governments, advocating for particular research priorities, and encouraging public debate about particular issues.

PHAA's policies serve as the basis for its advocacy work. The basic prerequisite for PHAA taking action is that policy directions be evidence-based, logically argued, and have the support of the PHAA membership.

A copy of the policy guidelines is available on the PHAA website.

Many of the current policies are due for renewal at the coming 2002-2003 Annual General Meeting (AGM), to be held in Adelaide in September. Special Interest Groups and Branches are encouraged to provide as many of their renewed policies (updated, requests for roll-over, and requests to archive) to the Secretariat as soon as possible, in order to avoid a massive work load for the Policy Action Committee in the lead up to the AGM. As all policies (new or renewed) have to be published in *intouch*, they will all need to be submitted to the Secretariat before mid July at the latest.

If you have any concerns or queries regarding policies, please do not hesitate to contact Pieta Laut, or Helen Keleher (Vice President - Policy).



THE WESTERN AUSTRALIAN INSTITUTE FOR
MEDICAL RESEARCH INC.

The Bone and Calcium Group of the Western Australian Institute for Medical Research (WAIMR) is to appoint a **Genetics Statistician**

The candidate will be responsible for development and performance of genetics statistics analysis and bioinformatics within an active complex genetic disease research group and will participate in population-based genetic discovery of human disease markers.

You will provide the organization with both short and long term strategies that will help meet research objectives in the statistics, computational and data management area. This will include providing guidance on the study design and statistical approaches, and performance of analysis.

The candidate will work in collaboration with clinical, statistical and laboratory staff as part of our disease gene discovery project team and will provide support in relation to genetic statistics, bioinformatics and data management.

Development and application of computational tools will be required and these will need to be integrated with an informatics database strategy, including the incorporation of large databases from collaborations, and in house research efforts. Maintaining and implementing software systems for the management and analysis of data will also be required. The candidate is expected to maintain a broad expertise and high degree of competency in the field by staying abreast of new principles and theories.

Requirements: An advanced degree with an emphasis in genetics, statistics or informatics applied to Biology or related scientific discipline, and a minimum of three years relevant experience in a research environment.

Demonstrated ability to function effectively in a variety of roles in a biological research environment is essential, preferably in an active multi-disciplinary research group.

Proven ability to develop statistical models and efficiently manage and analyse large data sets is essential. Demonstrated written and oral communications skills, technical proficiency, creativity and strategic thinking skills are also required.

Experience in the use of analytical software such as SPSS, MAPMAKER/SIBS, GENEHUNTER, qTDT, and PHASE would be an advantage. Programming skills in ACCESS and PERL would also be an advantage. Molecular / computational biology, expertise in the use of public genome databases and tools, and some programming skills are also desirable.

For further Information contact Satvinder Dhaliwal on 08 93463645, email dhaliwal@cyllene.uwa.edu.au or Richard Prince on 08 93462847, email rlprince@cyllene.uwa.edu.au For application procedures go to www.waimr.uwa.edu.au

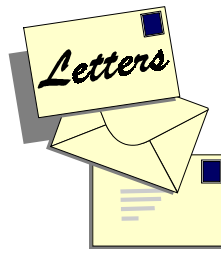
Letters to the Editor

Dear Editor

CAPE YORK RAATSICC ADVISORY ASSOCIATION INC

The Cape York/Gulf Remote Area Aboriginal and Torres Strait Islander Child Care Advisory Association (RAATSICC) addresses issues of social justice and equity of access to services for families with children in remote area Aboriginal and Torres Strait Islander communities across the Cape York and the Gulf regions of Northern Queensland.

Expressions of interest are sought from specialist therapists qualified to treat children experiencing the effects of witnessing domestic violence. Applicants must be able to



provide culturally appropriate services and demonstrate awareness of contemporary issues relating to service provision in Aboriginal and

Torres Strait Islander communities. Required services include recognized therapeutic and educational modalities, including innovative programs with a proven track record.

Therapists will be required to provide services in remote communities as required and adopt a flexible approach to arrangements for client consultations and treatments.

