



# Public Health Report



**During 2015, the Public Health section and the Secretariat worked to continue the AMA's advocacy work. The Secretariat convened working groups to oversee the updating of a number of *Position Statements* to ensure the AMA's public health positions reflect contemporary policies and practices.**

## POSITION STATEMENTS

### Obesity

In September, a Working Group was established to revise the *Position Statement on Obesity*. Its members are Dr Richard Kidd (Chair), Dr Tony Bartone, Dr Christopher Zappala, and Dr Danika Thiemt.

Obesity is a leading risk factor for poor health, and combating it requires the participation of governments, non-government organisations, the health and food industries, the media, employers, schools, and community organisations. The revised Position Statement will emphasise the importance of increased nutritional literacy, particularly among parents.

### Domestic and Family Violence

In November, Federal Council formed a Working Group to oversee the *Position Statement on Domestic and Family Violence*. The members are Professor Brian Owler (Chair), A/Prof Robyn Langham, Dr Chris Moy, Dr Gino Pecoraro, and Dr Danika Thiemt.

The revised Position Statement will focus on the health of people, particularly women and children, experiencing domestic violence, and the role of medical practitioners in addressing and assisting them. It will include issues such as mandatory reporting, referral pathways for medical practitioners, and organisations that can assist patients experiencing domestic violence.

### Alcohol and FASD

The Secretariat is producing a supplementary *Position Statement on Foetal Alcohol Spectrum Disorder (FASD)*. The adverse effects of FASD are far-reaching – affecting families, the health care system, the social service system, the criminal justice system, and the education and employment systems. Australia lags behind other countries in its response to FASD, and the AMA believes that any attempt to tackle it must occur within a comprehensive approach to reduce harmful drinking across the population.

Public Health is engaging with the Foundation for Alcohol Research and Education (FARE) on alcohol and pregnancy, FASD and the on-going promotion of the *Women Want to Know* campaign, which encourages health professionals to routinely discuss alcohol and pregnancy with women, and to provide advice consistent with the NHMRC's *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*.



## Concussion in Sport

The AMA and the Australian Institute of Sport (AIS) partnered on a joint *Position Statement on Concussion in Sport* and website, following growing concern in Australia and internationally about the incidence of sport-related concussion and potential health ramifications for athletes, from the part-time recreational athlete to the full-time professional.

The Position Statement summarises the most contemporary evidence-based information, presenting it in a useable format for a broad range of stakeholders. It ensures that athlete safety and welfare remains the point of focus for all organisations and individuals dealing with concussion in sport.

## Combat Sport

In August, the AMA released a revised *Position Statement on Combat Sport*. Combat sport includes any sport, martial art or activity in which the primary objective of participants is to strike, kick, hit, grapple with, throw or punch one or more participants. These sports are a public demonstration of interpersonal violence which is unique among sporting activities.

The AMA opposes all forms of combat sport. The Position Statement recommended banning boxing from the Olympic and Commonwealth Games, and that media coverage of combat sport be subject to control codes similar to those applying to television screening of violence. At the November Federal Council meeting, a clarification was added, noting that some sports that may be deemed 'combat' do not involve 'winning' through blows to the head or inflicting injuries on an opponent.

## Blood Borne Viruses (BBV)

In December, the Federal Government announced a funding package of \$1 billion over five years to subsidise a range of breakthrough medicines to treat hepatitis C, replacing the previous PBS subsidised treatments. General practitioners will be able to prescribe these antiviral medications in, or following, consultation with a specialist physician, who can also prescribe these medicines.

The Commonwealth has recognised that people in custodial facilities are a priority population for treatment of hepatitis C, and has agreed to fund the cost of these medicines for prisoners through the PBS. State and Territory health and justice departments will put in place processes to ensure prisoners are prescribed and provided with these medicines. The revised *Position Statement on Blood Borne Viruses (BBV)* will reflect these significant medical innovations and the way BBVs can be prevented, managed and treated.

## Indigenous Health

The Taskforce on Indigenous Health revised the *Position Statement on Aboriginal and Torres Strait Islander Health*. The revision of this Position Statement was timely ahead of the 10th anniversary of the Close the Gap campaign in 2016.

The *2015 Report Card on Indigenous Health* called on the Government to set a national target for closing the health and imprisonment gaps between Indigenous and non-Indigenous people. It was launched on November 25 by Professor Owler and Federal Rural Health Minister Fiona Nash.



