



## ACT Branch

*Colin Sindall, ACT Branch President*

PHAA ACT is a small Branch with a little over 100 members. The size of the Branch means we are only able to take on and manage a limited number of activities. Since the middle of the year, the Branch has run two events, a lunchtime forum and the Sax Oration, both of which have had a high profile in the public health community in Canberra.

The lunchtime forum, held in July, featured ACT Chief Minister, Jon Stanhope. This has been the second year running that the Chief Minister has participated in this event. The forum attracted health researchers, policy makers and practitioners and provided an opportunity for dialogue between the public health community and the Territory's most senior policy maker.

The theme of the Chief Minister's talk was 'Healthy Environment, Healthy People', with a particular focus on the ACT and recovery after the January bushfires. This was an important and timely topic for a Canberra audience, because, as the Chief Minister noted in his speech, the bushfire-related challenges Canberra is facing are "putting us to the test in terms of the resilience of our community, water quality, landscape rehabilitation and planning for the future".

Mr Stanhope's presentation covered three main topics – water, air quality and protection of natural areas – which he situated within the much larger theme of sustainability as a necessary consideration for future health in the ACT.

Mr Stanhope emphasised the need to recognise the interdependency of environment, economy and society. In this context he said that he saw "sustainable living" as a far-reaching concept which included "enhancing the health and wellbeing of the community by encouraging networks and partnerships based on shared interests, enduring relationships and trust".

The ACT Government is creating a strategic blueprint for Canberra's future which looks 25 – 30 years ahead, called The Canberra Plan. This includes The Spatial Plan, The Social Plan and an Economic White Paper. Mr Stanhope said that each of the three plans will identify how they will manage within the principles set out in the Government's sustainability policy.

A full transcript of Mr Stanhope's presentation is available from the Branch Secretary, Hilary Bambrick - email: [hilary.bambrick@anu.edu.au](mailto:hilary.bambrick@anu.edu.au)

The annual Sax Oration is a milestone event on the ACT public health calendar. The speaker for 2003 was Professor

*continued on page 2*

### Index

ACT Branch .....	1
Office Bearers .....	2
Reading between the lines .....	3
Rainbow foods- proves to be successful in improving children's eating habits .....	5
Early warning on disease threats to Australia .....	6
Drugs in our Water: Chronic Exposure to Chemicals in Water Supply may be Harmful to Health .....	7
intouch goes electronic .....	8
Mental health at the Annual Conference .....	9
Handgun buyback legislation passed .....	10
A Children's Vision Campaign .....	11
Violence against women .....	11
Housing dream turns to nightmare for low-income Australians .....	12
No Mea Culpa, This. ....	13
China: Civet cats back on menu despite SARs fears ..	14
Urgent Need to Address the Impact of Musculoskeletal Conditions .....	15
US Free Trade Agreement will increase Water Use ....	16
Health Systems Confront Poverty .....	16
Obituary: Natalie Raye Burton .....	17
Environment Matters: some useful web resources ....	18
Computer Virus that humans can catch .....	18
Experts Call for International Attention to COPD, World's Fourth Leading Killer .....	19
PHAA Advocacy Update Oct/Nov .....	20
Asia Leaders Ignoring Pending AIDS Crisis, U.N Envoy Tells, UNESCAP Conference .....	21
Items of Interest .....	22
What's on .....	24
New Members .....	24

## ACT Branch – continued from page 1

Penny Hawe who holds the Markin Chair in Health and Society, University of Calgary, and is Adjunct Professor, School of Public Health, Latrobe University.

Professor Hawe's intriguingly titled oration, People like us: ego and anxiety and the perpetuation of ideas in public health, dealt with the notion that many of our ideas in public health are simply reflections of ourselves, our own interests and views.

Public health researchers and practitioners, like those in other disciplines, often cite, with little thought, the same well-known authors and the same ideas because it suits them. Public health researchers are also trained to judge, accept and cite what they read on the basis of the reputation of a paper's authors, thus consolidating the theories of already well-established researchers.

Penny's talk drew upon theories and concepts from the history of science, in particular, Thomas Kuhn's argument about paradigm change. She illustrated her central thesis using network analysis, by showing how Kawachi's and Putnam's version of communitarian social capital gained credence over the Bourdiean version of social capital through repeated citations of citations of Kawachi and Putnam in public health literature.

Given the importance of public health to society's well being, Penny concluded that it is vital that we are aware of our own practices in relation to the propagation of theories within public health.

The next activity for the ACT Branch will be the AGM on 3rd December, at which Dr Tony Sherbon, the new Chief Executive for ACT Health, will talk on 'Visions for health in the ACT'.

Events such as the lunchtime forums, the Sax Oration and the AGM provide valuable opportunities to promote the contribution and achievements of public health, to build partnerships, to introduce new ideas and to stimulate dialogue and debate around public health issues. However, as with other Branches, PHAA ACT is also looking to use these activities to recruit new members. There is still much to learn and work to be done on this.

The Branch acknowledges the enormous contribution and commitment of the members of the Executive, in particular Hilary Bambrick (Secretary), Cathy Banwell (Treasurer), Rosemary Korda and Rosalie Woodruff in organising the above events.

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# Reading between the lines

*Dr Stanton (PhiD) is a leading nutritionist.  
Article from the Australian Doctor, 7 November 2003*

A MODERN supermarket stocks about 12,000 items. By comparison, the 1960s shopper was confronted by 600 to 800 foods, many only available in season. The huge increase in the variety of foods gives rise to what researchers have dubbed “the cafeteria effect” - give people lots of choice and they eat more. Most popular weight-loss diets “work” by limiting food choice in some way. They may cut out whole classes of foods, such as sugar and everything made from grains. These diets are then sold with claims you can eat as much fat as you like, knowing that few people will eat much fat if you reduce foods that you normally eat with fat. The result is lower kilojoule intake.

A healthier way to get people to eat less would be to encourage them to read and understand food labels. New regulations mean that food labels provide more useful information than ever before.

It has been a long haul to reach this stage, with many manufacturers resistant to disclosing some information. Could they have been concerned that discovering what you are eating may turn you off the product?

The first stage of the battle for a better deal for consumers occurred a few years ago with a requirement that ingredients be listed in descending order of prominence in a product. Some companies protested, claiming this would violate their secret recipes and impose extra costs. Food authorities won that round.

Flavourings did not need to be individually declared and specified numbers were permitted for food additives. These can be deciphered at [www.foodstandards.gov.au](http://www.foodstandards.gov.au), or Food Standards Australia New Zealand (FSANZ) sell a booklet for \$4.95.

Australia once had mandatory standards for many foods. For example, jam had to contain a minimum quantity of fruit, meat pies had a prescribed level of meat, only bread with at least 90% wholemeal flour could be called wholemeal, canned fish had to contain 51 % fish, and a minimum 5% fruit had to go into fruit yoghurt.

Many of these standards were ditched in favour of listing the proportion of any characterising or named ingredient in all foods. After an outcry from consumer organisations and other concerned citizens, a few standards have now been reinstated for icon foods. So a meat pie must still contain 25% meat (offal can be added, but must be identified), sausages must have 50% meat flesh (which leaves a fair leeway for imaginative ingredients), jam must contain at least 40% of the fruit mentioned on the label, and ice-cream must have 10% milk fat.

But if you want to know how much pumpkin is in pumpkin soup, or the percentage of apricot in an apricot muesli bar, read the label.

This can be a real eye opener. I could happily accept that an egg pasta has 6% egg, but I would seriously reconsider a jar of chicken and vegetable baby food with only 6% chicken, or a can of cream of chicken soup with 1% chicken. And I wouldn't think it good value to choose an extra-cheesy spaghetti in tomato sauce with 1% cheese, a peach and pecan muesli with 2% peach and 1% pecan, or an apple and raspberry drink with 1% raspberry (plus red colouring).

A healthier way to get people to eat less would be to encourage them to read and understand food labels

A recent report in Choice magazine found:

- A guacamole dip with just 0.5% avocado;
- Hazelnut spreads contained 8-16% hazelnuts;
- Hearty Irish stew with only 13% meat (no details of the kind of meat);
- A prawn and crab dip with 4.2% prawn and a measly 0.5% crab;
- A pea and ham soup with 4% ham (quantity of peas not disclosed).

Percentage labelling also helps you discover how many additives go into even a simple product. For example, a jar of freshly crushed garlic had 56% garlic and 44% salt, sugar, food acid and water. By my reckoning, reading the label could be the best way to send people straight to the fresh foods department where what you see is what you get. For example, 100% garlic.

## Percentage free

FSANZ has been deliberating over the topic of percentage free claims. I regard these claims as nonsense at best, misleading at worst. The Australian Competition and Consumer Commission has stated that “free” implies “none”.

It would be absurd to describe a product as 91% GST free, just because the GST is only one-eleventh of the price. A claim of 95 % fat free is just as silly. Either a product has fat or it doesn't. But the food industry strenuously resists any efforts to ban percentage-free claims, presumably because they sell products.

At this stage, a code of practice (which is not legally binding) states that only low-fat foods - which must contain less than 3% fat or 1.5% fat for a liquid product may make fat-free claims. The fat content is supposed to be written in close proximity to the fat-free claim, although I have yet to see this.

*continued on page 4*

## Reading between the lines - *continued from page 3*

Many food companies ignore the code of practice and products bear all sorts of fat-free claims. I have even seen hamburger mince labelled as 80% fat free - a claim that is likely to be misleading because regular lean meat has 10% fat and very lean meat can have less than 5% fat.

Some fat-reduced products are bolstered with lots of sugar, making a mockery of fat-free claims. Checking the kilojoule counts for yoghurts, biscuits, chocolate and many other packaged foods bearing fat-free claims shows little difference from the regular product.

Studies also show that consumers eat larger portions of products labelled low fat so these foods can be a recipe for increasing obesity.

Cholesterol-free claims can also be misleading, because most excess blood cholesterol is produced within the body when the diet is high in saturated fat. Until recently, many products with substantial quantities of saturated fats carried cholesterol-free claims. New labelling laws, which include provision of a nutrition information panel, stipulate that if any claim is made about cholesterol or any kind of fat, the content of trans, saturated and unsaturated fats must be included. How many people read this fine detail compared with those who see only the cholesterol-free flash? It's not just percentage fat-free claims that can be misleading. The label of one brand of tea declares it is "97% caffeine free". Many people think this means most of its caffeine has been removed. In fact, tea has only 3% caffeine, so this tea is no different on that score.

