

Issue 7 March 1999

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# Building Partnerships National Drug Strategic Framework 1998-99 to 2002-03

Community concern and media attention around licit and illicit drugs is currently high. Heroin use and overdose deaths in particular, have become a focus of media reports and dialogue around illicit drug use. Although media attention is at times sensationalist, the wider health and social consequences of harmful drug use, both licit and illicit, are also receiving consideration. There is greater recognition that harmful drug use affects not only those with dependencies, but families, friends, employers and local communities.

*Harmful drug use has many social, health and economic impacts on Australian society. Nearly one in five deaths in Australia is drug-related. It was estimated that in 1998 approximately 22 500 Australians would die and over 175 000 Australians would be hospitalised for conditions that are either directly or indirectly the result of harmful drug use (Single & Rohl 1997).*

Since 1985, when the *National Campaign Against Drug Abuse* (NCADA) was launched, Australia has had an organised national response to combat the misuse of both illicit and licit drugs, agreed to by the Commonwealth, States and Territories. Continuing this response, the Ministerial Council on Drug Strategy, which comprises Commonwealth and State and Territory Health and Law Enforcement Ministers, has endorsed the *National Drug Strategic Framework 1998-99 to 2002-03* at its meeting in Sydney on 19 November 1998.

The Framework has been developed following a consultation process involving forums in all States and Territories. The Framework was prepared for the Ministerial Council by a joint



steering committee of the Intergovernmental Committee on Drugs (IGCD) and the Australian National Council on Drugs (ANCD) and recommended by both bodies to Ministers for endorsement.

The document reflects the decision of the Ministerial Council on Drug Strategy, following the evaluation of the *National Drug Strategy 1993-1997*, that a nationally coordinated and integrated approach to reducing the harm arising from the use of illicit and licit drugs, including tobacco, alcohol, and pharmaceutical drugs, should continue for a further five years. The Framework reaffirms commitment to harm minimisation as the basis for approaches to harmful drug use nationally.

The Mission for the *National Drug Strategic Framework 1998-99 to 2002-03* is "to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society."

# Message from the Chair



Dr Andrew Wilson, Chair of the National Public Health Partnership Group, and Chief Health Officer/Deputy Director General of Public Health, New South Wales Health Department.

**M**aking partnerships work is hard and it is not surprising that, given the existing workload of most participants, there has never been a rush of nominees to Chair this one. This is especially so in the start up phase and the Partnership owes, and offers, a special thankyou to Liz Furler who undertook the role during the first year and a bit. However, we expect to have continued involvement with Liz in her new role as First Assistant Secretary of the Health Services Division, Commonwealth Department of Health and Aged Care.

At our meeting in Wellington (25-26 February), the Partnership Group spent a significant proportion of its time reviewing activity so far and examining ways that we can deliver

outcomes that will be seen as valuable to our governments and the rest of the public health community. Over the next 12 months we intend to focus on a few key elements of our work.

Firstly, we agreed that there needs to be stronger links between the key working parties and the Partnership Group. To this end we have reorganised representation on the principal working parties to ensure that a Partnership Group member is represented on each of the working parties. In this way we aim to improve the two-way communication and, hopefully, improve the efficiency of the Partnership Group's meeting, the agenda being already overcrowded.

Secondly, we agreed it is important to tie our work, and its outcomes, more clearly to the Australian Health Ministers' Conference Australian Health Ministers' Advisory Council processes. As a means of achieving this we will not only seek endorsement of overall work plans but seek referral of issues from these sources to that work plan and earlier endorsement of directions on specific issues. Each State, Territory and the Commonwealth will be asked to sponsor particular aspects of the work plan.

Thirdly, we want the Partnership Group to be used more as a coordinator of public health advice activity. In doing this, the Partnership recognises the ongoing importance of the National Health and Medical Research Council (NHMRC) as the peak health body in Australia with strong public credibility. However, the NHMRC has changed its approach to business

favouring the development of specific guidelines requested by government within specified time-lines. Also, the NHMRC has adopted a mechanism whereby other groups can initiate and undertake guideline development using the framework endorsed by the NHMRC and can seek NHMRC endorsement for their work. We believe the latter is a process we can use productively. In relation to some specific public health issues we also see a need for ongoing collaborations. These would advise when there are important changes in disease occurrence, scientific knowledge or other problems with existing guidelines - particularly when these impact across jurisdictions. One of these, for example, is arbovirus disease control.

The fourth focus during this period will be to demonstrate that the output of the working groups can be translated into outcomes that influence policy and direction in public health across Australia.

This period is likely to be critical to the future health and viability of the Partnership. I look forward to working with all participants to achieve this.

Dr Andrew Wilson, Chair of the National Public Health Partnership Group.

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## National Drug Action Plans

The Framework will be accompanied by a series of *National Drug Action Plans* to be developed during 1999. These Plans will specify priorities for reducing the harm arising from the use of licit and illicit drugs; strategies for taking action on these priorities; and performance indicators against which progress and outcomes may be assessed. The Plans will be developed by the IGCD together with the ANCD, and will be reviewed and reported against annually.

## Building Partnerships

Partnerships between the Commonwealth and States and Territories, and between

health and law-enforcement agencies, have been a hallmark of the National Drug Strategy and are widely recognised as contributing to its success. In *Mapping the Future*, Single and Rohl (1997) recommended that attention be given to enhancing partnerships with other sectors. The development of a closer working relationship between the three tiers of government and affected communities; community-based organisations; business and industry; the medical profession; and research institutions, has been identified as a priority. In acknowledgment that a partnership approach is still evolving, *Building Partnerships* is the theme for this phase of the *National Drug Strategy*.