For further information about the RAATSIC Therapeutic Register, contact Gareth Wild on 0408490627 or email: gareth@ar.com.au

Gareth Wild

Dear Editor

I am writing to seek your help in identifying considerations which might induce the PHAA to review its policy last updated, to my knowledge, on 30 October 1996 in support of compulsory helmet wearing by cyclists. For reasons noted below, I suggest it is likely that compulsory wearing is detrimental to public health.

First, the efficacy of helmets against the serious brain injury that impels their use has not been verified: indeed helmets may aggravate it. This is because work on standards for the design of helmets and epidemiological studies have not been informed by scientific findings on mechanisms of brain injury.

Second, compulsory wearing in Australia has discouraged cycling. In 1998, the British Medical Association noted this and, reckoning that the health benefits of cycling are likely to outweigh the loss of life through accidents, rejected the policy of compulsion.

Third, declines in serious casualties to cyclists have been less than commensurate with their numbers, suggesting that the risk to the remaining cyclists increased: also helmet wearers are over-represented among casualties.

Apart from effects on public health, compulsory helmet wearing, a preventive medical treatment, runs counter to law and ethics applicable to medicine. Increasingly, in recent years, the law has affirmed the rights of patients to choose whether to undergo treatment and to be warned of any risks. Hence vaccination against infectious disease is voluntary, even though refusal can adversely affect the health of others, unlike helmet wearing. Nor have cyclists been warned of any risks of helmet wearing.

This last point shows the contrast between approval of standards for helmets and other therapeutic devices. The Therapeutic Goods Administration monitors the use of the goods it approves and reviews approvals if adverse effects are found, but authorities responsible for helmets do not do this; they ignore a warning by the NHMRC for instance.

I am writing in similar terms to the Australian Medical Association and the Royal Australasian College of Surgeons.

W.J Curnow
President, Cyclists' Rights Action Group

Over the last little while we have been trying to develop intouch into a more interesting newsletter. As you may have seen, we recently added Opinion Pieces to our list of regular features and with this issue are starting a regular section for Letters to the Editor.

This is to provide a place where readers can draw issues of concern in public health to the attention of the editor and other readers.

Where appropriate, we will seek out articles that provide further information on the issues raised in letters. We will try to include this in the same edition, although it may sometimes have to follow in the next intouch.

As this is an interactive component, we need your letters to get things rolling. Please keep them brief and to the point. Preference will be given to those of about 350 words.

Response to “Letter to the Editor” from the Injury Prevention SIG

*Beth Fuller, National Convenor, Injury Prevention SIG
Reply from the Injury Prevention Special Interest Group*

Mr Curnow’s call for relaxing the legislation that relates to helmet-wearing for cyclists provides an opportunity to review the argument, from the injury prevention perspective. At the outset we acknowledge that opinions on helmet-wearing polarise into those who are for bike helmets and those against.

In overviewing the evidence that relates to the use of bike helmets, the Injury Prevention Special Interest Group (SIG) have provided the following information for consideration:

- Attewell, Blasé & McFadden (2000) present a formal quantification of the results of recent peer-reviewed epidemiological studies over the past decade that investigated the efficacy of helmets in preventing serious injury to bicycle riders involved in crashes, and provided strong evidence in support of helmets for preventing head and fatal injuries. <http://www.atsb.gov.au/road/reaseach/cr195.pdf>
- Carlin, Taylor and Nolan in School Based bicycle safety education and bicycle injuries in children: a case control study (Injury Prevention 1998 4(1) 22-7), describing a study of a large series of injuries among both helmeted and unhelmeted cyclists, found helmeted cyclists at lower risk of brain injury.
- QISU (number 57) January 2000 reported that prevention strategies for bicycle injuries are largely concentrated around helmet use, education and modifying the cycling environment. Of interest to this discussion are 2 articles:

Thompson DC, Rivara FP and Thompson R. Helmets for preventing head and facial injuries in bicyclists (Cochrane Review) in the Cochrane Library, Issue 4, 1999. The authors suggest that this article provides a well-documented argument of the benefits of helmet use.

Pitt WR, Thomas S, Nixon J, Clark R, Battistutta D, Acton C. Trends in health injuries among child cyclists. BMJ 1994 308: 177. The authors report that this article provides evidence that increase in use of helmet has led to a reduction in bicycle related head injuries.