### **Nutrition information panel**

Submissions made on behalf of major food companies objected to mandatory nutrition information, preferring to leave such matters to individual companies. But snack foods and foods with high kilojoules and low nutrient levels were the ones least likely to provide such information.

After much lobbying by concerned people and associations, health ministers ruled that packaged foods must list energy, protein, fat, saturated fat, total carbohydrate, sugars and sodium. If a claim is made about any other nutrient, it, too, must be listed.

Fast foods were granted an exemption from labelling. Some companies will provide nutrition information on request, but there seems little reason to exempt standardised fast-food chains from provisions for mandatory information panels.

### **Comparing products**

Food labels must also list a use-by or best-before date, as well as common allergens. Genetically modified ingredients are also to be listed, but there are exemptions for oils, sugars and products from animals fed GM ingredients.

This means almost all G.M. foods sold in Australia escape, labelling. Irradiated food, must also be labelled.

Research by FSANZ reported that more than two-thirds of consumers read food labels, with the most widely read sections the use-by date, the ingredients list and the information panel. However, consumers had difficulty interpreting nutrient claims such as reduced salt or 94% fat free and about half misunderstood the meaning of nutrient claims.

FSANZ reported that when comparing the merits of two products, consumers tend to focus on one nutrient only, and fat levels dominate their evaluative thinking. Many will choose a product slightly lower in fat and ignore differences in nutrients such as sodium, or total kilojoules.

Health claims are on the agenda for decision by health ministers from Australian states and territories, and New Zealand. The food industry is keen for health claims to be permitted on labels and advertisements for packaged foods, even though this would require expensive scientific studies for substantiation of the proposed claim.

There is no evidence from countries where health claims are permitted that they have had any effect on the public's health, although they do increase product sales - and prices. The fact that so many people already have problems interpreting nutrient claims would indicate that many would not be able to accurately work through the implications of health claims on food packages.

Health claims easily give the impression that you should consume a particular packaged food or beverage for good health. Adding selected nutrients to a processed food does not provide a complete, or necessarily desirable, package. Overwhelmingly, the need is for Australians to eat less of almost everything except vegetables, and perhaps fresh fruit.

If you are concerned about the impact of health claims or percentage-free claims on food labels, make your views known to the Royal Australasian College of Physicians, the Public Health Association of Australia or direct to the health minister in your state or territory. These issues need action now.

For a European Union perspective, see

[www.bmj.bmjournals.com/cgi/content/full/327/7408/182-d](http://www.bmj.bmjournals.com/cgi/content/full/327/7408/182-d)

## *Rainbow foods - proves to be successful in improving children's eating habits*



In a pilot throughout Sydney, the Rainbow Food – Eating by Colour program has shown a staggering from - 50% up to 300% - improvement in children's consumption of natural foods, which it is hoped will lead to the establishment of positive eating habits.

The program encourages children to think of food in colours and to eat as many natural colours as possible at every meal every day.

Designed by APS psychologist Denise Greenaway, it is based on her experience as a psychologist working with eating disorders such as anorexia, bulimia and obesity.

“My skills and knowledge in this field help address the psychological issues involved in negative eating behaviours. My experience as an educational psychologist provides a firm base for changing negative eating behaviours and patterns’

“The colour of the food presented to children can have a major effect on establishing positive eating habits by encouraging the consumption of healthy, natural foods” says Greenaway.

With Federal government's support, the program, has now been trialed as an early intervention program in childcare settings for children aged 0-5 years. In NSW, children five years and under from 1,000 families have been targeted, along with their carers and teachers.

Undertaking the program includes use of a workbook and a diary for children and their families to record the healthy colours they eat. Their scores are tallied at the end of a month.

“A month convinces parents how easy and worthwhile the approach is and allows the whole family to establish a whole new approach to buying, preparing and presenting, and even growing, food” says Greenaway.

Families were asked to describe what their child ate on a normal day before the program began. The food was scored according to Nutrition Australia's Variety scale (where each natural food or ingredient is given 1 point). At the end of the month long Rainbow Food -Eating by Colour program, a score was tallied to compare with the initial score.

To schedule an interview or arrange a pictorial opportunity at one of the Centres please contact: Elaine Grant - tel 03 8662 3363 or 0412 683 068

Melanie Wilkinson – tel 03 9600 0006 or 0418 105 913



### **Epidemiologist - Health Surveillance Team, Brisbane North Central Public Health Unit Network, Public Health Services.**

Remuneration value up to \$75 795 p.a., comprising salary between \$61 586 - \$66 431 p.a., employer contribution to superannuation (up to 12.75%) and annual leave loading (17.5%) (P04)

VRN: PCHA193-03. **Duties/Abilities:** The successful applicant will provide epidemiological support to the Central Public Health Unit Network (CPHUN) and key partner organisations including Central Zone Health Service Districts. Primary responsibilities include chronic disease epidemiology and communicable disease control, and investigation of disease outbreaks. In collaboration with other CPHUN staff, the appointee will also initiate, design, conduct and report on population health research and provide epidemiological advice and support for public health research projects conducted within the CPHUN including appropriate epidemiological support for Environmental Health, Public Health Nutrition and Health Promotion services.

**Enquiries:** Catherine Harper (07) 3250 8602.

**Application Kit:** (07) 3350 8972 (Voice Mail) or e-mail:

tpchsd\_vacancies@health.qld.gov.au  
(Your application MUST address the selection criteria in order for you to be considered for this position. Please do not send resume without selection criteria responses.)

**Closing Date:** 5.00 p.m. Monday, 15 December 2003.

*A non-smoking policy is effective in Queensland Government buildings, offices and motor vehicles.*

HPCSEN001155

# *Early warning on disease threats to Australia*

Implantable chips and hand-held devices to detect disease, and satellite information systems for predicting disease outbreaks are amongst the technologies that will be developed by the new Australian Biosecurity Cooperative Research Centre (AB-CRC).

Launched in Brisbane on Friday, November 21, by the Minister for Science, the Hon Peter McGauran MP, the AB-CRC brings together three universities, eight federal and state government agencies, five industry groups and three international organisations. The partners will combine their resources and expertise using the latest diagnostic, computer and satellite technologies to develop specialised early warning systems for the rapid detection and response to disease outbreaks. The vision of the CRC is that in the future farmers at remote locations in Australia will be able to use hand-held devices to monitor and report disease. The device would also relay the diagnostic information to a government veterinarian, who can then take immediate action to contain a disease outbreak.

"This partnership aims to counter the threat of emerging infectious diseases to Australia by strengthening the national response capability. Over the next 7 years we aim to decrease the time taken to identify a disease and bring it under control", said Dr Stephen Prowse, who has been appointed CEO of the new Centre.

The spread of new infectious diseases into Australia, through the movement of people and animals, viruses jumping from animals to humans, or even bioterrorism, is an increasing risk, according to Dr Prowse.

"The global SARS epidemic is a perfect example of the far-reaching impacts of newly emerging diseases.

"Experts within the new AB-CRC, including Professor Aileen Plant, Dr Hume Field, and Professor John Mackenzie, have been involved in the global response to the SARS outbreak, under the auspices of the World Health Organization," he said.

Other disease agents that will be targeted include Japanese encephalitis, a mosquito-borne brain disease of people; the devastating livestock disease, foot-and-mouth; and Nipah virus, which is capable of killing both animals and humans. The early warning technologies could also be used to counter potential biowarfare agents.

The AB-CRC is well positioned to help realise this vision because of its dual focus on the development of novel disease detection and surveillance technologies, alongside new national education and training strategies. These strategies, which will be developed and implemented through the AB-

CRC partnership, will target animal and public health professionals, livestock producers and the community to enhance surveillance and response capacity. As there are also limited specialist training opportunities, the AB-CRC's education program will produce research graduates with high-level, and industry relevant, experience in virology, microbiology, parasitology and applied epidemiology.

Partners in the Australian Biosecurity CRC are the Australian Animal Health Laboratory (CSIRO Livestock Industries), Curtin University of Technology, The University of Queensland, University of Sydney, Commonwealth Department of Agriculture, Fisheries and Forestry - Australia, Queensland Department of Primary Industries, Queensland Health Department, Western Australian Centre for Pathology and Medical Research, Western Australian Department of Agriculture, Animal Health Australia, Australian Pork Limited, and AusVet Animal Health Services.

Associate and international partners are Commonwealth Department of Health and Ageing, Meat and Livestock Australia, Northern Territory Department of Business, Industry and Resource Development, PANBIO Ltd, Consortium for Conservation Medicine (USA), National Centre for Foreign Animal Disease (Canada), and OIE SE Asia Foot and Mouth Disease Campaign, Regional Coordinating Unit (Thailand).

The Australian Biosecurity CRC is one of 30 new CRCs announced last year by the Federal Government. The total resources of the Centre will be more than \$60million over 7 years. The Centre has major research nodes in Brisbane, Geelong, Sydney and Perth, and partners in Bangkok, New York and Winnipeg.

## **National Mental Health Plan**

Peter Trebilco has provided PHAA with a critique of the newly released National Mental Health Plan.

As this critique is too large to incorporate in intouch, it has been placed on the PHAA website under SIGs, Mental Health SIG.

Our thanks to Peter for such a valient effort.

# *Drugs in our Water: Chronic Exposure to Chemicals in Water Supply may be Harmful to Health*

*Sharon Batt, Health researcher, Women and Health Protection*

During the past year, headlines about “drugs in the water” have alerted the public to an unsettling fact: our lakes, rivers, streams and groundwater contain trace amounts of pharmaceutical drugs that can enter our drinking water. The growing list includes plenty one would rather not down in a glass of water on a hot day: antibiotics and painkillers, hormones and tranquilizers, drugs to treat blood cholesterol, epilepsy and cancer, musk fragrances and phthalates, a family of chemicals found in cosmetics, perfumes and hair products.

We don't yet know how these chemicals may affect human health but the animal previews include reproductive and brain function disorders. To its credit, the federal government of Canada has been working for the past two years on a plan to protect the health of its citizens from this emerging potential threat. A project with the acronym EARP (Environmental Assessment Regulations Project) has been wending its way through the bureaucracy and will surface shortly. Unfortunately, EARP has veered off the mark. If the project continues on its present path, the environment that sustains our health will attract less protection than the interests of the drug and toiletry industries.