Copies of the *National Drug Strategic Framework 1998-99 to 2002-03* are available on the Internet via a link at [www.nationaldrugstrategy.gov.au](http://www.nationaldrugstrategy.gov.au)

Copies can also be ordered by telephoning 1800 020 103 then ask for extension 8654.

## Reference

Single E & Rohl T (1997) *The National Drug Strategy: mapping the future*. Australian Government Publishing Service, Canberra.

# Partnership Group Meeting - February 1999

Under its new Chair, Dr Andrew Wilson, the first 1999 meeting of the National Public Health Partnership Group was held on 25-26 February, in Wellington, New Zealand.

New members, Prof Brendon Kearney from South Australia, and Dr Rowan Davidson from Western Australia, were introduced and Prof George Rubin was welcomed back in his new role as the National Health and Medical Research Council representative. As Interim Chair, Ms Liz Furler received particular thanks for her contribution as the driving force during the establishment phase of the National Public Health Partnership.

New Zealand has been an active participant observer at the National Public Health Partnership Group meetings since its inception, providing insights and experiences in a range of health sector reforms. A presentation from the State Services Commission on New Zealand's attempt to develop and manage cross-portfolio priorities was of interest to the Partnership Group as much of public health requires intersectoral collaboration. Biodiversity and strengthening families were cited as areas of cross-portfolio action. Relevant, too, is the

debate about the short-term return interest of public infrastructure purchasers vs long-term investment interests of owners and whether a purchasing framework is appropriate for some areas, especially when innovation and sustainability were of central concern.

*Key discussions and decisions include:*

- agreement to work with the National Health and Medical Research Council on levels of evidence for public health interventions;
- agreement to formalise a national group on arbovirus disease monitoring and control as a sub-committee of the Communicable Diseases Network of Australia and New Zealand;
- comments on the *Discussion Document of the Health and Medical Research Strategic Review* (aka Wills Report), focusing on issues of priority-setting and pooling of funding for priority-driven research;
- endorsement of final guidelines for development and coordination of national public health strategies and agreement to forward these to the Australian Health Ministers' Advisory Council meeting in April 1999;
- agreement to push for a blood survey to accompany the next National Health

- Survey, to measure key health risk factors;
- approval for a project examining models of integrated service delivery at the local level;
- a national Delphi study on core functions of public health; and
- a scoping project on public health work force planning and monitoring.

Members also discussed the acute nature of public health, comparing the experiences of the Victorian gas crisis, the contamination of Sydney water, and the Northern Territory and Queensland floods.

Substantial progress on the *National Environmental Health Strategy* and the *Injury Prevention Strategy*, and the release of the *Mental Health Promotion and Prevention Action Plan* and the *National Drug Strategy* was also noted. The *World Health Organisation Framework Convention on Tobacco* was reviewed, and concerns were expressed about proposed new ventilation standards from Standards Australia.

The next National Public Health Partnership Group meeting will be in Perth, following the Australian Association of Health Promotion Professionals meeting in late May 1999.

## National Public Health Partnership Advisory Group - Chair's Report

The National Public Health Partnership Advisory Group ensures that key national non-government organisations, with a broad interest in public health, have direct input into the Partnership Group's work program, and that the National Public Health Partnership remains fully informed of service provider and consumer perspectives on its work program.

Over the last few months the Advisory Group has been meeting the challenge of providing advice to the Partnership on its broad work program and developing a view of how the group can meet its terms of reference.

The Advisory Group has provided advice to the National Public Health Partnership Group on Planning and Practice and the Communication Strategy, and has played a fundamental role in helping to determine Partnership priorities.

Recently, the Advisory Group had a planning day where it developed an outline for a *Work Plan for 1999 - 2000* and established its

priorities, and its key roles and functions. A statement of principles to guide its work and a number of strategies to meet its terms of reference were also an outcome of the planning day.

A central feature of the Work Plan is a portfolio approach where members of the Advisory Group follow (or 'shadow') a particular National Public Health Partnership work area. This will provide an efficient means for the Advisory Group to keep abreast of the Partnership Group's broad program so that the flow of information and ideas between the Advisory Group and the Partnership Group can occur productively and efficiently.

Two further key roles identified by the Advisory Group Work Program are in the area of information provision and consultation. An *Information Forum* for community organisations and representatives, giving background information on the National Public Health Partnership Group and details

of its work program and implications for local services, was piloted last September in Victoria. It is hoped that the Advisory Group, working with the National Public Health Partnership Secretariat, can conduct these forums in other States and Territories throughout the remainder of 1999.

A further role the Advisory Group has defined as important is to facilitate collective feedback and comment to the Partnership Group on its work program and where necessary, identify particular issues that might require coordinated feedback from the Advisory Group and its constituent organisations.

We anticipate that our work program will continue to evolve and develop as issues of concern to, and priorities of, the non-government sector become apparent.

For more information on the National Public Health Partnership Advisory Group contact: Brian Oldenburg: telephone: 07 3864 3925 e-mail b.oldenburg@qut.edu.au

# Reports from the National Public Partnership Working Groups and

## General Practice and Population Health Joint Advisory Group

*Professor Peter Baume* (Chairperson)  
Professor of Community Medicine, University of New South Wales

*Dr John Aloizos* Australian Divisions of General Practice (Qld), Upper Mt Gravatt, Qld

*Dr Rosalie Cooper* Australian Federation of Medical Women (Vic), Mt Waverley, Vic

*Dr Michael Jones* Australian Association of General Practitioners (WA), Darlington, WA

*Dr Jane Talbot* Scone, NSW

*Mr Mike Edwards* Queensland Health, Brisbane, Qld

*Dr Rosemary Lester* Department Human Services, Melbourne, Vic

*Dr Marilyn McMurchie* Balmain, NSW

*Dr Angela Merianos* Territory Health Services, Casuarina, NT

The current climate in general practice in Australia is one of change and reform. Increasingly, there is recognition of the role of general practice and of general practitioners (GPs) in public health activities as part of the primary health care network. The General Practitioners' Strategy Review affirms the important role of general practice in public health and the need for more collaboration and integration across the primary health sector to guide general practitioners in public health activities.