- Monash in their ‘Hazard’ series have monitored the effects of compulsory bicycle helmet legislation on head injuries to cyclists under 15 years of age. With reductions reported in June ’91 (42%) and October ’91 (40%), the

March ’92 edition reported that numbers of both head and cycling injury cases have been reducing, and appear to be levelling out. These reductions coincide with initial pre-legislation and later with post-legislation mandatory wearing of helmets. The authors suggest that greater enforcement of helmet wearing and/or additional promotion measures are required.

- One SIG member recalled a study which found that injury due to penetration of the helmet was much less likely than injury due to impact. For this reason the helmet standard was revised from the hard shell to one that allowed the soft shell with increased ventilation.

SIG members have commented that the most compelling aspect of the argument posed by Curnow is not in the repealing of compulsory helmet wearing laws, but more in considering the nature of the helmet design and the outcome of helmet wearing.

Ultimately the argument is one that recognises injury prevention issues rather than one based on the infringement of individual rights. The evidence of the effect that compulsory helmet-wearing has had on both the extent and seriousness of injuries is strong and compelling.

34th Public Health Association of
Australia Annual Conference
Mobilising Public Health



29 Sept - 2 Oct 2002 Adelaide
Festival Centre, ADELAIDE

For more information please email the Conference
Secretariat at: conference@phaa.net.au or phone
02 6285 2373

Public Health Media Awards



The Public Health Media Awards were instigated by the Public Health Association of Australia (PHAA) in order to promote and reinforce by rewards, high quality reporting of public health issues through the mass media. There is broad recognition and considerable evidence suggesting that the majority of the Australian population take a substantial amount of their knowledge on media related issues from the mass media.

This is a call for nominations for the Public Health Media Awards.

The Annual Public Health Media Awards will be presented in the following categories:

Television – drama, news, current affairs, documentary.

Print media – metropolitan or regional newspapers, magazines and other print media (maximum three articles or examples of work).

Radio – news, current affairs, documentary (one program or highlights up to a maximum of one hour duration).

Online “Eberhard Wenzel Award” – news, special features and discussion forums.

These awards will be presented to the winner/s in each media award category at the PHAA Annual Conference in Adelaide on 30 September 2002.

Certificates of commendation will also be presented at the discretion of the judging panel. Nominations in the Television and Radio categories provide for the recognition of producer and presenter.

To be eligible:

- the subject area covered should have a direct link to public health issues in Australia;
- the nomination must demonstrate either excellence in its field: innovative and sustained strategies for addressing public health issues; or demonstrable outcomes; and

- publications or programs must have been produced, published, broadcast or implemented by an organisation between 1 July 2001 and 30 June 2002.

Visual, audio or written material

If a nomination is based on work in print or electronic media, attach three copies of one or more of the following:

- written/printed text, books or cutting from newspapers or magazines;
- file on VHS;
- audio tapes;
- video tapes (VHS).

Entering in multiple categories

Nominations may be made in more than one category. A completed nomination form, testimony and supporting materials must be provided for each category entered.

Closing date

Nominations in all categories close on Friday 9 August 2002.

An Application Form can be downloaded from the PHAA website, www.phaa.net.au under PHAA Media Awards

Mail and delivery address for nominations

mail to: PHAA Media Awards
PHAA Secretariat
PO Box 319, CURTIN ACT 2605

or deliver to: PHAA Media Awards
PHAA Secretariat
Suites 2 and 3
20 Napier Close, DEAKIN ACT 2600

Telephone: (02) 6285 2373

Facsimile: (02) 6282 5438

Welcome to Public Health Research Ethics Special Interest Group

At its meeting of 22 April, the Council approved establishing a new Special Interest Group (SIG). The SIG had wide support from PHAA members, with 69 signing an endorsement for the proposed new SIG. The SIG is to be named the Public Health Research Ethics SIG.

The aims of the SIG are to:

- facilitate connection of PHAA members with a shared interest in health research ethics;
- encourage increased discussion and debate around health research ethics issues;
- raise the profile of research ethics in the public health field generally;
- encourage a participatory social interactionists view of ethics in preference to the notion of ethics as the sole domain of ethicists and ethics committees;
- develop an increased awareness of the various discipline specific research ethics issues and approaches within public health.