Manufacturers are nervous. What if the new tests are expensive, slow down marketing, reduce international competitiveness, or keep some products off the shelves altogether? These are natural questions for manufacturers to ask, but they are the wrong questions to guide a program to protect health and the environment.

Because much of this form of pollution comes from personal (not industrial) use of chemicals, public awareness is crucial. Everyone needs to grasp the problem, see the range of potential solutions and engage in a process of change. As women are major users of the products in question, an awareness of gender differences must be central to any analysis.

As its name suggests, EARP is mostly about new regulations. Beginning sometime in the coming year, Health Canada will require drug companies and other manufacturers to expand their product safety tests. New products will have to pass tests of toxicity after release into the environment, not just during use. Tests will be phased in for products already on the market.

Prevention should be paramount, a principle that gets only lip service in EARP documents. The easiest way to reduce the environmental burden of drugs and toiletries is for everyone to use them less often.

Oddly, EARP materials never mention reduced use. As someone who took part in several EARP consultations, I believe the reason for this is simple: the process was geared to assuage industry fears of added costs and lost revenues. Health and environmental groups, when consulted at all, faced a pre-set, legalistic agenda, drafted by government lawyers for their industry counterparts.

Personal use chemicals get into the environment in the most prosaic of ways. Fifty to 90% of the active ingredients of a medication are excreted and enter the sewage system; from there they may pass to a water treatment plant that is not designed to remove them. Unused drugs get flushed down the toilet or sink (mothers have been told to do this, for the safety of children). Hospitals and nursing homes dispose of vast quantities of pharmaceuticals, untouched when residents change or discontinue medications or die. Drugs can even contaminate posthumously, leaching from cemeteries into groundwater. Farmers give veterinary drugs, including large amounts of antibiotics, to their animals. Drug-contaminated sewage sludge is sold as farm fertilizer.

Drugs aren't the whole problem: soaps, shampoos, cosmetics and perfumes contain chemicals that disappear down the drain, but persist in the ecosystem.

Calling the result a “chemical soup” sounds over the top when concentrations may be as little as one part per trillion. However, science suggests that chronic exposure to multiple bioactive substances, even at low levels, may well harm human health. Drugs are designed to have effects in small quantities; they are not meant to be mixed, willy-nilly.

Women have a particular role in these matters. Because of cultural norms, women are more likely to be often responsible for the purchase of drugs and food, food preparation, caring for sick family members and disposal of household products. Many drugs, like birth control products and hormone replacement therapy are gender-specific. Others like anti-depressants are prescribed more often for women than for men. Many of these prescribing patterns reflect the unnecessary medicalization of women's lives through the use of drugs to “treat” such normal life stages as menstruation, pregnancy and menopause.

Women are also the main users of cosmetics, perfumes and hair products, many of which contain phthalates, a family of industrial chemicals linked in animal studies to permanent birth defects in the male reproductive system.

A study commissioned by Health Canada as part of EARP found that women were more interested than men in

*continued on page 8*

## *Drugs in our Water: Chronic Exposure to Chemicals in Water Supply may be Harmful to Health - continued from page 7*

learning about safe disposal of drugs and were more likely to state that they would act on such information, even if it were inconvenient. Women were also more likely than men to state that they flushed unwanted drugs down the toilet or sink, a difference that probably reflects women's role as protectors of the health of children. The survey didn't ask how consumers felt about reducing drug use.

Women's health and environment groups should be leading this debate, but few have taken on the issue. Most community-based groups opted out of the government consultations after one introductory meeting. And no wonder: the scientific and regulatory documents were not prepared for activists. They were written for industry scientists, lawyers and marketers who take EARP very seriously indeed.

If my prescription drug can end up in your morning coffee, every home medicine cabinet is a public concern. Fortunately, plenty can be done. In a series of wide-ranging papers published in the journal, *Environmental Health Perspectives*, scientist Christian Daughton of the US Environmental Protection Agency lays out a grand plan for

the short, medium and long-term. His short-term suggestions range from curtailing ads that promote drug use to consumers, to restricting physician drug samples, reducing drug doses, developing smaller package sizes, exploring non-toxic alternative treatments, and recycling, rather than disposing of, some unused drugs. He cites an Ontario survey estimating that the province wastes over \$40 million in medications each year.

Eliminating inappropriate drug use, overuse and abuse will, Daughton argues, improve health, save money and help protect the environment. We should all tape that message to the medicine cabinet mirror.

This article draws from a discussion paper on drugs in the environment prepared for Women and Health Protection, available online at [www.whp-apsf.ca](http://www.whp-apsf.ca). A version of this article appeared in the *Globe and Mail* (07/31/03) and the Canadian Women's Health Network Network [www.cwhn.ca](http://www.cwhn.ca)

### *intouch goes electronic*

In an exciting new step, the PHAA Secretariat is currently preparing to make intouch an electronic newsletter. This edition is the last that will be available as a printed document. We don't produce a January intouch, but as of February 2004 intouch will be available monthly via the PHAA website.

An email providing a direct link to each electronic edition of intouch will be sent to all members who have provided an e-mail address as part of their membership details. Currently we have e-mail addresses for about 90% of our members. If you have an e-mail address but have not advised the Secretariat, or you have not up-dated your email address recently, it would be appreciated if you could do so before the end of 2003.

For those members without email, intouch will be available on the PHAA website, under About Us, by the 10<sup>th</sup> of each month.

There may be some members who cannot get access to the website and who do not have an email address. If this is the case, please contact Vicki ([publications@phaa.net.au](mailto:publications@phaa.net.au)) so that we can provide photocopies for you. This service is strictly limited due to the costs of photocopying and distribution.

# *Mental health at the Annual Conference*

*Michelle Kealy*

The 35<sup>th</sup> Public Health Association of Australia Annual Conference was held from 28 September to 1 October 2003 at the Brisbane Convention & Exhibition Centre.

The conference theme was Essentials, Differentials and Potentials in Health. I was the happy recipient of the Mental Health SIG Travel Award for 2003 which enabled me to attend the conference and, specifically, the sessions with a mental health focus.

Needless to say, as an integral element of public health, mental health featured strongly at the conference, with three sessions of proffered papers and a strong emphasis on mental health was evident throughout the program.

The first workshop, Primary Mental Health Care Reform in Australia, was led by Professor Ian Hickie, former CEO, beyondblue, Dr Grace Groom, CEO, Mental Health Council of Australia and Dr Grant Blashki, Department of General Practice, Monash University. The speakers presented three linked papers describing some of the challenges of reform in the primary care sector in light of mental health morbidity and the burden of disease in Australia.

Approximately 75% of mental health consumers are managed at the primary care level of the health system. Care may be complicated by co-morbid conditions such as chronic ill health and alcohol or illicit drug misuse. A high proportion of people with a mental health problem do not get any mental health intervention. Stigma and the negative attitude of service providers were purported to be among the reasons why young people in particular chose the support of family and friends over professional advice when seeking help.

Some of the key issues were the lack of continuity of care for those with mental health problems and lack of access to non-pharmaceutical treatments. Bulkbilling is important for access, quality of care and management of mental health disorders. Priorities need to include increasing community awareness and early intervention strategies with an effective and integrated primary health care system.

GPs are the 'gatekeepers' to appropriate health services for the consumer and the key to better mental health care in the future. Training for GPs has commenced through the Better Outcomes in Mental Health Care initiative.

Ongoing commitment to supporting primary care practitioners is needed from specialist mental health services. National mental health reform must include a multidisciplinary approach with the justice, employment, welfare and housing sectors working collaboratively. Independent review, clear accountability for financial investment and rigorous evaluation of plans and programs are

all essential to improve the efficiency of mental health service provision.

The next session, Mental Health – Policy and Programs, was chaired by Peter Anderson. The first speaker, Valerie Gerrand, PhD candidate from the University of Melbourne, presented a paper entitled Creating Healthy Mental Health Policy. She posed two questions: "What would a healthy mental health policy look like?" and "How healthy were the reforms from 1993-1998 in Victoria?" Healthy mental health policy would ensure that stakeholders are included in planning and evaluation; treatment, prevention and promotion would all be included and it would be informed by good quality epidemiological data. Over the period of review, Victoria progressed from largely institution-based care to providing a community-oriented system of mental health care and engaging with stakeholders. However, the initial focus was mostly on specialist rather than primary mental health care provision. More recently, the role of VicHealth has been important in developing the mental health promotion program that was initiated in 1999. This is funded separately with its own board of management so does not compete for funding with other mental health services.

The second speaker, Donna Cross from the WA Centre for Health Promotion Research at Curtin University, presented a paper on a two-year randomized controlled trial in WA called The Friendly Schools - Bullying Intervention Project. The study included the development of a theoretical model that included mediating and contextual variables. The study found that school children who bully have higher rates of depression than children who are bullied.

The third speaker, Christopher Harrison from the GP Evaluation Unit at Westmead Hospital, NSW, presented a paper entitled Management of psychological problems in Australian general practice. This study examined 100 consecutive GP –patient encounters to measure management rates of mental health disorders. Mood disorders and anxiety were two of the common psychological problems managed by GPs. There has been a considerable increase in the rate of prescriptions and clinical treatments.

Gai Wilson presented a paper on behalf of Penny Mitchell from the Centre for Development and Innovation in Health, Australian Institute for Primary Care, entitled Developing a program logic evaluation for National Suicide Prevention Strategy Community Initiative Projects. The outcomes of the projects included reduction in suicide and suicide attempts, reduction in self harm behaviours and enhancement of social and emotional wellbeing. Using a program logic approach enables prompt identification of the effects of the strategy.

*continued on page 10*

## *Mental health at the Annual Conference - continued from page 9*

A session on Mental Health – Issues Surrounding Depression was chaired by Valerie Gerrand. Kristy Sanderson from the School of Public Health, Queensland University of Technology, presented two papers. The first, Depression and anxiety in the workforce: predictors of ‘on-the-job’ disability, showed that workers with depression and/or anxiety disorders were found to suffer ‘on the job’ disability more commonly than workers without these conditions, including those who had other health conditions. This was found to have a cumulative impact greater than absenteeism. The second presentation, Reducing the burden of affective disorders: is evidence-based health care affordable? examined the hypothetical scenario of no treatment, current treatment or optimal treatment of affective disorders in terms of cost efficiency and efficacy, given the evidence and information available on direct costs. The results suggest that the optimal treatment effect could be achieved to almost double the existing level of effect with evidence-based health care.