As an outcome of the Review, the Minister appointed the General Practice Partnership Advisory Council to advise on matters concerning general practice and to progress the recommendations of the Review.

In recognition of this shared interest the National Public Health Partnership Group and the General Practice Partnership Advisory Council have established a Joint Advisory Group on General Practice and Population Health. The Group is made up of an independent Chair, four members of the General Practice Partnership Advisory Council, and four nominees from the National Public Health Partnership.

The Group aims to progress the integration of general practice and population health issues by:

- considering the progress of appropriate general practice involvement in public health activities;
- considering policies and proposals relevant to progressing general practice and public health; and
- providing advice to General Practice Partnership Advisory Council and the National Public Health Partnership Group on opportunities for enhancing the public health role of general practitioners and improving collaboration between the public health and general practice sectors.

The Advisory Group met for the first time on 22 February 1999. At this meeting, members began to define their terms of reference and identified priorities for progressing collaboration of population health and general practice.

For more information about the Joint Advisory Group on General Practice and Population Health contact Helen Sutherland: telephone 02 6289 3633 e-mail [helen.sutherland@health.gov.au](mailto:helen.sutherland@health.gov.au)

## Mental Health Promotion and Prevention National Action Plan - Released

The *Mental Health Promotion and Prevention National Action Plan* has been developed in the context of an international movement to prevent mental health problems and disorders, and to lessen the burden of these conditions.

The *Action Plan* was endorsed last November by the Australian Health Ministers' Advisory Council National Mental Health Working Group and the National Public Health Partnership.

It provides the foundation for a national strategic approach to the promotion and prevention platform identified in the *Second National Mental Health Plan 1998 - 2003*, outlining details for work that can be undertaken at a National, State, Territory or local level.

The *Action Plan* proposes a range of strategies for age categories across the lifespan as well as priority population groups (such as rural and remote) and priority community groups (such as consumers and carers). For instance, for toddlers and preschoolers 2-4 years, the national strategies include reference to parenting programs, daycare and preschool programs. In the section devoted to Consumers, Carers and Community Organisations, the national strategies include reference to carer initiatives such as support, respite and education.

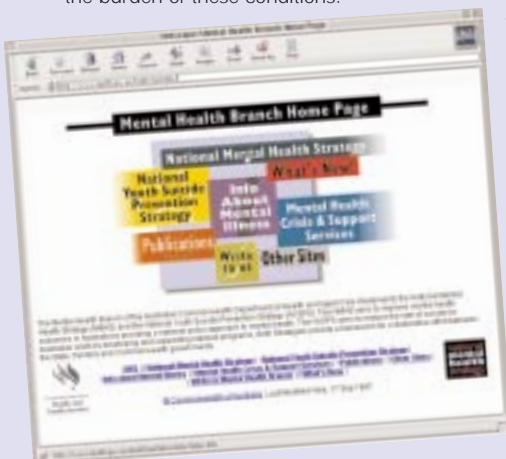
Each section is supported by a rationale, details of the evidence base and suggested research questions.

Sections also include relevant 'communities of interest' and linked initiatives to ensure outcomes at the service delivery level.

The draft Plan was widely circulated, with face-to-face consultations held in each State and Territory. This valuable feedback has been incorporated into the first edition. Additionally, it is intended that the Plan will be a working document that will not become redundant. Updates will occur regularly, incorporating outcomes of research and other projects, and best practice; it will be flexible and responsive to emerging new priorities.

Sources of funding over the five years of the Plan may include: States and Territories utilising monies provided under Schedule B of the Australian HealthCare Agreements; monies retained by the Commonwealth to progress initiatives under the National Mental Health Strategy; State and Territory budgets; links with other State and Territory programs; and from industry and other sponsorship arrangements.

For more information contact Rita Evans, Mental Health Branch, on 02 6289 7675 For a copy of the Plan telephone 1800 066247 or go to the Mental Health Branch homepage at <http://www.health.gov.au/hsdd/mentalhe>



# Health other NPHP News

## Public Health Workforce Development

The National Public Health Partnership Group has identified priorities for its work program on public health workforce development. Priorities have been grouped into two streams of work: firstly, specific aspects of the workforce and secondly, broader structural components.

The **first stream** investigates appropriate contributions by the Partnership in the areas of health promotion, environmental health and leadership skills development.

In health promotion, discussions are being held with the Australian Association of Health Promotion Professionals (AAHPP) and the Public Health Association (PHA) on possible areas of work. There is initial interest in exploring accreditation of health promotion

skills and the work of NSW, Victoria and other jurisdictions on competencies will also be brought into consideration. More broadly, the feasibility and value of staff exchanges in public health is being pursued.

The NPHP Group will seek advice from the National Environmental Health Forum (NEHF) on workforce development issues in the field of environmental health (including food related issues). This will be undertaken initially through the national conference *Environmental Health Professionals: Future Challenges, Future Needs* to be held in April 1999, sponsored by the National Environmental Health Forum, the Australian Institute of Environmental Health and the Public Health Association.

The supply of environmental toxicology expertise, as applied to public health issues, will be investigated through a consultancy and will inform discussions on the future role of the National Research Centre on Environmental Toxicology.

A background paper, currently under development in Victoria, looks at options for improving public health leadership skills at all levels and the contribution of national and local efforts. The paper is being prepared for the National Public Health Partnership Group in consultation with members from Western Australia, the Commonwealth and New South Wales.