On September 10, Professor Owler and other AMA representatives met with the Law Council of Australia (LCA) to discuss opportunities for joint advocacy to address Indigenous incarceration rates. As part of this joint advocacy, Professor Owler participated in a panel discussion at the LCA's Indigenous Incarceration symposium on November 26.

The AMA Indigenous Peoples' Medical Scholarship 2015 was awarded to Ms India Latimore from the University of Newcastle. The AMA is exploring new avenues of donation from private sector and philanthropic organisations to ensure the Scholarship can continue to support Indigenous medical students in the future.

Throughout 2015, the AMA continued its support for the Close the Gap campaign and remains a committed and active member of the Close the Gap Steering Committee.

## ADVOCACY

### Autism

Throughout the year, AMA representatives met Autism Spectrum Disorder (ASD) advocacy bodies to discuss the role of medical practitioners, and GPs in particular, in supporting families affected by ASD. There were also preliminary discussions around addressing the delays many families encounter when seeking a formal diagnosis of ASD. In 2016, the AMA will host a meeting of relevant medical stakeholders to look at possible improvements to the process.

### E-cigarettes

Federal Council convened a Working Group, chaired by Dr Parnis, to develop a brief AMA statement on e-cigarettes that could be easily updated in light of new evidence. In March, the CEO of the National Health and Medical Research Council (NHMRC) issued a statement that comprehensively covered the evidence on e-cigarettes.

Professor Owler also wrote to the Health Minister, the Treasurer and the Assistant Minister for Health, calling for the introduction of laws prohibiting the advertising of e-cigarettes, enforcement of laws prohibiting the advertising of e-cigarettes as a therapeutic good, and banning the marketing of e-cigarettes to people aged under 18 years of age.

### Physical Activity

The AMA worked with peak organisations in the health and physical activity sector, including the Heart Foundation, the Confederation of Australian Sport, and Cycling Promotion Australia, to identify priorities for action and opportunities for collaboration.

Dr Parnis was a keynote speaker at the *Move More, Sit Less!* National Physical Activity Consensus Forum at Parliament House in September, and an opinion piece he wrote was published in *The Canberra Times* in October. Both were well received.

Building on this, Dr Parnis wrote to the Health Minister inviting her to partner with the AMA in writing to the 565 local councils in Australia, asking them to highlight the low-and no-cost physical activities available in their own jurisdictions. This letter highlighted the need to improve health outcomes for Australians who do not live in capital cities and who may not have access to the same range of opportunities for physical activity as city dwellers.



## Road Safety

Professor Owler's advocacy for the *Don't Rush* campaign has allowed the Public Health section to build closer ties with the automotive industry and road safety stakeholders. As well as campaigning on driver behaviour – speeding and fatigue – the AMA has been collaborating with the Australasian New Car Assessment Program (ANCAP) and the Australasian College of Road Safety (ACRS) to inform and advocate for measures which save lives and prevent road trauma.

On August 12, Professor Owler launched the *Avoid the crash, Avoid the trauma* campaign at Parliament House. The campaign called on politicians, the car industry, and all road users to join the push for adoption of new technologies such as Autonomous Emergency Braking (AEB) to make cars safer and save lives.

The AMA also met with the Australian Automobile Association and the Federal Chamber of Automotive Industries to pursue further opportunities to work together. Professor Owler delivered a keynote speech to the Australasian Road Safety Conference at the Gold Coast on October 16. ACRS described the speech as a "powerful presentation", and it garnered national media coverage. At this Conference, the AMA became a signatory to the Declaration for Trauma Free Roads.

The AMA has also updated its website to include a webpage on road safety, linking to the Fitness to Drive standards and a whiplash toolkit.

## WMA General Assembly 2015

The AMA provided input into past President Dr Steve Hambleton's presentation to the World Medical Association (WMA) conference in Moscow in October. Dr Hambleton subsequently provided a report on the WMA conference and the Public Health section will follow up on some of the areas. The AMA also undertook the initial revision of the WMA Council Resolution on implementation of the WHO Framework Convention on tobacco control.

## Energy Drinks

Dr Hambleton made contact with the Public Health section regarding consultations being undertaken by the Toronto Health Board in relation to banning the sale of energy drinks to those aged 19 years and younger. The AMA wrote to the Toronto Health Board, confirming the health concerns associated with energy drink consumption among children and young people and noted the AMA's position that sales should be restricted to those aged under 18 years.