Leanne Pethick from depressionNet presented a paper entitled Depression, Internet and Research Services (depressionNet). This web-based initiative aims to provide an anonymous peer based support service for people with depression who are able to access the Internet. Users tend to be predominately female and living in Australia.

Russell Nunn from the Royal District Nursing Service in Victoria presented with a paper entitled Depression and emotional wellbeing in older people: coordinating a community health response. One to three elderly people in the community are living with a diagnosis of

depression. Ten to fifteen percent of these people experience symptoms severe enough to require clinical intervention. A study funded by Kingston Bayside Primary Care Partnership (PCP) in south eastern Melbourne undertook to determine service providers’ and clients’ understanding of mental health issues and ways of improving mental health outcomes amongst the elderly population. Recommendations from the findings included increasing awareness of mental health disorders, particularly depression, and training for PCP service providers, improved coordination of service provision and reducing social isolation through appropriate social activities, in and outside the home, for elderly residents.

The Mental Health SIG’s AGM, chaired by Convenor Valerie Gerrand, was held during the Conference. A report on the year’s activities and a financial statement were presented to members. Activities over the year included updating the PHAA policy on Treatment and Support for People with Mental Health Disorders, and participating in the National Mental Health Summit in May (and making a submission which is available on PHAA website) and in a recent forum on a national policy on multicultural mental health. The SIG discussed the Travel Award which was made available for the second time this year and may be offered again next year, finances permitting. In terms of future activities, members agreed that it would be timely to update the current PHAA policy on Mental Health Promotion, given that it would be considered at the combined PHAA/18<sup>th</sup> World Conference on Health Promotion & Health Education in Melbourne in April next year.

The 35<sup>th</sup> Annual PHAA Conference was a stimulating and exciting event with much discussion, lively debate and great opportunities for networking.

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## *Handgun buyback legislation passed*

In the final sitting weeks of its winter session, federal parliament passed legislation to fund a national gun buyback.

The National Handgun Buyback Act 2003 provides the funding needed for the federal government to participate with the states in a national program that aims to remove from the community handguns that are not used in genuine sports shooting.

The buyback, announced after last December’s meeting of the Council of Australia Governments (COAG), is in response to a shooting at Monash University in Melbourne last October which saw two people killed and

five people wounded. At that meeting, COAG agreed to prohibit the import, possession and use by sporting shooters of small concealable handguns, of handguns above .38 inch caliber, and of handguns with a magazine capacity exceeding 10 rounds. Under the buyback, which will operate to 31 December 2003, people will be compensated for surrendering hand guns, gun parts and accessories which are now prohibited. The buyback will be jointly funded by the Commonwealth and the states, with the Commonwealth meeting two-thirds of the cost. The cost to the Commonwealth is expected to be \$69 million.

From About the House, House of Representatives Magazine, Issue 17 2003

# A Children's Vision Campaign

*Nean McKenzie, Research Officer, Optometrists Association Victoria*

Vision is a very precious sense. From very early in life good vision is a major key to learning about the world, for good socialisation, for getting around and being active. Without it, the early experiences of life are very different.

Regular eye checks are important to having and keeping good vision. Increasing community awareness of eye problems could save many people from unnecessary loss of vision. Children should be tested around the age of three and a half, then in Grades 1 and 3 and again at the start of secondary school.

Currently the Optometrists Association is conducting a children's vision campaign. The key message is that recent Australian research shows that one in four children has some kind of visual problem before they finish school, and many of these problems are going undetected. This message is being conveyed through several strategies: optometrists going out into the community to talk to teachers, advertising in the

print media and information booklets for teachers and parents.

Over the age of forty, degenerative eye conditions become more common, and regular eye tests are very important from this stage on. Many ageing conditions of the eyes can be treated or prevented if picked up early. The Optometrists Association Victoria has instituted a series of talks to elderly groups to increase their knowledge of eye problems. Glaucoma, cataracts, aged-related macular degeneration and refractive error are all easily picked up in an optometric examination. Victorian optometrists have also become more involved in increasing community awareness of the important role of vision in falls prevention, driving and exercise.

Medicare covers eye examinations by optometrists and no referral is required.

For more information about eye care, please contact the Optometrists Association Victoria on 03 9486 1700 or at their web site [www.vicoptom.asn.au](http://www.vicoptom.asn.au)

## Violence against women

In 1993, the United Nations General Assembly resolved "that violence against women constitutes a violation of the rights and freedoms of women ... that there is a need for a clear and comprehensive definition of violence against women, a clear statement of the rights to be applied to ensure the elimination of all violence against women in all its forms, a commitment by States ... and a commitment by the international community at large to the elimination of violence against women" (Declaration on the Elimination of Violence Against Women).

Below are links to information on violence against women:

UNIFEM information on violence against women  
<http://www.unifem.org/campaigns/november25/issue.php>

Convention on the Elimination of All Forms of Discrimination against Women

<http://www.un.org/womenwatch/daw/cedaw/>

UNFPA - Violence Against Girls and Women: a Public Health Priority

<http://www.unfpa.org/intercenter/violence/>

UN Declaration on the Elimination of Violence Against Women, 1993

<http://www.un.org/documents/ga/res/48/a48r104.htm>

Fourth World Conference on Women Platform for Action (Beijing Declaration)

<http://www.un.org/womenwatch/daw/beijing/platform/violence.htm>

Australian Domestic and Family Violence Clearinghouse

<http://www.austdvclearinghouse.unsw.edu.au/>

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# Housing dream turns to nightmare for low-income Australians

The dream of stable and secure housing has turned into a nightmare for 330,000 low income families and households who are shut out of owning their own home and are being crushed by high rents in the private rental market.

Releasing the ACOSS submission to the Productivity Commission's Inquiry into Home Ownership, ACOSS President Andrew McCallum said: "Research shows that there are 330,000 people on low incomes spending more than 30% of their income on rent and there is a shortage of up to 150,000 houses and flats for low-cost private rental."

Home ownership for young families (25-39 year olds) has slumped by 10% in the ten years to 1999 and the poorest 40% of families and households cannot afford to buy a three bedroom house anywhere in Adelaide, Melbourne or Sydney. Over 200,000 people are still waiting for a place in public and community housing - they have given up on the prospect of owning their own home.

"Half of all Australian families and households live on less than \$40,000 a year - they can barely keep up with the costs of renting, let alone save for a home in the big capital cities."

"There is a danger that the Productivity Commission Inquiry is focussed too narrowly on the needs of first home owners when it should also give priority to the problems facing low income families and households in long-term private rentals and people waiting for public & community housing."

"The ACOSS submission argues that the current housing boom has worsened housing affordability. Property prices have sky-rocketed and it has led to over-investment in expensive inner-city flats."

"The Federal Government has also contributed to the problem. Following the halving of Capital Gains Tax rates in 2000, negative gearing became more attractive as a tax rort for high income earners and this has added fuel to the



present investment property boom to the detriment of first home buyers. Federal support for public and community housing has also sharply declined over the past ten years."

The ACOSS submission calls for a national strategy across all levels of government for affordable housing that would include:

- Tax changes that support more affordable housing, including replacing negative gearing for new 'passive' investments in property, shares or collectables with a tax credit that would meet 4% of construction costs for low cost rental housing;
- Increasing the supply and affordability of private rental by a new mix of public and private investment;
- Raising rent assistance by at least \$5 a week for one million poor households and extending it to mature age students and low income families with older teenage children;
- Increasing and upgrading public and community housing by boosting Federal support for the CSHA, and
- Improving the viability of State and Territory housing authorities, including helping them achieve a wider tenant profile.

ACOSS Media Release Thursday 30 October 2003, available at [http://coss.net.au/news/acoss/1067467603\\_18397\\_acoss.jsp](http://coss.net.au/news/acoss/1067467603_18397_acoss.jsp)

## Collateral damage - By Hilary Bambrick

Our PBS, it died today  
Fatal collision with the FTA  
We saw it coming, we tried to warn  
Instead our cries were met with scorn.

When questioned, government dodged and turned.  
They knew the public would get burned:  
"No harm will come to the PBS! Competition builds largesse!"

As they traded health away with speed  
Knowingly they did mislead  
They promised to negotiate - ("Agriculture? It's all yours mate").

Now our health system's all in tatters  
Competition's all that matters.  
They look around for what they've missed  
And see that Medicare's next on their list.

# No Mea Culpa, This

Steve Liebke, Australian Hepatitis Council  
steve@hepatitisaustralia.com

*Somewhere ages and ages hence  
Two roads diverged in a wood, and I-  
I took the one less traveled by,  
And that has made all the difference.*

The 2002 Review of the National Hepatitis C Strategy 1999-2000 to 2003-2004 opens with this quote from Robert Frost.

In 1998, the then Commonwealth Government developed a national strategy to meet the challenges posed by the high incidence and prevalence of hepatitis C in Australia. An independent, government commissioned review of this National Strategy was completed in October 2002. The review was only made public after the current government had formulated its response, and after significant media and parliamentary attention to the lengthy delay in releasing the report. Both the Review and the government Response to the Review were launched in November 2003.

With the government taking a full year to formulate its response to the Review, it was expected that this would be considered, pragmatic and involve a whole-of-government response to issues raised in the Review. This is not the case, and in fact the government's response is vacuous and holds out little prospect for an effective social response to the hepatitis C epidemic.

## What is hepatitis C and why should we all care?

Hepatitis simply means 'inflammation of the liver'.

A number of viruses (A, B, C, etc.), as well as alcohol, other drugs and environmental pollutants, can cause hepatitis. The hepatitis C virus is blood borne, and so transmitted by blood-to-blood contact. The condition usually progresses over a long period of time and many infected individuals will carry the virus for long periods (10 to more than 20 years) without being aware of it. Approximately 75% of those infected by hepatitis C will develop a chronic illness. The remainder will spontaneously clear (eradicate) the virus within 6 to 12 months of initial infection.