In relation to the **second stream**, dealing with broader structural components of public health workforce development, the investigation of key issues in monitoring and planning public health workforce development has been agreed to by the NPHP Group. This work will commence with delineation of public health workforce disciplines drawing on local, national and international work on public health functions.

For more information contact Karen Roger at the NPHP Secretariat: telephone 03 9637 5448, fax 03 9637 5510, e-mail karen.roger@dhs.vic.gov.au

## New Release: Public Health Law in Australia - New Perspectives

*Public Health Law in Australia - New Perspectives* is meant to stimulate discussion and consideration of some key current issues for Australian public health legislative policy.

This report has been produced by the Australian Institute of Health Law and Ethics with the assistance of the Legislation Reform Working Group of the National Public Health Partnership.

The publication follows the earlier *Public Health Law in Australia - Its Current State and Future Directions* which was produced by Dr Christopher Reynolds and Mr Ian Bidmeade in 1997. That volume is the basis of much of the work now being undertaken by the Legislation Reform Working Group of the National Public Health Partnership.

The publication has chapters on topics including:

- Ideas and Arguments About Public Health Law
- Forms of Public Health Law

PUBLIC HEALTH LAW  
IN  
AUSTRALIA  
New Perspectives

- Harmonisation of Public Health Law in Australia
- The Constitutional Power of the Commonwealth in Public Health
- Reconciling Rights with Risk
- Public Health Law and Privacy
- Protection of Personal Information - Private Rights

- Cross Referencing Sustainability and Equity - Linking Environmental and Public Health Law
- Litigation and the Privatisation of Public Health

It is important to note that views expressed in *Public Health Law in Australia - New Perspectives* are those of the individual authors and do not necessarily represent an endorsed position of the Legislation Reform Working Group or of the National Public Health Partnership.

Copies of *Public Health Law in Australia - New Perspectives* are available by contacting: Mr Scott Harlum, Secretary, Legislation Reform Working Group: telephone 07 323 41804, e-mail scott\_harlum@health.qld.gov.au, or Ms Samantha Holmes of the Commonwealth Department of Health and Aged Care: telephone 02 6289 7209, e-mail samantha.holmes@health.gov.au

PUBLIC HEALTH LAW  
IN  
AUSTRALIA  
Its current state  
and  
future directions  
Ian Bidmeade and Chris Reynolds  
June 1997

- Public Health and the Environment
- Some General Questions
- Public Health Regulation and Environmental Protection Laws - Convergence or Divergence?
- The Nexus

Between Public Health and Environmental Protection Laws



## Commonwealth Development of the 4th National HIV/AIDS Strategy

The third National HIV/AIDS Strategy 1996-97 to 1998-99, *Partnerships in Practice*, is due to end on 30 June 1999. As a first step toward the development of a 4th National HIV/AIDS Strategy, the then Minister for Health and Family Services, the Hon Michael Wooldridge MP, agreed to a formal review of the third National Strategy, to be undertaken by the Australian National Council on AIDS and Related Diseases (ANCARD) as part of its annual reporting function.

A Review Advisory Committee was established in mid 1998 to oversee the Review. In October 1998, a national consultation workshop was held in Sydney, where key stakeholders identified strengths and weaknesses of the third National Strategy and opportunities and threats associated with changing public health and epidemiological contexts. Key informant interviews were also held in all capital cities to explore issues raised at the October forum and elsewhere. The Australian National Council on AIDS and Related Diseases Project Team also sent out invitations to provide written submissions against the terms of reference of the review. Extensive consultation with key stakeholders have already taken place on preliminary drafts of the Review report.

Once finalised by the Australian National Council on AIDS and Related Diseases, it is envisaged that the recommendations contained in the Review document will inform the development of a fourth National HIV/AIDS Strategy.

Contact: Paul Lehmann 02 6289 8067  
e-mail paul.lehmann@health.gov.au



# HIV/AIDS - A National Response

As work begins on developing the fourth National HIV/AIDS Strategy, this article profiles some of the innovative work undertaken nationally in response to the previous National HIV/AIDS Strategy. State and Territory articles have been provided by members of the Inter-Governmental Committee on AIDS and Related Disease.

### **Australian Capital Territory**

"Governments do not support or encourage illegal risk behaviours such as injecting drug use, but they do acknowledge the reality that these behaviours occur (National HIV/AIDS Strategy - 1996-97 to 1998-99)". The ACT Government has recognised their responsibility to develop public health measures designed to minimise the harm such behaviours can cause and has undertaken development work on the trial of a Safe Injecting Place (SIP). As a consequence of this work, amendments to the Drugs of Dependence Act 1989 relating to civil liability issues for a Safe Injecting Place and a motion seeking the ACT Legislative Assembly's endorsement of the development work are currently before the Assembly. A range of service models for the proposed trial are also under consideration.

The Minister for Health and Community Care's intention is to undertake further public consultation on safe injecting places. A public forum has been held to discuss issues associated with the proposed trial: this provided an opportunity for community members to express their views and have questions answered by experts in the field.

Contact: Fran Barry (02) 6207 0761  
e-mail fran\_barry@dpa.act.gov.au

### **Western Australia**

Since early 1997, several new and unique projects have been instituted to develop and improve management of HIV/AIDS and STDs in WA. Some strategies have been informed by a comprehensive Health Department sponsored State wide review of STDs, the outcomes of which are consistent with the Third National HIV/AIDS Strategy.

Other innovative projects implemented include the Western Australian AIDS Council, working with Silver Chain Special Services, Royal Perth Hospital, and AIDS Pastoral Care in developing a coordinated care model, providing care and support services for people living with HIV/AIDS in the Perth metropolitan region. This model provides excellent coordination, reduced service duplication and enhanced health outcomes for positive people, especially those with complex care issues such as mental health and substance use.