## SUBMISSIONS AND CONSULTATION

### Plain Tobacco Packaging Submission

In March, the AMA made a submission to the Commonwealth Department of Health's *Post Implementation Review of Tobacco Plain Packaging*. It reiterated the AMA's continued support for plain packaging, particularly as emerging evidence suggests that it reduces the appeal of cigarette packs to young people, it emphasises the graphic health warnings, and it also encourages smokers to consider quitting.

### Joint Parliamentary Committee on Law Enforcement – Inquiry into Crystal Methamphetamine

In June, the AMA lodged a submission to the Parliamentary Inquiry into Methamphetamine Use. While the Inquiry was broadly focused on law and order responses, the AMA's submission described the health impacts of methamphetamine use and the resulting impacts on health care provision. It argued that the response to crystal methamphetamine must be balanced - ie. law and order strategies with health strategies. A/Prof David Mountain appeared via teleconference before the Inquiry.

A/Prof Robyn Langham also represented the AMA at targeted consultations undertaken by the National Ice Taskforce as part of the development of the National Ice Action Strategy.

### AMA consultation on the *National Alcohol Strategy 2016-2021*

Health Outcomes International (HOI) was commissioned by the Commonwealth Department of Health to conduct stakeholder consultations to inform development of the *National Alcohol Strategy (NAS) 2016-2021*.

Dr Parnis was interviewed as the AMA's representative by HOI in October. He provided an overview of the AMA's concerns about alcohol and reiterated the position contained in the *Position Statement* and *Alcohol Summit Communique*. The AMA also provided a written submission to HOI.

### AMA submission on the *National Drug Strategy 2016-2025*

The AMA's submission on the draft *National Drug Strategy 2016-2025* noted Australia was falling further behind in reducing the harm from alcohol, tobacco and other drug use, and that the policy and regulatory responses to these challenges needed to be strengthened and well-coordinated. The submission noted the increasing demand for drug and alcohol treatment and rehabilitation services, and reiterated the AMA's view that addiction to drugs or alcohol was primarily a health issue. The AMA's submission recommended the addition of targets and goals as a way to measure progress.

The AMA attended the Intergovernmental Committee on Drugs (IGCD) Stakeholder forum in November which provided an opportunity to work collaboratively with other stakeholders in identifying opportunities to reduce the impact of alcohol and other drugs.



## ***Social Services Legislation Amendment (No Jab, No Pay) Bill***

The AMA submission to the Senate Community Affairs Legislation Committee inquiry into the *Social Services Legislation Amendment (No Jab, No Pay) Bill 2015* supported measures to increase immunisation rates among children, including the very real possibility that some parents would reconsider their anti-immunisation stance in light of becoming ineligible for some Centrelink payments.

The submission highlighted the need to closely monitor the data in order to measure effectiveness and whether there continued to be geographic pockets of lower immunisation rates (including those in more affluent areas). The submission also noted the need to closely monitor whether vulnerable children were being removed from childcare or preschool as a result of the measure. The submission called for full funding of catch-up vaccinations, and recommended any savings resulting from the measure be invested into research and other activities that seek to further increase immunisation rates.

Dr Richard Kidd represented the AMA at the Committee's public hearing in Brisbane on November 2.

## ***Parliamentary Joint Committee on Law Enforcement – Inquiry into illicit tobacco***

In December, the AMA made a submission to the *Inquiry into illicit tobacco*. The submission noted the AMA's recently updated policy position and statement on *Tobacco Smoking and E-Cigarettes*.

The AMA reiterated its support for measures that seek to reduce the trade in, and consumption of, illicit tobacco and warned that a lack of action has the potential to undermine Australia's world leading stance on tobacco control.

## ***Tackling Alcohol-Fuelled Violence Legislation Amendment Bill 2015***

The AMA made a submission to the Queensland Government's Legal Affairs and Community Safety Committee inquiry into the *Tackling alcohol-fuelled violence Legislation Amendment Bill 2015*. The AMA welcomed this initiative as a measure that seeks to reduce Australia's culture of binge drinking. The AMA noted that reduced availability and access to alcohol will have positive impacts on the health system and on the broader community. Reducing the availability of alcohol via lockouts and designated last drink times, as well as restriction on the availability of takeaway alcohol, should noticeably reduce the incidence of alcohol-related violence.