The objectives of the SIG are to:

- prepare and deliver periodic seminars and workshops, discussions/issues papers and conference papers for PHAA

members and other stakeholders;

- contribute to the development of research ethics policy in Australia (eg. Submissions to the Australian Health Ethics Committee, NHMRC, PHAA policy statements);
- lobby for increased funding for ethics research in Australia (eg. Ethics committee decision making, ethics committee – researcher interface, ethics of evolving research methods and practices, ethical issues for researching culturally and linguistically diverse populations);
- facilitate a collaborative and capacity building approach among PHAA members towards the development of policy and discussion papers, research funding proposals and other activities related to research ethics issues.

A copy of the SIGs proposed workplan is on the PHAA website.

The Interim Committee is Mr Craig Fry, Mr Peter Miller, Dr Joe Thomas, Dr Anita Peerson, and Ms Philippa Hartney.

The Council welcomes the new SIG and encourages those members who endorsed the proposal and other PHAA members to join the SIG in the new financial year when they renew their PHAA membership.

8th National PHAA Immunisation Conference Sponsors

The Public Health Association of Australia wishes to thank GlaxoSmithKline, CSL Vaccines, Australian Department of Health and Ageing, State Government Victoria, Wyeth-Lederle Vaccines and Aventis for their generous conference support.

Principal Sponsor



Major Sponsor



Other sponsors



Adult Influenza and Pneumococcal Immunisation Programs for 2002

Information provided by the Immunisation Section, Communicable Disease and Health Protection Branch, Commonwealth Department of Health and Ageing, Canberra, March 2002

The Commonwealth Government is again providing two adult immunisation programs to help combat influenza and pneumococcal disease:

- The National Influenza Vaccine Program for Older Australians provides funding for free influenza vaccine for people aged 65 years and older.
- The National Indigenous Pneumococcal and Influenza Immunisation Program provides funding for both influenza vaccine and pneumococcal vaccine for all Aboriginal and Torres Strait Islander peoples aged 50 and older and those aged 15-49 years who fall into high risk groups.

National Influenza Vaccine Program for People Aged 65 & Over

Data from the Australian Bureau of Statistics shows that 92.9% of the 1,898 Australians who died in 1999 from influenza and pneumococcal disease, were aged 65 years and older.

On average 100 Australians die from influenza annually. Each year between 1500 and 2000 Australians die from the complications of influenza, such as pneumonia. In any given year, influenza affects 10 to 20 per cent of the entire Australian population. The number of medical consultations in an average year for flu is estimated at one million and the average number of hospitalisations ranges from 20,000 to 40,000.

GPs to play important role

Research shows that the single most important factor in influencing older people to seek flu vaccination is a recommendation from their General Practitioner. GPs are crucial to this Program as they not only provide potentially life saving advice from the individual, but they are helping to vaccinate a vulnerable sector of Australia's population.

Vaccine efficacy

When there is a good match between the vaccine and circulating strains of influenza, current influenza vaccines confer 70% protection against infection for approximately 12 months. To ensure continuing protection against new strains of influenza, GPs should recommend annual vaccination.

After vaccination there is an approximate two-week period before immunity is conferred and vaccinated patients should avoid contact with people who have influenza during this time.

The vaccine for 2002 is made up of the following strains:

- an A/Moscow/10/99(H3N2)-like virus
- an A/New Caledonia/20/99(H1N1)-like virus
- a B/Sichuan/379/99-like virus

This is the same combination of virus strains that were used in the 2001 influenza vaccine. If doctors and immunisation providers still have any of last year's stock of vaccine they should discard it as it is likely to have expired.

Vaccine safety and side effects

The flu vaccine does not contain live virus and, therefore, cannot cause the flu. Some vaccine recipients may experience some low risk side effects such as discomfort at the injection site for up to two days. 'Flu-like' symptoms such as fever, fatigue and muscle soreness may also occur. Immediate allergic reactions (such as hives, angio-oedema, asthma or systemic anaphylaxis) rarely occur after influenza vaccination.

Guillain-Barre Syndrome (GBS) has been rarely associated with influenza vaccine (1 in 1 million chance).