The establishment of the WA Substance Users Association (WASUA) in mid 1998 has created a 'users' peer group fixed site needle

and syringe program. The WASUA also provides education and outreach services.

Contact: Maryrose Baker 08 9388 4850  
e-mail Maryrose.Baker@health.wa.gov.au

### **Northern Territory**

The National review of the second National HIV/AIDS Strategy highlighted the fact that the Indigenous community was at risk and that it was important to work with Indigenous communities to minimise these risks. A project jointly undertaken between Danila Dilba and Northern Territory AIDS Council produced a report Malaga to Malaga (man to man) which confirmed the need for safe sex education for indigenous men.

So far the major strategy to be developed is the formation of a peer support group with the group determining possible interventions in different communities. Peer support group members come from remote communities and utilise their personal networks to disseminate knowledge and information. An officer from the Northern Territory AIDS Council coordinates and supports the group.

It is important to remember that this process will take time to develop trust from Indigenous community groups.

Contact: Naomi Oliver 08 8922 8814  
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### **New South Wales**

The AIDS/Infectious Diseases Unit of NSW Health is currently working with a range of community organisations on a number of innovative projects. This has included developing, in partnership with the NSW Ministerial Advisory Committee on AIDS Strategy, a State HIV/AIDS Statement of Strategic Directions, now being distributed for consultation.

One project, involving both the practical application of research and development of strong partnerships with community organisations, is the Sydney Sex on Premises Education Action Research Project. The project aims to investigate the best practice education interventions targeting homosexually active men in inner city Sydney who access sex on premises venues: places where homosexually active men can go to have sex in safety. Strong and practical partnerships between social researchers, community

educators and the affected community underpins this program. The project is being conducted by the AIDS Council of NSW with the involvement of NSW Health, Area Health Services and the affected community.

Contact: Brent Mackie 02 9391 9247  
e-mail BMACK@doh.health.nsw.gov.au

#### **Queensland**

The third National HIV/AIDS Strategy recognises the need to target homosexually active men, including gay and non-gay identified men.

The Queensland AIDS Council in conjunction with Queensland Health piloted the Regional Response Action Plan (RRAP) project in Wide Bay, Queensland in 1993 to address the needs of non-gay identified men in regional Queensland. This project continues today and currently operates in eleven districts throughout the state.

The Regional Response Action Plan's primary aim is to make contact with men who have sex with men in regional and isolated areas, to educate them in safe sex practices, and in strategies to prevent the transmission of HIV and other sexually transmitted infections. A special emphasis is placed on men who have sex with men but who do not identify as being homosexual/gay.

An evaluation of the Regional Response Action Plan is about to be undertaken by a consultant engaged by the Communicable Diseases Unit of Queensland Health.

Contact: Mark Counter 07 3234 1153  
e-mail counterterm@health.qld.gov.au

#### **South Australia**

In 1992 a dedicated dental clinic was established in the Adelaide Dental Hospital for people with HIV infection. An estimated 400 people in South Australia were infected with HIV at that time.

The HIV and Related Programs Unit of the South Australian Health Commission supports the clinic. The clinic provides diagnosis and management of oral manifestations of HIV infection as well as general dental care.

Research conducted by the clinic found that people with HIV infection suffer serious social impact as a result of oral problems and pain. Easy access to care and treatment alleviates many of these problems. The clinic now operates a patient reminder system, and up to 80 patients with HIV infection are seen each month. Side effects of HIV or medication can be minimised by preventive care. Oral health,

appearance and general health have been improved through regular provision of care.

Contact: Kirsty Hammet 08 8226 7306

#### **Tasmania**

It is envisaged that the fourth National HIV/AIDS Strategy will continue to move towards education and prevention programs being framed in a wider communicable diseases context to include hepatitis C.

Tasmania has already embraced a partnership approach between HIV/AIDS and related diseases such as hepatitis C. The Tasmanian Council on AIDS and Related Diseases, is a community based organisation at the forefront of this partnership.

The models of practice around HIV/AIDS are being adapted to suit the needs of Hep C clients, as are education strategies, shared care concepts and other support programs.

Recently a Hepatitis C Reference Group was established by the Sexual Health Branch to discuss issues, sharing ideas and resources, and to strengthen relationship between HIV/AIDS, hepatitis C and injecting organisations, and key players. This group has discovered many commonalities between HIV/AIDS and related diseases: however it is important to remember that there are also differences that will frame future debate.

Contact: Greg Stephens 03 6233 6359

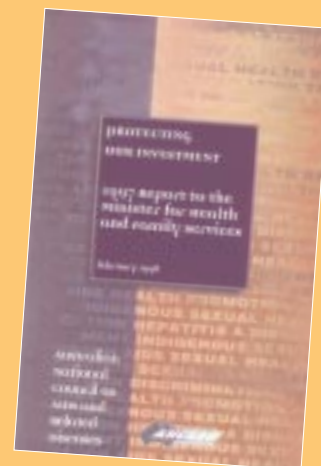
#### **Victoria**

The Positive Living Centre is one initiative aimed at achieving the third National HIV/AIDS Strategy objective to "identify and provide access to systems of care and support that will promote health and maintain quality of life for people living with HIV/AIDS."

The Centre operates as a drop-in-centre, conducts activities and services such as therapeutic massage and naturopathy, cost price vitamins, meals, referral, and an HIV/AIDS legal centre.

Recently, a Project Control Group comprising representatives of the Department of Human Services and the Victorian AIDS Council has been formed to assess the benefits of a proposal to relocate the Centre from St Kilda to Prahran. The new location will allow people living with HIV/AIDS (PLWHA) greater capacity to maintain their quality of life due to its proximity to leading HIV/AIDS hospitals and private sector medical services, accessibility to public transport, and being in the Region with the highest density of PLWHA.