A small percentage, about 2% to 5%, of people with chronic hepatitis C will die of it, usually of end stage liver disease (liver failure) or hepatocellular carcinoma (liver cancer). A healthy lifestyle, including minimized alcohol consumption, is a key to reducing the symptoms of hepatitis C and its progression.



There is currently no vaccine for hepatitis C, though pharmaceutical treatments are achieving overall clearance (cure) rates in the order of 60-70%. However, treatment is poorly tolerated by some patients due to the toxicity of the prescribed medications, precluding these individuals from either commencing or completing treatment.

## Why all the fuss over hepatitis C?

Over 90% of new hepatitis C infections occur amongst people who inject drugs, a group marginalised by drug policy, media stigmatisation and discrimination. Cases of hepatitis C transmission rose by 45%, from 11,000 to 16,000, between 1997 and 2001. Our current policy relating to reducing the transmission of hepatitis C is plainly ineffective. Almost a quarter of a million people in Australia are living with the hepatitis C virus. There is a new infection every 32 minutes.

Despite these figures, the Australian Government is committed to continuing a US style War on Drugs. This would be fine, but for the fact that prohibitionist policies are hopelessly Draconian, fly in the face of all credible evidence, leave many, many casualties in their wake and are perpetuating the hepatitis C epidemic amongst people who inject.

Nick Crofts, from the Centre for Harm Reduction (CHR), is quoted in the Review of the National Hepatitis C Strategy 1999-2000 to 2003-2004:

*Attitudes of moral disapproval,  
and the general failure of most  
political leaders to face up  
squarely to the extent of  
unlawful drug use, continue to  
bedevil the adoption of sound,  
evidence-based approaches to  
confronting the hepatitis C  
epidemic and its associated  
manifestations of  
discrimination.*

The Review goes on to state that "the decreased political commitment to harm minimisation as an effective strategy in relation to illicit drugs and blood-borne viruses suggested an unwillingness to implement more effective approaches in this area... governments need to reaffirm their commitment to

continued on page 14

## *No Mea Culpa, This - continued from page 13*

harm reduction as a means of improving health, social and economic outcomes for individuals and the community.”

### **What is the government response?**

To distil a 67 page document down to one sentence: there will be no change in Government policy in relation to illicit drug use.

The Response states that “the government is aiming to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of illicit drugs in Australian society”. However, the government is recommending that a strategy developed to reduce illicit drug use will be used to reduce the transmission of hepatitis C. Sensible, evidence-based assessment would suggest the need for a major shift in drug policy in this country.

This approach has its very clear limitations and it will again be the mandate of the community and health care organisations, NGOs and individuals to practice harm reduction as far as possible within the confines presented to them by government.

A major issue for people with hepatitis C is that of discrimination and stigma. The government in its response supports the development of a national awareness campaign to help in changing social responses to hepatitis C. It then goes on to state that resources for such a campaign will come from within current funding, which has already proved inadequate for the effective implementation of the current strategy.

The Government has committed itself to the creation of a new advisory body, the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatides (with the roll-off-the-tongue acronym of MACASHH). The Australian Hepatitis Council welcomes this initiative, with reservations. The Australian Hepatitis Council was critical of the previous advisory structure as it was heavily populated with people

committed to responding to HIV as a disease. The difficulty for the hepatitis C sector was getting a level of concerted attention on the issues that affect us, rather than on HIV itself. It has been announced that Michael Wooldridge will chair the Committee, but its membership and its mandate are as yet unknown. What real power will it hold? Who will it listen to?

A commitment to the development of a new National Hepatitis C Strategy is also on the table. This will probably cover the 5 year period 2004-2009, with attendant funding. Hopefully, this funding will allow for the actual implementation of the Strategy.

It is not within the scope of this article to thrash out the many concerns the Australian Hepatitis Council has with the Government’s response to the Review of the National Hepatitis C Strategy. Suffice to say that not much has changed, or is expected to change. The Government is proud in its claims of an increase in funding for the sector, from \$12.4m from 1999 to 2003, to \$15.9m from 2003 to 2007. However, in terms of the CPI, this represents an actual decrease in the real value of funding when the number of new cases of hepatitis C infections has risen by 45%. Although the previous level of funding failed to arrest the hepatitis C epidemic, no increase in resources is available.

At a time when it is clear current strategies are failing individuals and the Australian community, there appear to be no new initiatives on the Government agenda. With few tangible successes to laud from the current strategy, and no less than 155 recommendations from the Review Panel, the government Response to the Review claims that the development of a new strategy will “continue to focus on eliminating the transmission of hepatitis C and minimising the personal and social impacts of [the virus].”

The new pudding looks as though it will follow the old recipe, though the hepatitis C sector holds out hope that its pessimistic assessment might just be proved wrong!

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## *CHINA: Civet cats back on menu despite SARS fears*

Source: Michael Fitzpatrick, 03 Nov 2003

Suspected SARS-carrying civet cats and other exotic wild game are back on the menu in China despite warnings from scientists. A nationwide ban on eating civet cats, a type of wild cat not dissimilar to domestic cats, was enforced after studies revealed the animal carries a similar SARS (Severe Acute Respiratory Syndrome) coronavirus to that which

killed hundreds in China last winter. The cat will again join the menu along with other game popular in Guangdong Province where SARS first broke out, including crocodile, raccoons and monkeys. China’s leading SARS expert Professor Zhong Nanshan told the Xinhuanet news agency that the lifting of the ban was irresponsible. ‘It’s absolutely inappropriate,’ he said.

# *Urgent Need to Address the Impact of Musculoskeletal Conditions*

WHO Report Reveals the True Extent of Musculoskeletal Disease and The Impact That These Conditions Have on Society

The WHO identifies the urgent need to address the impact of musculoskeletal conditions across the globe in an extensive report released today. Musculoskeletal conditions are the most frequent cause of disability, severely affecting individuals' ability to carry out their activities of daily living. Musculoskeletal conditions are amongst the most costly illnesses because of the long-term care and support they require, and consume on average 3% of total GDP in developed countries. With an increasing prevalence in both developed and developing nations, the financial and healthcare burdens are set to escalate dramatically.

"Longer life expectancy with an increasing number of elderly in all population groups have led to an escalating prevalence of musculoskeletal diseases worldwide," said Professor Anthony Woolf, Professor of Rheumatology and lead investigator, UK. "This will continue to increase, particularly in developing countries, with the harmful changes in lifestyle associated with urbanisation and motorization. This report is the first attempt to look at the effect that these conditions have on societies throughout the world, and the results will inform the debate on health priorities and the development of preventative strategies for musculoskeletal conditions."

A WHO Scientific Group of experts has been working over the last three years in collaboration with the Bone and Joint Decade to map out the burden of the most prominent musculoskeletal conditions, with the long-term aim of helping prepare nations for the increase in disability brought about by musculoskeletal conditions.

"Although the diseases that kill attract much of the public's attention, musculoskeletal conditions are the major cause of morbidity throughout the world, having a substantial influence on health and quality of life, and inflicting an enormous burden of cost on health systems," said Dr. Gro Harlem Brundtland, then Director General, WHO, at the launch meeting of the project. "The ongoing work of the WHO and the Bone and Joint Decade aim to highlight the situation and encourage action to bring relief and hope to the millions who suffer from musculoskeletal conditions."

Musculoskeletal conditions encompass about 150 diseases and syndromes, which are usually associated with pain and loss of physical function. Within a decade of onset, rheumatoid arthritis leads to work disability, defined as a total cessation of employment, in no less than 51% of patients and maybe as high as 59%. Low back pain has reached epidemic proportions being reported by about 80% of people at some

time in their life.

Total costs of musculoskeletal disease in the US in 2000 have been calculated at US\$254 billion. In developing countries, the costs for injuries care is estimated at US\$100 billion, a figure nearly twice that of total foreign aid for these nations.

"The enormous impact of these conditions requires urgent action" said Professor Lars Lidgren, chair of the Bone and Joint Decade. "This has already been called for by Kofi Annan, UN Secretary-General, when endorsing the Bone and Joint Decade who stated that there are effective ways to prevent and treat these disabling disorders, but we must act on them now."

An electronic version of the report is available at: <http://www.who.int/ncd/cra/>

THE BONE AND JOINT DECADE is an independent global non-profit organization whose mission is to improve the health-related quality of life for people affected by musculoskeletal disorders worldwide. It is the umbrella organization by which National Action Networks, professional medical societies, patient advocacy groups, governments, industry and researchers partner to effect change by: (1) Raising awareness of the growing burden of musculoskeletal disorders on society; (2) Empowering patients to participate in their own care; (3) Promoting cost-effective prevention and treatment; and (4) Advancing understanding of musculoskeletal disorders through research to improve prevention and treatment. For more information, visit the web site at [www.boneandjointdecade.org](http://www.boneandjointdecade.org).

SOURCE The Bone and Joint Decade  
Web site: <http://www.boneandjointdecade.org>

## *US Free Trade Agreement will increase Water Use*

A recent report argues that a free trade agreement (FTA) with the United States will generate significant and to date unreported negative environmental impacts, including an increase in Australian water use by up to 1.3 trillion litres per year – almost as much as the current entire national domestic water use.

The report, An Environmental Impact Assessment (EIA) of the US Free Trade Agreement, was published by the non-partisan Melbourne think-tank OzProspect, and investigates the impact the proposed agreement will have on Australia's environment.

“Unlike the US, where there is a governmental impact statement for all trade agreements, the Australian government has taken no steps to assess the environmental implications of this agreement,” says OzProspect Fellow, Michael Cebon, the report's author. This report is a first step in that direction.

The report finds that while the trade agreement will have little impact on environmentally benign industries like services, it will significantly increase production in some of Australia's most environmentally damaging primary industries– sugar and dairying.

The sugar and dairy industries are two of the biggest users of water and fertilizers in Australia, and they make a significant

contribution to the serious salinity and soil acidification problems that have beset many Australian farming regions in recent years. The report finds that the FTA will increase water use for these crops use by 1.3 trillion litres a year according to CSIRO projections.

The report also finds that the US-Australia FTA:

- Threatens Australia's quarantine rules which are seen by the US as a “barrier to trade”. Relaxing quarantine restrictions would threaten Australian agriculture and environments.
- Threatens Australia's ability to regulate Genetically Modified (GM) crops, including through food labeling, and through state-based moratoria on GM foods.
- Will probably incorporate “investor-state” provisions which will give foreign investors new rights to sue the Australian government. In other trade agreements, these rules have been used almost exclusively to challenge environmental regulations.