If GBS is a true rare side effect of the influenza vaccination, the estimated risk of severe health effects is substantially less than that for persons who suffer complications as a result of severe influenza.

Contraindications

Individuals with anaphylactic hypersensitivity to eggs and/or those who have an acute febrile illness and/or fever associated with another illness should not be given the influenza vaccine. The Australian Immunisation Handbook (7th edition – page 146) outlines the contraindications to influenza vaccine.

National Indigenous Influenza and Pneumococcal Immunisation Program

The Indigenous Program will offer free influenza and pneumococcal vaccines to all Indigenous people aged 50 years and older and Indigenous people in the 15-49 year age group who have been identified as high risk by the NHMRC. This includes Indigenous people who are:-

- at increased risk because of chronic illness, eg chronic cardiac failure, renal or pulmonary disease, diabetes and heavy drinkers; and
- immunocompromised patients.

(Refer to the Australian Immunisation Handbook, 7th edition – page 144, for more details.)

The success of the Indigenous Immunisation Program is largely dependent on raising community awareness. To reach

● *continued next page*

Sidney Sax Public Health Medal

In honour of the late Dr Sidney Sax, the Public Health Association of Australia recently renamed the Public Health Association Medal the "Sidney Sax Public Health Medal".

The Public Health Association of Australia (PHAA) bestows this competitive award on a person who has provided a notable contribution to the protection and promotion of public health, solving public health problems, advancing community awareness of public health measures and advancing the ideals and practice of equity in the provision of health care.

This is a call for nominations for the Sidney Sax Public Health Medal.

This award will be presented to the winner at the PHAA Annual Conference in Adelaide on 30 September 2002.

To be eligible the nominee must:

- have a proven track record in the advancement of public health in Australia;
- be an Australian citizen or resident; and
- have undertaken his/her activities in Australia.

Criteria for the Sidney Sax Public Health Medal

Nominees will have actively engaged in work or activities in Australia designed to:

- protect and promote public health within Australia;
- promote multi-disciplinary approaches to designing public health solutions and solving public health

problems;

- advance community awareness of public health measures and outcomes and the real cost of inadequate public health responses; and
- advance the ideals and practice of equity in the provision of health care (equity defined as equal care for equal need).

Nominees will ideally have a record of achievement in one or more of the above activities.

An Application Form can be downloaded from the PHAA website, www.phaa.net.au under PHAA Media Awards Section.

Mail and delivery address for nominations

mail to: PHAA Media Awards
PHAA Secretariat
PO Box 319, CURTIN ACT 2605

or deliver to: PHAA Media Awards
PHAA Secretariat
Suites 2 and 3
20 Napier Close, DEAKIN ACT 2600

Telephone: (02) 6285 2373

Facsimile: (02) 6282 5438

Adult Influenza and Pneumococcal Immunisation Programs for 2002

● *continued from previous page*

Indigenous people who are eligible for free pneumococcal and influenza vaccine, public promotion of the Program will begin in February, with the majority of promotional activities implemented during the months of February/March 2001.

Distribution of vaccines

The vaccines for both programs will be made directly available to GPs, Aboriginal health services and other immunisation providers via the same mechanisms as childhood vaccines. Therefore, eligible persons do not need prescriptions for the vaccines nor do they need to purchase the vaccines from a pharmacy. This program covers the cost of the vaccine.

These information resources will also be available on the Immunise Australia Internet site ([http://](http://immunise.health.gov.au)

immunise.health.gov.au) or can be ordered through the Immunisation Infoline (free call 1800 671 811).

For further information about vaccine orders and supply contact your State or Territory Health Department:

NSW Public Health Unit (look under 'Health' in the White Pages)

ACT immunisation Inquiry Line - 02 6205 2300

SA Immunisation Coordination Unit - 08 8226 7177

WA Central immunisation Clinic - 08 9321 1312

TAS Immunisation Hotline - 1800 671 738 or
03 6233 3762

VIC Immunisation Program 03 9637 4143
or 03 9637 4144

NT Centre for Disease Control 08 8922 8044

QLD Queensland Health 07 3234 1500

Items of Interest

Menzies Research Scholarship in the Allied Health Sciences

The Sir Robert Menzies Memorial Foundation is offering a research scholarship in order to stimulate research in the allied health sciences. The scholarship will be open to persons who will be working as full-time students in a research PhD program which is likely to be completed during the two-year tenure of the scholarship. The applicant will generally have completed the first stage of the PhD project and will be expected to take up the scholarship during 2003.