Contact: Michael Batchelor 03 9637 4104  
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# The Population Health Division Commonwealth Department of Health and Aged Care A Commonwealth Profile



Ms Jan Bennett, Acting First Assistant Secretary, Population Health Division, Commonwealth Department of Health and Aged Care.

Historically, the early public health work of the first Commonwealth Department of Health, established in 1921, focussed on influenza, mining-related diseases, public health laboratories and medical research.

Today the Department's Population Health Division has a greatly expanded role and administers a broad range of national public health programs.

These programs focus on effective national leadership, policy development and implementation in four key areas of activity:

- substance abuse and public education, including both licit and illicit drug education and prevention strategies;
- communicable diseases and surveillance, including activity on HIV/AIDS and immunisation;
- non-communicable diseases and population health, including cancer control, injury prevention, reproductive health, diabetes, food and nutrition, physical activity and environmental health; and
- national population health planning, including evaluation and research, health legislation policy and negotiation of the Public Health Outcome Funding Agreements (PHOFAs).

A cameo of the recent work of two of these four key areas is out-lined below.

## **Non-communicable diseases: New national initiatives in primary prevention**

A major health challenge facing Australia into the next century is the projected growth in rates of chronic, non-communicable disease. WHO predicts that around 80% of the global burden of disease will be due to chronic diseases by 2020. Obesity alone is set to become one of the world's biggest public health problems in the 21st century.

Chronic disease is an area where disparities persist within and across population groups. For example, despite major improvements overall, death rates from heart disease are still nearly twice as high in people living in the most socio-economically disadvantaged areas in Australia compared with those living in the areas of least disadvantage.

Australian Health Ministers have agreed to take action on five National Health Priority Areas, with a sixth under consideration,

which encompass most of the major chronic diseases.

These National Health Priority Areas are cardiovascular disease, diabetes, mental health, injury prevention and cancer control, with asthma proposed as the sixth Priority Area.

Many of these diseases share common risk factors. Tobacco control, for example, offers benefits for cancer prevention, chronic lung disease, cardiovascular health and diabetes.

In the United States, the Centres for Disease Control is working to develop a nationwide framework for Chronic Disease Prevention. This reflects moves by other countries and international efforts to bring a more cohesive and systematic approach to chronic disease control.

These initiatives have important lessons for Australia, and leadership in this area has been shown by the Northern Territory's integrated Preventable Chronic Diseases Strategy.

The Northern Territory strategy reflects what is sometimes referred to as the new paradigm in chronic disease prevention. A growing body of scientific evidence demonstrates that adverse early childhood experiences can establish predisposition to chronic disease in adulthood. Studies also point to the cumulative contribution to chronic disease outcomes of social determinants - such as working conditions and social cohesiveness - throughout life. These findings suggest that a more integrated lifecourse approach to chronic disease prevention will provide significantly greater returns in health gain than more static models of intervention which have tended to focus on discrete aspects of adult lifestyle.

At its November 1998 meeting, the National Public Health Partnership Group agreed to the commencement of a work program to develop a *National Framework for Chronic Disease Prevention* which will be informed by relevant international and local experiences.

In the first instance, the Commonwealth will lead the process with the support of an Inter-governmental Reference Group nominated by the National Public Health Partnership Group.

It is intended that the *National Framework for Chronic Disease Prevention* should be developed for presentation to the Australian Health Ministers' Advisory Council/Australian Health Ministers' Conference by the end of 1999.



Input will be sought from a wide-range of government and non-government health organisations, health professional bodies and the private sector through a number of avenues, including:

- relevant Commonwealth programs and agencies, such as the National Health Priority Areas initiative and the Australian Institute of Health and Welfare, will be brought together in a cross-divisional working party;
- the Chairs of National Strategies meetings will provide an important forum for the framework's development;
- the contribution of general practitioners and other primary health care providers will be critical and it is anticipated that the Joint Advisory Group on General Practice and Population Health will play an important role; and
- a number of international experts will be invited to review and provide comment on the drafts of the framework.

The successful development of a *National Framework for Chronic Disease Prevention* is expected to provide a leading example of the wide range of benefits that can be realised for Australians through the better coordination and integration of national strategies.

#### **Communicable diseases: At the coalface on the waterfront**

Commonwealth officers working on the Human Quarantine Legislation Review took an opportunity to spend a day at-the-coalface with the Australian Quarantine and Inspection Service (AQIS). This is a brief account of their experiences:

*We were met at Sydney International Airport - at a very ungodly hour - by unnaturally cheerful AQIS staff and were shown into a secure room containing an extraordinary array of items, including wooden carvings and assorted fruits, which were in storage awaiting quarantine action.*

*The arrival of a flight from South America gave us the chance to witness yellow fever procedures in action. We watched as tired and disgruntled passengers proceeded through Customs and Quarantine and it soon became apparent just how closely these two agencies need to work together.*

*Quarantine officers interviewed passengers arriving from a yellow fever risk zone, without a valid vaccination certificate, in order to*

*determine their level of risk. We were impressed by the professionalism and diplomacy of all staff involved and by the considerable effort that was taken to ensure that all passengers understood the purpose of the interview.*

*Later we reconvened at Quarantine's waterfront regional headquarters where quarantine officers gave us a run-down on how they manage the risk assessment process for vessels entering Australian waters.*

*This was followed by the "piece de resistance" - accompanying the officers on a ship inspection.*

*This was a very thorough inspection; we have never before climbed up and down so many narrow and incredibly steep stairs. We soon concluded that our guides were not only good at their jobs, but were also exceptionally fit!*

*For us the tour provided an excellent opportunity to witness program delivery in action - an invaluable experience for those undertaking a policy development exercise such as the Human Quarantine Legislation Review. Equally important was the chance this gave program delivery officers to explain to us what they see as the successes and challenges of their work.*

The *Human Quarantine Legislation Review* is being undertaken to review and, where necessary, update the human quarantine provisions of the Quarantine Act 1908 to ensure that human quarantine activity is supported by the best possible legislation framework. The Review will consider issues such as the purpose of human quarantine, the current regulatory framework for human quarantine, future action for quarantine and disease management, and international requirements.