The report can be downloaded from the OzProspect website: <http://www.ozprospect.org/pubs/FTA.pdf>



## *Health Systems Confront Poverty*

The magnitude of poverty in the WHO European Region today is beyond dispute. Gross inequities in health and wellbeing persist and the gap between rich and poor continues to widen in many countries. Health systems have done and are doing much to tackle this complex and daunting problem, but such work has been sporadic and gained little visibility. A new book is part of WHO's work to help spark more and better action on poverty and health by systematically gathering, analyzing and disseminating information on direct action by health systems across the Region.

It describes 12 initiatives already undertaken in 10 WHO Member States: Croatia, France, Germany, Hungary, Italy, Kyrgyzstan, Poland, the Republic of Moldova, the Russian Federation and the United Kingdom. These initiatives range in scope from profound national changes in legislation and care provision through specific regional, municipal and

institutional programs and projects to action on the fringes of the health system spearheaded by dedicated individuals.

The book documents WHO's preliminary findings on how health systems can help to alleviate poverty. It reaches three main conclusions: that these systems can take effective action to improve the health of the poor, that they can sometimes represent an additional barrier for the poor and that more knowledge, training and capacity building in this area are urgently needed.

It is hoped that the information presented will contribute to WHO's efforts to help countries across Europe improve health and increase equity by tackling poverty and its effects on health.

To order this book, email: [bookorders@who.int](mailto:bookorders@who.int)

# *OBITUARY: Natalie Raye Burton*

## *6 April 1970 18 March 2003*

Natalie Rae Button was an exceptional person, who accomplished a great deal in her 32 years. Although her life was constrained by illness, Natalie's spirit and trademark smile remained ever optimistic and full of ambition.

Natalie entered this world at Kurrajong District Community Hospital on April 6th 1970. Her family, including her sister and lifelong friend, Tiffany, travelled around Australia with the RAAF during her early years before settling in the Hawkesbury district. Natalie was a gifted student. She attended St Monica's Catholic Primary School and Colo High School, where she was dux in 1987. She topped the HSC in the area and received the inaugural Hawkesbury Agricultural College Award for Excellence in Science and Technology.

In 1993, Natalie received her Bachelor of Science (Veterinary) with First Class Honours from the University of Sydney and in 1994 she received her Bachelor of Veterinary Science, also with First Class Honours. In 1994 she was awarded a fellowship to Cornell University in the USA. Here she studied epidemiology with leading academics in the field. In 1995 she was awarded the Australian College of Veterinary Scientists College Medal for her work in epidemiology. She was invited to become a member of the Epidemiology Chapter of the College.

During her years as a veterinary student, Natalie supported herself by working as a veterinary nurse at several Sydney practices including Enfield, Guildford and Bondi Junction veterinary hospitals. Despite working and studying hard during this time she was always up for some fun. She loved letting her hair down and spending time with friends. She was never shy of a visit to the dance floor.

In 1996, Natalie was diagnosed with a grade 3 astrocytoma. While she endured highly invasive brain surgery and radiation treatment she developed a keen interest in cancer research. She volunteered her time to participate in the activities of Cancer for Young Adults (CanYA) and the NSW Cancer Council. In 1999, she was part of a pilot study on the use of thalidomide to restrict the growth of brain tumours. She appeared on the ABC 7:30 Report to promote the Andrew Olle Memorial Trust. She responded well to the thalidomide trials and continued to work as a veterinary surgeon in Sydney.

Natalie had a profound sense of optimism towards her disease. She continued to follow her dreams of travelling and adventure. On one trip she attempted to climb the lower levels of the Himalayas. Until the last year of her life, cycling allowed her to travel extraordinary distances in Australia and overseas.

In 2000, Natalie's courage and desire to continue her academic life led her back to Sydney University to study for a Masters

degree in Public Health. She was granted her Masters on the day before she died.

Natalie was involved in a healthy lifestyle promotion for the NSW Cancer Council during which she cycled around the Hawkesbury District interviewing general practitioners to raise awareness of the cancer information service available to doctors in the region. She won a Hawkesbury City Council Healthy Cities award for her work.

During this time, Natalie's epilepsy worsened and drew her to support meetings with the NSW Epilepsy Association. In the traditional Nat style of making all bad things wonderful, she met the love of her life, Jeff Lawrance. In May 2002, Natalie became ill and unfortunately had to endure further surgery and a change in her chemotherapy protocol. Despite the hardship that followed, Natalie and Jeff remained positive and very much in love. They planned their wedding for November 2002. However Natalie's tumour grew rapidly and the wedding was postponed. Natalie endured more invasive surgery which left her quite incapacitated. Jeff resigned from his work in the field of Human Resources and became her full time carer. And with Jeff came his supportive family who were as much in love with Natalie as he was.

Despite Natalie's sheer determination to live an ordinary life, her amazing spirit and courage, especially in the last five weeks of her life, earned her the resounding title of 'extraordinary'. The number of friends, past and current work colleagues, fellow students and family who visited her at the Canterbury Hospital Cassia Ward are a testament to her life.

After a long battle, Natalie Raye Button died on March 18th 2003. She leaves behind her fiancé Jeff, mother Elizabeth, father John, sisters Tiffany and Stephanie, brotherinlaw Jacques, nephew JeanPierre, Aunt Janet, and grandmothers Magdalena and Florence. She also leaves a legacy of many friends who cared for her deeply, an extraordinary academic and work reputation and a sense that a truly enlightened spirit has departed from our midst.

We will never forget her amazing smile.

E Burton & S Cooper, Australian Veterinary Journal 81:7, July 2003

# *Environment Matters: some useful web resources*

*Liz Hanna, Convenor, Environmental Health SIG*

1. International Right to Know: Empowering Communities through Corporate Transparency. 2003, The International Right to Know Campaign (IRTK). Uses case studies to argue for increased regulations and policies directed at American transnational corporations. Includes accounts of human rights abuses, environmental destruction and labour rights violations. 22 pages.

<http://www.irtk.org/>

2. Invisible Giant: Cargill and its Transnational Strategies. 2nd edition, 2002, Brewster Keene. Examines Cargill, the largest private company in the US, and its trade activities in global financial markets and discusses the implications of Cargill's influence worldwide, especially in the global food system. 222 pages.

<http://styluspub.com/>

3. Dirty Deals: Cases of Corporate Influence on Global Environmental Negotiations, 2002, Friends of the Earth International (FOEI). Investigates the influence of corporate interests on globalization and international environmental and human rights law and policy. Four case studies demonstrate corporate manipulation of multilateral governance. One in a series of publications on the impact of corporate-led globalization on biodiversity. 26 pages.

<http://www.foei.org/publications/biodiversity/index.html>

4. Partners in Pollution: Voluntary Agreements and Corporate Greenwash. 2002, GroundWork and FOEI. Questions voluntary corporate self-regulation through an examination of environmental and human rights implications of corporate presence in South Africa. Discusses corporations' use of greenwashing campaigns and shortcomings of voluntary agreements in corporate responsibility. The second in a series of 5 booklets addressing sustainable development in South Africa. 20 pages.

<http://www.groundwork.org.za/Publications/booklets.html>

5. Voluntary Approach to Corporate Responsibility: Readings and a Resource Guide. 2002, UN Non-Governmental Liaison Service (NGLS). Discusses the development and impact of voluntary initiatives in corporate social responsibility, including codes of conduct, the adoption of environmental management systems, social and environmental reporting, certification schemes, company support for community development projects, and "partnerships" with NGOs. 211 pages.

[http://www.unsystem.org/ngls/documents/publications.en/develop.dossier/dd.07%20\(csr\)/1contents.htm](http://www.unsystem.org/ngls/documents/publications.en/develop.dossier/dd.07%20(csr)/1contents.htm)

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## *Computer Virus that humans can catch*

*By Sharri Markson, Sunday Telegraph (Sydney)*

Computer keyboards may pose a serious threat to office-workers' health, with users at risk of catching disease, a study has shown.

Leading bacteria experts warn the average keyboard is a natural breeding ground for harmful bacteria, including golden staph and E coli.

Industrial chemist Robert Goldsworthy said unless a keyboard was cleaned regularly, bacteria would thrive. "The average keyboard is definitely filthier than a toilet bowl," he said. "It is a huge problem. We have swabbed keyboards in Sydney, Malaysia, Japan and Singapore and we have found golden staph mainly, then E coli and cadida, as well. "(With) someone sitting at a terminal keyboard, the natural thing for them is to start touching their ears or picking their nose. Or if someone has a cold and sneezes, then starts touching the keyboard, there is the likelihood that people will get the cold. And it is the same with the SARS virus." The bacterium found on keyboards can cause upset stomach, vomiting, urinary tract infections and respiratory ailments.

An estimated 60 per cent of all illnesses are contracted in the workplace and Mr Goldsworthy believes unhygienic keyboards may be part of the problem. He commissioned tests on keyboards in a major NSW public hospital and when golden staph was detected, he was not surprised. He said Australia was behind the rest of the world in acknowledging the potential spread of disease through the keyboard. After the September 11 terrorist attacks, his company cleaned 1000 keyboards for the US company Credit Swiss First Boston in Tokyo. "It was a preventive step because of the anthrax scare," said Brett Holliday of Great Southern Coatings. "We had to dispose of 15 per cent of the keyboards. Some of them had bacteria growing underneath. "Each worker in the company now has their own cleaning kit.

It's crazy if this doesn't become common in Australia." Senior lecturer at Sydney University's Department of Microbiology, Dr Dee Carter, said people need to be aware that keyboards are a regularly touched surface. "For disease to be transferred, the next person using the keyboard would have to touch their eyes or put their hands in their mouth," she said. "People need to be more careful."

# *Experts Call for International Attention to COPD, World's Fourth Leading Killer*

Simple Quiz Can Help the Millions at Risk of Killer Lung Disease

To mark World COPD Day, leading lung experts from across the world have adopted a new approach to tackle the dangerously low rates of diagnosis in COPD. Currently it is estimated that up to 50% of people with the disease worldwide are undiagnosed.