## ***The Role of the International Health Regulations in the Ebola Outbreak and Response***

The AMA was invited to provide a submission on the Role of the International Health Regulations in the Ebola Outbreak and Response. The AMA played a highly visible and active role in public debate in Australia during the Ebola crisis. The AMA was a strong advocate for an immediate response from Government and was critical of delays in sending qualified and trained personnel to West Africa. The submission noted that Professor Owler took a lead role in calling for an urgent response from the Government and led the advocacy for sending medical and logistical support, not just financial assistance.



## Medicinal Cannabis Submission

The AMA submission to a Senate inquiry into the *Regulator of Medicinal Cannabis Bill 2014* opposed the introduction of a separate regulator of medicinal cannabis. The Bill, proposed by Senator Di Natale, would have established a system for regulating medicinal cannabis, distinct from the current Therapeutic Goods Administration processes, and proposed a process for accrediting medical practitioners to prescribe medicinal cannabis.

The AMA's submission stated that medicinal cannabis should be treated consistently with other medicines, and therefore should not have a separate process for regulation. It also noted concerns with proposals that medical practitioners provide 'authorisation' for patients and their carers.

Dr Parnis met with Senator Di Natale to discuss the AMA's submission. The Coalition Government has subsequently indicated its intention to introduce legislation covering the cultivation and supply of medicinal cannabis.

## Commercial Television Code of Practice Submission

Free TV Australia, the industry body representing commercial free to air television, undertook consultations on a proposed update of the current Commercial Television Code of Practice, which regulates television content in accordance with community standards. A number of amendments were proposed, the most significant for the AMA being the relaxation of restrictions on alcohol and gambling advertising.

The AMA submission argued against any expansion in the times alcohol products and gambling services could be advertised on television. Unfortunately, the recently released revised Code is likely to increase the exposure of children and young people to alcohol and gambling advertising.

## Pertussis Vaccination for Pregnant Women – Correspondence

Following the death of a newborn infant from pertussis, there was increased interest in how best to protect infants too young to be vaccinated. The Australian Technical Advisory Group on Immunisation (ATAGI) recommended pregnant women be vaccinated in their third trimester. This advice was included in the 10th Edition of the *Immunisation Handbook*.

Some jurisdictions fund pertussis vaccination for pregnant women, but not all, and it is not always well promoted. Professor Owler wrote to the Health Minister encouraging her to work towards listing the pertussis vaccine for pregnant women on the National Immunisation Program (NIP).

The Minister responded, indicating that due to the lack of a sponsored application to the Pharmaceutical Benefits Advisory Committee (PBAC), the vaccine could not be considered for the NIP. However, the Minister did note that all pregnant women, except for those living in Tasmania, would soon have access to the pertussis vaccine through State-funded initiatives.



## **AMA Submission to Senate Standing Committee on Economics - *Inquiry into Personal Choice and Community Impacts***

The AMA provided a written submission to the *Inquiry into Personal Choice and Community Impacts*, informally known as the 'nanny state' inquiry. The submission explained the importance of public health measures and why some measures need to be implemented in ways that appear to restrict personal choice. The submission contained formal support for a range of measures relating to alcohol, tobacco use and cycling helmets.

The AMA argued that doctors treat those affected by poor decision-making on a daily basis, and that providing this type of care made medical professionals strong supporters of public health measures that seek to reduce harms. The submission noted that governments are uniquely placed in their ability to influence and regulate people's behaviour on a much larger scale than individual doctors.

## **Health Star Rating Advisory Committee**

Professor Geoff Dobb participated in a number of Health Star Rating Advisory Committee meetings to discuss issues including:

- refinement of the Health Star Rating (HSR) calculator;
- a report from the Australia and New Zealand Ministerial Forum on Food Regulation;
- major retailers agreeing to use the HSR on their own branded products;
- updates on the HSR social media campaign;
- implementation of the HSR in New Zealand; and
- consideration of anomalies.

The number of products carrying the Health Star Rating labelling has significantly increased. The Heart Foundation of Australia is undertaking an evaluation of the labelling, but preliminary research suggests that this food labelling approach is assisting consumers to compare products and make healthier food choices.

## **Briefing papers/talking points**

The Public Health section provided briefings or talking points on:

- asylum seekers and health;
- air quality and human health;
- climate change and health;
- Indigenous health issues; and
- methamphetamine.

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