The Review is being advised by a Steering Committee comprising representatives from relevant Commonwealth agencies and a representative from the State/Territory Chief Quarantine Officers for human health.

A public consultation discussion paper will be released towards the middle of the year and will also be distributed to identified stakeholders, including State and Territory Health Departments and industry and professional bodies.

It is expected that the Review will be finalised in March 2000.



Commonwealth Department of

**Health and  
Aged Care**



For further information on population health activities and initiatives in the Commonwealth Department of Health and Aged Care, telephone (02) 6289 7572 or visit the Department's website at <http://www.health.gov.au> or visit the Population Health Division's website at <http://www.health.gov.au/publth>

# Conversations with Advisory Group Members

## The Australian Association of Health Promotion Professionals



Ms Lily O'Hara, National President of the Australian Association of Health Promotion Professionals.

Continuing with the series of interviews with members of the National Public Health Partnership Advisory Group, NPHP News spoke with Ms Lily O'Hara, National President of the Australian Association of Health Promotion Professionals. Lily discusses the role of AAHPP in the professional development of its members and its utilisation of strong working links with aligned organisations to run programs and strengthen networks.

**NPHP News:** *Lily - what is the Australian Association of Health Promotion Professionals?*

**Lily:** The Australian Association of Health Promotion Professionals (AAHPP) is the professional association specifically for people involved in health promotion practice, research and study. AAHPP was nationally constituted in 1990. The members of AAHPP elect the National Executive each year via direct election or as State representatives.

**NPHP News:** *What are AAHPPs core functions?*

**Lily:** AAHPPs objectives include increasing public and professional awareness of the roles and functions of health promotion professionals, providing opportunities for members' professional development, and contributing to discussion, debate and decision making on health promotion policy and programs. AAHPP operates at both the national and State level, and in some States at a local level, in order to achieve its objectives.

At the national level, our major programs include the annual National Health Promotion Conference, and publication of the *Health Promotion Journal of Australia*. We are very proud of these initiatives. The 1999 Health Promotion Conference in Perth in May marks the first national level conference that AAHPP is solo auspicing; previous conferences having been jointly auspiced by AAHPP and the Public Health Association. The conference has the theme "Building Social Capital for the 21st Century" and presents the cutting edge of health promotion practice and research in Australia and internationally.

The *Health Promotion Journal of Australia* continues to evolve, with the passing of the Editor's baton from Associate Professor John Lowe of the Centre for Health Promotion and Cancer Prevention Research at the University of Queensland, to Dr Rob Moodie of VicHealth, the Victorian Health Promotion Foundation, who takes up the

position for the April issue this year. We have recently engaged a publishing house, which will help improve the profile of the journal.

The State branches are heavily involved in professional development, including conducting seminars, workshops and training courses on a wide range of topics. Some State branches also provide scholarships for health promotion students or graduates.

**NPHP News:** *Who are the members of AAHPP?*

**Lily:** Membership is diverse, and includes designated health promotion practitioners as well as others involved in promoting physical, mental, social, cultural and environmental health whose primary profession may be something different, but whose responsibilities include health promotion. There are in excess of 800 members and over 700 journal subscribers.

**NPHP News:** *In general, do AAHPP members work in public health?*

**Lily:** It depends what you mean by working in public health. Our members work in a broad range of sectors including health, education, welfare, environment, transport, law enforcement, town planning, housing and politics. So if you take a broad definition of public health, then yes, our members do all work in areas impacting on public health, but not necessarily in the public health sector.

**NPHP News:** *What other public health organisations does AAHPP work closely with and what is the nature of these relationships?*

**Lily:** I think that people that work in health promotion must be naturally inclined towards establishing partnerships - this also holds true at the organisational level. AAHPP has established great working relationships with a number of organisations including the Public Health Association, the Australian Institute of Environmental Health, the International Union of Health

Promotion and Education, the Australian College of Health Service Executives, Divisions of General Practice, the Faculty of Public Health Medicine, and health promotion foundations.

Relationships vary and include: co-organising at a State level the National Health Promotion Conference; exploring opportunities for joint ventures; conducting joint research; organising seminars and workshops with local and international speakers; and facilitating graduate scholarships.

Where the journal is concerned, we have had a fantastic relationship with John Lowe and the Centre for Health Promotion and Cancer Prevention Research for the past five years. We hope to establish a similar relationship with VicHealth.

**NPHP News:** *What are some of the key public health issues currently being looked at by AAHPP?*

**Lily:** The primary public health issue currently being looked at by AAHPP is professional development for people working in health promotion. All of AAHPP's major initiatives are currently focussed on addressing this issue.

Also, AAHPP and the PHA are working with the NPHP Workforce Development program to investigate other strategies to address needs. One of the ideas being put to the NPHP is the development of a health promotion exchange program, similar to the teacher exchange program. This would provide health promoters opportunities to develop skills and expertise in a different workplace. If it works well, it may become open to all health promotion workers, and eventually may include overseas placements.

In addition to the needs of the designated health promoter, AAHPP believes there is also an urgent need for health promotion education and training for other health professionals, to increase the knowledge and skills needed

to undertake effective health promotion. Relatively few health professionals have undertaken specific study in health promotion or public health, but they constitute the vast majority of the health system workforce, and therefore have enormous capacity to improve population health.