The Global Initiative for Chronic Obstructive Lung Disease (GOLD), the leading international group of experts dedicated to improving diagnosis and treatment of COPD, is releasing a major international public education campaign, including a "self-assessment questionnaire", which asks five simple questions. If responders answer 'yes' to three or more questions they are advised to visit their doctor, who can then confirm or rule-out a diagnosis of COPD.

COPD is a devastating lung disease that progressively robs a person of the ability to breathe. The World Health Organization estimates that COPD kills more than 2.75 million people each year. Worldwide it ranks as the fourth leading cause of death alongside HIV/AIDS.

"Hundreds of millions of people struggle with the effects of COPD on a daily basis, but it remains among the most under-diagnosed and under-treated of the world's major killers," said Professor Romain Pauwels, Chair of the GOLD Executive Committee. Public health officials estimate that as many as half of all people with COPD are undiagnosed - unaware that they have the disease. "This is why we are taking action on World COPD Day, to make more people aware that they might be at risk."

"Now that we have strategies for diagnosing and effectively treating COPD, there is a real opportunity to make an important impact on morbidity and mortality from the disease," said Pauwels. "World COPD Day 2002 was a good beginning of our campaign to increase awareness of this serious and growing medical problem, and this year with the help of family doctors worldwide, we're confident that World COPD Day 2003 will have a positive impact on people's lives."

Other major world killers - such as cardiovascular disease - are declining, because of successful efforts to promote early diagnosis, treatment, and prevention. Yet COPD is rapidly increasing in many countries of the world. The goal of the World COPD Day campaign is to reduce COPD-related death and disability through similar improvements in earlier diagnosis, treatment, and prevention.

Exposure to certain risk factors, particularly cigarette smoking, causes COPD. Symptoms of the disease, including cough and shortness of breath, often prevent patients from doing everyday activities, such as walking even short distances. The earlier COPD is diagnosed and treated, the better the prognosis for the patient. A simple breathing test, called spirometry, can confirm the diagnosis.

...the World COPD Day campaign

World COPD Day 2003 will include a variety of local and national activities designed to "Raise Awareness of COPD" and bring counselling and treatment to people at risk in countries around the world.

A coalition of healthcare professionals, patient organizations, and government health agencies from more than 50 countries participated in the second annual World COPD Day on Wednesday, November 19, 2003, to help the millions of people worldwide who have, or are at high risk for, Chronic Obstructive Pulmonary Disease (COPD). Coordinated by the Global Initiative for Chronic Obstructive Lung Disease (GOLD), World COPD Day 2003 will include a partnership with WONCA - the World Organization of Family Doctors - and is dedicated to the early diagnosis, treatment, and prevention of COPD.

In addition, WONCA will take the message to family doctors and general practitioners in many countries, to help identify people with early COPD and increase awareness of the treatments available to slow the disease's progression and improve patients' quality of life. In many countries, public health and government officials have also been included in planning World COPD Day 2003 activities to bring attention to the impact of this chronic lung disease on health care resources.

SOURCE: Global Initiative for Chronic Obstructive Lung Disease

CONTACT: World COPD Day Global Press Office, Candida Halton or Patrick Ward, +44-207-471-1500, or [goldwcd@shirehealthinternational.com](mailto:goldwcd@shirehealthinternational.com)  
Web site: <http://www.goldcopd.com>



# *PHAA Advocacy Update - October/November*

## **Free Trade Agreement**

The Free Trade Agreement (FTA) between Australia and the USA has continued to be the main focus of the national office advocacy work. Two media releases have been sent out and letters have gone to all members of Federal Parliament expressing the PHAA's concerns about the potential impact of the FTA on Australia's health and health care systems through its effect on the Pharmaceutical Benefits Scheme (PBS), Medicare, quarantine provisions, environmental health and the privatization of public goods such as water supply.

PHAA continues to advocate on this issue in conjunction with other organizations including the American Public Health Association. There is considerable concern that intellectual property rights will be used as a means of undermining the PBS while maintaining the fiction that it will not be touched by the FTA. PHAA will participate in media events in December on this issue.

In addition, two sets of dot points were sent to all members for use when writing to their local newspapers and/or politicians. All members are encouraged to engage in this advocacy and we would be very interested to have feedback on it. Contact: [plaut@phaa.net.au](mailto:plaut@phaa.net.au)

Copies of the letters and the dot points are on the PHAA website under Free Trade Agreement and under Advocacy.

## **Refugees**

The major focus of the PHAA's work on refugees continues through the participation of the International Health SIG in the ARC Linkage Grant "An examination of Refugee Women at risk in Australia's Refugee Policy". Our contact on this work is Dr Anna Whelan.

## **International Health - Bali**

The International Health SIG has pledged to support a project in Bali for the next three years. The YAKKUM Bali project supports poor young (under 25) people and children who have permanent physical disabilities and are not receiving help from any other organization. YAKKUM Bali teaches independent living skills and vocational training in a number of areas including craft-work, shoemaking, tailoring, leatherwork, computers and accountancy.

This initiative was announced at the PHAA Annual Conference: \$700 was raised within the hour. To date \$2,820 has been raised. More information on this project can be found under SIGS, International Health, on the

PHAA website. Tax deductible donations can be made to PHERT – Bali. Receipts will be issued for all donations.

## **Aboriginal and Torres Strait Islander Health**

Aboriginal and Torres Strait Islander health continues to be an area of high concern for PHAA. The ATSIH SIG mounted a full day workshop on inequalities in health at the Annual Conference. It is anticipated that outcomes from the workshop will be developed over the coming months. In addition, PHAA auspiced a workshop on Aboriginal and Torres Strait Islander curricula for public health degrees.

## **Emergency Contraception**

The Women's Health SIG spent considerable time over the past two years working on submissions and action designed to ensure the general availability of an emergency contraceptive. It is a pleasure to report that goal has finally been achieved and that Postinor- 2 will be available over the counter in pharmacies from January 2004.

This is a considerable win for women's reproductive health and congratulations go to everyone both inside and outside PHAA who has worked on this campaign.

## **Food and Nutrition**

The on-going campaign to see better regulation of GM foods remained the major focus of food and nutrition advocacy over the past two months. Letters were sent to all members of the FSANZ board and to all Australian Health Ministers pointing out that the current labeling regulations are unenforceable as there are no laboratories accredited to undertake analysis of the quantity of GM DNA in any given food. It was also pointed out that without a surveillance system, it is unlikely that any adverse effects would be readily noticed.

A letter was sent to Dr Jim Peacock of CSIRO in response to his statement that GM crops are safe because millions of meals have been consumed and no-one has been reported ill. A letter was also sent to Agrifood Awareness about their selective quoting of our GM Food Policy Statement.

Copies of this correspondence have been added to the PHAA website under Advocacy.

In addition, the PHAA, via the food and Nutrition SIG, participated in a coalition warning of potential threats to public health if the food industry succeeds in persuading Ministers to approve health claims and fortified foods. Dr Rosemary Stanton was the coalition spokesperson.

*continued page 21*

## *PHAA Advocacy Update - October/November - continued from page 20*

Copies of the media release and a briefing paper are available under Advocacy on the PHAA website.

### **Dioxins**

Pieta Laut has continued to be the PHAA representative (observer) on the National Dioxins Stakeholders Group. The group met in October and PHAA anticipates providing input to the national risk management guidelines.

### **Childhood Obesity**

Childhood obesity continues to be an issue of concern for the PHAA. The South Australian Branch held a seminar on childhood obesity in Adelaide in October. Participants stressed that Australia will be facing a long-term turn around

in addressing this issue. Dr Jo Salmon from Deakin University pointed out that the environment in which children live is restricting their play in ways not previously seen in Australia. Dr Jim Dollman from the University of South Australia noted that girls living in urban environments have a higher rate of increase in obesity levels compared to girls living in rural areas. A press release noting the major issues in childhood obesity released after the seminar is on the Advocacy page of the PHAA website.

### **Body Piercing and Tattooing**

In early November PHAA wrote to the South Australian Minister for Health about proposed measures to ensure practices such as body piercing and tattooing do not increase the risk of transmission of notifiable diseases. A copy of the letter can be found under Branches, South Australia, on the PHAA website.

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## **Asia Leaders Ignoring Pending AIDS Crisis, U.N. Envoy Tells UNESCAP Conference**

Asian leaders are ignoring a pending "African-style" HIV/AIDS epidemic that could jeopardize the region's economic and social development, U.N. Special Envoy for HIV/AIDS in Asia Nafis Sadik said yesterday at the annual meeting of the U.N. Economic and Social Commission for Asia and the Pacific, Reuters reports.

"Some leaders have buried themselves in the illusion that HIV/AIDS is not really an Asian problem. ... This is a denial of reality. Countries must tackle it head on," Sadik told the meeting of ministers and officials from 47 Asia-Pacific countries. Although HIV prevalence rates in Asia are lower than rates in southern Africa – the global epicenter of the disease – experts say that the Asia-Pacific region could account for 40% of new infections by 2010 if prevention

efforts are not increased (Schuettler, Reuters, 9/2). The region is home to 60% of the world's population and includes the world's two most populous nations, India and China. In the first half of 2003, China experienced a 17% increase in newly reported HIV cases, according to Sadik, and the region could expect as many as 10 million cases by 2010, according to U.N. estimates. In India, there are nearly four million HIV-positive people, and the number is expected to rise to between 20 million and 25 million by 2010. Sadik said that while leaders have frequently talked about the importance of fighting the disease, they have largely failed to take action.

Kaiser Daily Reports, 3 September 2003,

### *Festschrift for Professor Margaret Burgess AO, 5-6 February 2004*

A two-day program has been organised in honour of Professor Margaret Burgess' retirement. Guest speakers include Professor Felicity Cutts (UK) and Professor Stanley Plotkin (USA). Topics covered include 'Vaccines for the 21st Century' and 'Congenital and neonatal infections'.

**Venue:** The Children's Hospital, Westmead, NSW Australia and The Children's Medical Research Institute, Westmead, NSW Australia. **Registration fee** of \$55 GST inclusive covers lunch, morning and afternoon breaks.

Further enquiries: The program and registration form are available at [www.ncirs.usyd.edu.au/publications](http://www.ncirs.usyd.edu.au/publications).

Alternatively contact Jan Michniewicz, National Centre for Immunisation Research & Surveillance.