Application forms are available from the Menzies Foundation Scholarship Officer on fax 03 9417 7049 or by visiting www.vicnet.net.au/~menzies. Telephone requests are not accepted. Closing date – 30 June 2002. (Source Leadership Network newsletter of the RACN)

New Cochrane Database Available

The PsiTri database has opened to the public at www.psitri.helsinki.fi. It combines the specialised registers of the Cochrane Mental Health Groups into a freely accessible database of randomised and clinical controlled trials on treatments, preventions and improvement of mental health and behavioural problems and conditions. It also contains references. It is still in the early states and the aim is to have 20,000 trials by late 2002. (Source – *healthupdate*, March 2002 – the newsletter of the Consumers Health Forum).

Return Unwanted Medicines Project

The National Return and Disposal of Unwanted Medicines Ltd is a not for profit organisation which is funded by the Commonwealth Government. They are currently promoting The Unwanted Medicines Project. Through the project the public is being urged to regularly clean out their medicine cabinets and return any unwanted medicines to their local pharmacy as part of a program designed to safeguard family health and the environment.

The RUM project allows consumers to safely dispose of unwanted and out of date medicines to any pharmacy any time. The project also discourages residents from hoarding old medicines that can encourage mis-use among adults and increase the risk of unsupervised consumption among children.

The Child Accident Prevention Foundation records show that 3,500 children under five are admitted to hospitals every year in Australia because of poisoning, with over 70% of these involving medicines. Research also points to paracetamol, antidepressants and nervous system depressants as the most common causes for child poisoning.

For more information visit www.returnmed.com.au or call 1300 650 835. (Source Leadership Network)

Injury prevention – Boogie Boards

Choo, Hansen and Bailey have reported in the Medical Journal of Australia that riding waves on body-boards has resulted in some serious blunt abdominal injuries. Their report notes that abdominal injuries have not previously been reported from this popular pastime. However, between February 1998 and March 1999 three patients with such injuries were seen at hospitals in Queensland. The circumstances of the accidents is reported as suggesting that the method in which a body-board is usually ridden places a rider at risk of abdominal injury.

(Vol 176, April 2002, Beware the boogie board: blunt abdominal trauma from bodyboarding)

Population and Environment Fund Begins Work

The Academy of Science has announced that its Population and environmental Research Fund has established a steering committee and appointed a research officer. The research officer is Dr Colin Butler, a medical practitioner who has submitted his PhD to the National Centre for Epidemiology and Population Health at the Australian National University (ANU).

His initial task is to survey current work in population and environment research in Australia. This will provide an overview of the debate in this area and will be used by the committee to help determine the future directions for the Fund.

The members of the Fund's committee are:

Dr Stephen Boyden (formerly of ANU);

- Dr Doug Cocks (CSIRO, Sustainable Ecosystems);
- Professor Frank Fenner (ANU);
- Professor Tony McMichael (ANU); and,
- Professor Henry Nix (ANU).

Private Finance Initiative in UK Hospitals

Dr Jean Shaoul of Manchester University recently presented a seminar on the private finance initiative that is being used in the United Kingdom to draw in private capital to the National Health Service and to outsource hotel type services in hospitals.

Dr Shaoul's seminar provided a critique of the way in which the private finance initiative has been implemented and some of the consequences. A copy of her power point presentation is available on http://www.latrobe.edu.au/publichealth/seminars/Seminar_Program.htm#Friday Program.

Items of Interest

Globalisation and Trade

Dr David Legge recommends that anyone looking to keep informed about globalisation and trade have a look at http://www.maketradefair.org/assets/english/Report_English.pdf

New AHSRHP Public Health Systems Research Affiliate

The Council on Linkages Between Academia and Public Health Practice (Washington DC) has announced that the Academy for Health Services Research and Health Policy has established a Public Health Systems Research Affiliate. The development of this affiliate came in direct response to recommendations from the First National Public Health Services Research Forum. This affiliate provides an opportunity for those in or interested in public health systems research to share methods, findings and questions. The affiliates web-site is <http://www.academyhealth.org/2002/affiliate/>.