Tel: (02) 9845 3075, Fax: (02) 9845 3082, Email: [janm4@chw.edu.au](mailto:janm4@chw.edu.au)

**RSVP: 31st December 2003**

## Items of Interest

### Asthma in Australia

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Asthma is an important health problem in Australia. This new report from The Australian Centre for Asthma Monitoring (ACAM), a collaborating unit of the Australian Institute of Health and Welfare, brings together data from a wide range of sources to describe the current status of asthma in Australia. It includes information on the number of people who have asthma, who receive various treatments for asthma, who have written asthma action plans, who visit their GP and who are hospitalized or die due to asthma. Catalogue No. ACM-1. Available from Info Access (toll free 132 447). \$33

### Health Expenditure Australia 2001-02

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This new AIHW report examines expenditure on health goods and services in Australia for 1991-92 to 2000-01 and presents preliminary estimates for 2001-02. It shows that Australia spent over \$66 billion on health in 2001-02, a rise of \$11 billion since 1999-00. The report presents expenditure estimates at the aggregate level, as a proportion of gross domestic product (GDP), on a per person basis, by state, by comparison with selected OECD countries and by source of funding - Commonwealth, other government and non-government. It will be helpful to anyone interested in studying, analysing and comparing estimates of health expenditure in Australia.

AIHW Catalogue no. HWE-24, available from Info Access (toll free 132 447). \$25.00.

### Health at a Glance - OECD Indicators 2003

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This second edition of Health at a Glance aims to build on the success of the inaugural edition by presenting an expanded set of indicators. In keeping with the original aim, and as its name suggests, Health at a Glance presents key health indicators in charts and tables. It is designed to provide the basis for a better understanding of a range of factors which affect the health of populations and the performance of health care systems in OECD countries. The publication shows cross-country variations and trends over time in core indicators of health status, health care systems and non-medical determinants of health. It also provides a brief interpretation of these data. The statistical annex at the end of the publication offers additional data on these indicators in a set of more than 50 tables. The Australian data in the report was supplied by the AIHW.

Both the hard copy and PDF version of the report may be purchased on line at [www.oecd.org](http://www.oecd.org)

### Indicators of Health Risk Factors: the AIHW View

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This information paper will be of interest to anyone who uses health information for research or policy making. It will facilitate discussion about the methods of collecting and

reporting the information and how it is applied and interpreted. The Report contains the latest information about four health risk factors: alcohol consumption, physical inactivity, tobacco smoking and overweight and obesity.

Catalogue No. PHE-47. Available from CanPrint (toll free 1300 889 873). \$21.00

### Australian ICF User Guide

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The International Classification of Functioning, Disability and Health (ICF) supports the collection of data on functioning and disability in areas including population health and disability surveys, disability and aged care services, rehabilitation and allied health services. As a Collaborating Centre of the World Health Organization, the AIHW has been involved with the preparation of the ICF for the last decade. The Australian ICF User Guide is intended to complement the ICF classification itself, to assist Australian users to understand the classification, to inform them about current and potential applications and to provide advice on 'getting started'. It is designed for those wanting to use the ICF or find out more about the practical use of the ICF in Australia.

AIHW Catalogue No. DIS-33. Available from Info Access (toll free 132 447); \$22

### Diabetes in Overseas-born Australians

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AIHW Bulletin Issue 9 describes patterns of diabetes prevalence, hospitalisations and deaths amongst Australians who were born overseas and compares these patterns with their Australian-born counterparts. This analysis is important because it contributes to the planning and management of diabetes services for people of different cultural and linguistic backgrounds. Catalogue No. AUS-38. Available from CanPrint (toll free 1300 889 873); \$10

### Onions could play key election role in India

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The price of onions is, oddly, expected to play a key role in elections to the state assembly in New Delhi in December.

Onion prices have risen recently and there are reports of a shortage. The city's ruling Congress party has alleged that traders, possibly sympathetic to the opposition BJP, are creating an artificial shortage by holding on to stocks.

The onion is a key political tool because it is a fundamental part of the diet of Delhi's 13 million residents who consume 150 tonnes a day. Its price played a key role in local elections in 1998 when a ten-fold increase in the price saw the BJP thrown out of power.

### Rural, Regional and Remote Health - a study on mortality

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This AIHW report updates and builds on findings from the 1998 AIHW report, Health in Rural and Remote Australia,

## Items of Interest

which identified higher death rates outside major metropolitan areas. However, it has been unclear how much of these higher death rates are due to rural health issues as such, and how much to Indigenous health issues. The report largely resolves this uncertainty by controlling for Indigenous status and describing for each region: differences in death rates; trends in mortality over time; and how many more deaths occurred than would have been expected if metropolitan rates had applied in each region. A summary of the report is also available.

Catalogue Numbers PHE-45 (full report) \$40 and PHE-49 (summary) \$20. Available from CanPrint: toll free 1300 889 873

### **Demand for SAAP Assistance by Homeless People 2001-02**

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This recent AIHW publication is one of the Series 7 reports on the Supported Accommodation Assistance Program (SAAP) National Data Collection for 2001-02. The series provides information on people who were homeless and people who were at risk of being homeless who accessed SAAP in 2001-02. This report looks at the demand for SAAP services and the ability of agencies to meet this demand. AIHW Catalogue No. HOU - 90, Available from CanPrint (toll free 1300 889 873) \$20

### **Alcohol and Other Drug Treatment Services in Australia 2001-02: Report on the National Minimum Data Set**

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This report presents national, state and territory data on publicly funded alcohol and other drug treatment services, the clients who use these services, the types of drug problems for which treatment is being sought and the types of treatment provided. The National Minimum Data Set has been implemented to assist in monitoring and evaluating key objectives of the National Drug Strategic Framework and to assist in the planning, management and quality improvement of alcohol and other drug treatment services in Australia. It provides useful information for government health authorities, researchers and the broader community.

AIHW Catalogue No. HSE-28, Available from CanPrint (toll free 1300 889 873); \$23.00

### **Medical Labour Force 2001**

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This Australian Institute of Health and Welfare report presents demographic and labour force statistics on the medical profession in Australia. It is based on the main findings of the 2001 national survey of registered medical practitioners. Information presented in the report includes the number of registered practitioners in each geographic region and in each State and Territory, age and sex profiles, areas of practice, medical specialties and hours worked. The report also includes comparisons with the medical profession five years earlier using data from the 1996 national survey of registered medical practitioners. Catalogue No. HWL 28, available from

CanPrint tel. (toll free) 1300 889 873. \$22

### **Nappy deluge harming our environment**

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The thousands of disposable nappies that are thrown out in household garbage each year have become a significant environmental problem, Sharman Stone, the Parliamentary Secretary to the Environment Minister, has told the House of Representatives. "It has been estimated that each year about 88,000 tonnes of the municipal waste stream in the western Sydney area alone is made up of disposable nappies," Dr Stone said. "These nappies are simply being added to the landfill." Dr Stone said many people are now concerned about the health and environmental problems arising from the accumulation of tonnes of disposable nappies in tips across the country. "Disposable nappies contain wood pulp, non-biodegradable plastics, super gels and untreated human waste. Methane and other greenhouse gases are released as the product contents break down in the landfill. As well, leachates generated by Australia's under two-year-olds sit in the landfills, encased in non-biodegradable plastics." Dr Stone asked, "Where are the biodegradable disposables that are available in other countries like the UK? We must insist that they be also available through major distributors in Australia." She said we must also be smarter in disposing of the nappies now being used. "Given the extraordinary ability of the supergels to absorb water, one solution could be their extraction and recycling as soil conditioners. This is now being given serious consideration by scientists, researchers and others concerned about waste disposal in the Sydney region."

From About the House, House of Representatives Magazine, Issue 17 2003

### **Condom Tree Plan**

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The shire of Wyndham-East Kimberley in Western Australia's north-west is considering adopting so-called "condom trees" to reduce sexually transmissible infections in Kununurra. The idea involves supplying containers of condoms in trees easily accessible to the public. It has proved successful in the regional towns of Fitzroy Crossing, Derby and Halls Creek. The Kimberley has 2 per cent of the state's population, but is plagued by 48 per cent of all sexually transmissible infections identified in Western Australia. But Wyndham-East Kimberley's chief executive, Chris Adams, says some of the locations suggested in his shire for condom trees are not appropriate. "[The] council is supportive of the concept but just believes a little bit of thought needs to go into the location of where these condom trees are located and also about some other issues about disposal of waste and those sorts of things," he said.

# What's on

## 5- 24 January 2004

7<sup>th</sup> Summer School in International Health & Development for Christian Health Professionals. Optional 4<sup>th</sup> week and 2-week OUTREACH. At Flinders Medical Centre and Tabor College, Adelaide, SA. Further enquiries: Intermed.SA, PO Box 223, Torrens Pk, SA 5062. Email: [intermed@radford.id.au](mailto:intermed@radford.id.au). Tel 618 8271 9558.

## 31 March - 3 April 2004

Australasian Sexual Health Conference 2004, Behind the Mask, Adelaide Convention Centre South Australia  
Contact: Dart Associates  
Tel: 02 9418 9396/97  
Email [dartconv@mpx.com.au](mailto:dartconv@mpx.com.au)  
Web: <http://www.acshp.org.au>

## 26 - 28 August 2004

National SARRAH Conference (rural & remote allied health)  
Alice Springs Convention Centre, NT  
c/-National Rural Health Alliance  
PO Box 280  
DEAKIN WEST ACT 2600.  
Ph: 02 6285 4660 Fax: 2 6285 4670  
Email: [conference@ruralhealth.org.au](mailto:conference@ruralhealth.org.au)  
Web: [www.sarrah.org.au](http://www.sarrah.org.au)

# New Members

## NEW SOUTH WALES

Cathy O'Callaghan  
NSW Injury Risk Management  
Research Centre  
Nicola Cooper

## VICTORIA

Jo Lindsay  
Catherine Joyce  
Monash University, Dept of  
Epidemiology and Preventive Medicine  
Jo-Anne Rayner  
Carolyn Coffey  
Eastern Access Community Health  
Colette Browning  
Sabin Fernbacher

## SOUTH AUSTRALIA

David Victor Burrow  
Carole Pinnock  
Robyn Margaret Kennare

## QUEENSLAND

Wuchopperen Health Service CTD  
Craig Osborne  
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