You can join the National Public Health Services Research Forum Online at <http://trainingfinder.org/research/>.

Health online

Are you looking for ways to access health information via the internet? Health makes up a large part of the internet market, but like any other subject matter some of the sites are good, and some are very poor.

As a starting point, the Commonwealth Department of Health and Aging has set up www.healthinsite.gov.au. This site offers authoritative information about a wide variety of health issues and has very good search capacities.

For general medical information the world's largest online medical library can be accessed through the US National Library of Medicine: www.nlm.nih.gov.

For information about child health, try www.kidshealth.org/index.html. This site is divided into sections for parents, teenagers and children.

The Australian IndigenousHealthINfoNet has developed from the National Aboriginal and Torres Strait Islander Health Clearing House and can be found at www.healthinfor.net.ecu.edu.au.

These are all worth looking through.

What's on

16 - 19 June 2002

Made in the Future: a conference on leadership, capacity building, evidence and advocacy. Sydney Convention & Exhibition Centre Darling Harbour
For information contact the Conference Secretariat: 02 9280 0577 or email: healthpromotion2002@pharmaevents.com.au

24-26 June 2002

Eat & Run-The First Australasian Nutrition, Physical Activity and Cancer Conference. Sydney Convention & Exhibition centre, Sydney Australia. Presented by The Cancer Council of Australia and The Cancer Society of New Zealand. For further information email eat&runconference@nswcc.org.au
Or register online
www.cancercouncil.com.au

5 - 9 July 2002

Centre for the Study of Mothers' and Childrens' Health, Carlton VIC 3053
Short Course in Reproductive and Perinatal Epidemiology.
The course will include discussion of epidemiological principles of study design and method, evidence-based practice, sociodemographic factors in reproductive and perinatal health, and the availability and use of state and national data. There will also be a preceding half day workshop on Epidemiology and Biostatistics on Thursday 4 July. **For more information: ring 03 8341 8500 or email: csnich@latrobe.edu.au**

18-20 November 2002

Conference: APSAD 2002 Alcohol and Drug Conference incorporating the National Methadone Conference
Venue: Adelaide Hilton. Adelaide South Australia. Web address: www.plevin.com.au/APSAD2002/
Contact: Plevin and Associates Pty Ltd PO Box 54 BURNSIDE South Australia. Tel (08) 8379 8222, Fax (08) 8379 8177
events@plevin.com.au

2-5 July 2002

Reproductive Health: Taking Care of Tomorrow's World, Emmanuel College The University of Queensland
<http://www.sph.uq.edu.au/acithn/conf/>
Further information contact: Pauline Fraley: paulineF@qimr.edu.au
The conference has been submitted to the RACGP for 2 point per hour allocation in the CPD category of the Quality Assurance and Continuing Education Program for the 2002-2004 triennium

New Members

New South Wales

Bridget O'Connor
Christine Garling
Anne Montiro

Victoria

Whitehorse City Council
Samara Cox
Hua Xu
Alexandra Austin
David Kennedy
Jacqui Schultz
Kristina Basile
Melanie Hawkins

Queensland

Jenny Barralet
Karen Moran

Australian Capital Territory

Grahame Dickson

South Australia

Craig Edwards

Western Australia

Helen Stuckey
Aileen Plant

Northern Territory

Sandra Miles

Advertising in



1/4 page

Members \$215
Non-members \$302

1/2 page

Members \$338
Non-members \$473

Full page

Members \$607
Non-Members \$836
camera-ready copy preferred but PHAA staff can prepare your advertisement (rate of \$20 p/h)

Conference listing (5cm column)

up to 5 lines \$33
up to 10 lines \$55

*Inserts (2000 x single A4 page)

Members \$440
Non-members \$550

*after booking, send to PHAA, attention:

Vicki Thompson
20 Napier Close
Deakin ACT 2605

Costs for larger/thicker inserts are available on request. Copy deadline is for the 28th of the month for publication on 15th of the following month. If further information is required please contact PHAA via email:

publications@phaa.net.au

or phone 02 6285 2373

EDITORS: Elizabeth Proude and Susan Stratigos