**NPHP News:** *What role do you see AAHPP playing in bringing public health thinking and issues into the wider health arena?*

**Lily:** I think there are two roles - the role our members play in being good advocates and role models for health promotion and public health within their own spheres of influence, and the role that AAHPP as an organisation plays. This is evident particularly at the State level, where AAHPP branches are taking a lead role bringing together health related organisations and working in partnership on a variety of initiatives. A recent example is AAHPP's work with the Australian College of Health Service Executives on the recent Australian tour by international futurist Robert Theobald. This partnership enabled AAHPP to ensure that Theobald's views on health promotion were heard by high level health service managers and executives from the public, private and community sectors. Theobald believes that health promotion (in its broadest sense) is the only logical approach for the world to adopt to survive and thrive in the 21st Century. Given his universal appeal, AAHPP's involvement in this tour also ensured that politicians, business and community leaders and the Australian public were all challenged by this vital public health message.

**NPHP News:** Thankyou Lily. Your comments have given us a greater understanding of AAHPP and what it is trying to achieve. The networks created by AAHPP between health promotions professionals in differing areas of health can only enhance understanding of public health issues and skills development of AAHPP's membership.



For more information on the Australian Association of Health Promotion Professionals, telephone 07 5430 2824, facsimile 07 5430 2885, e-mail [lohara@usc.edu.au](mailto:lohara@usc.edu.au)

## Public Health Happenings

11-13 April, 1999

**Eating into the Future.** The first Australian conference on food, health and the environment. Adelaide Hilton International  
*For more information: SAPMEA Conventions  
68 Greenhill Road Wayville SA 5034  
Tel: 08 8274 6060 Fax: 08 8274 6000  
e-mail: conv@sapmea.asn.au  
website: <http://www.sapmea.asn.au/calend>*

9-12 May, 1999

**3rd National Conference on Injury Prevention and Control.** Carlton Crest Hotel, Brisbane  
*For more information: Allison Moon  
PO Box 1280 Milton Old 4064  
Tel: 07 3369 0477 Fax: 07 3369 1512  
e-mail: [jpc99@im.com.au](mailto:jpc99@im.com.au)*

12-14 July, 1999

**The Public Health Association Conference 1999 (New Zealand).** Strengthening the Public Health: Whakakahatia o tatou herehernega mo te orango ote katoa i roto o Aotearoa Plaza International Hotel, Wellington  
*For more information: Conference Innovators  
PO Box 1370 Christchurch  
Tel: 03 379 0390 Fax: 03 379 0460  
e-mail: [kim@conference.co.nz](mailto:kim@conference.co.nz)*

19-21 August, 1999

**Culture, Race and Community Conference Making it work in the New Millennium.** Carlton Crest Hotel, Melbourne  
*For more information: The Conference Organiser, PO Box 214 Brunswick East 3057  
Tel: 03 9380 1429 Fax: 03 9380 2722  
e-mail: [conorg@ozemail.com.au](mailto:conorg@ozemail.com.au)*

26-29 September, 1999

**31st Annual PHA Conference. Our place, our health: Local values and global directions.** Carlton Hotel, The Esplanade Darwin  
*For more information: PHA Australia Inc  
PO Box 319 Curtin ACT 2605  
Tel: 02 6285 2373 Fax: 02 6282 5438  
e-mail: [conference@pha.org.au](mailto:conference@pha.org.au)*

1-3 October, 1999

**3rd International Conference on the Scientific Basis of Health Services.** Closing the Loop. Toronto, Canada  
*For more information: The Paragon Conference & Event Group Inc. 205 Richmond Street West Suite 704, Toronto ON Canada M5V 1V3  
Tel: 416 979 1300 Fax: 416 979 1819  
e-mail: [paragon.will@sympatico](mailto:paragon.will@sympatico)  
website:  
[www.paragon-conferences.on.ca/health99](http://www.paragon-conferences.on.ca/health99)*

6-9 October, 1999

**VII Cochrane Colloquium,** The Best Evidence for Health Care: The role of the Cochrane Collaboration. Iniversita S. Tommaso d'Aquino Rome, Italy  
*For more information: Organising Secretariat Eurosymposia Srl via di Tor Fiorenza, 31 00199 Roma (Italy)  
Tel: 39 6 86328942 Fax: 39 6 86386644  
e-mail: [eurosy.congr@flashnet.it](mailto:eurosy.congr@flashnet.it)*

## Grapevine Resources

### National Action Plan for Suicide Prevention Consultation Draft - December 1998

The National Advisory Council for Youth Suicide Prevention intends for the *National Action Plan for Suicide Prevention: Consultation Draft - December 1998* to act as a framework document which acknowledges and weaves together activities, such as suicide prevention workshop and telephone counselling services, which are already occurring in Australia, and to flag future developments.

The plan fosters cooperation and partnerships between existing programs, agencies and groups to increase expertise and confidence in dealing with suicide, to encourage service delivery and to lead to more effective prevention and intervention services. The purpose of the plan is to provide national leadership, encourage broader implementation of effective programs, and enhance coordination between the diverse range of activities already occurring in Australia.

*For further details contact the Australian Institute of Family Studies on, telephone 03 9214 7888 or at <http://www.aifs.org.au>*

### Partnerships for Public Health

#### Building a Platform for Better Health in Victoria

Department of Human Services  
Public Health and Development Division  
*Partnerships for Public Health* identifies some of the specific challenges to health in Victoria over the next two decades and the opportunities for improvement. It also discusses the benefits of a stronger partnership approach within the State to address these challenges and considers the respective roles and responsibilities of key partner organisations and the Public Health and Development Division. It concludes by focusing on those priority health areas where partnership programs are required as a matter of strategic necessity.

Views are invited, with submissions closing on the 30th April, 1999.

*For a copy of the document contact Karen McIntyre, Manager, Strategic Development, Public Health and Development Division, Victorian Department of Human Services, telephone 03 9637 4216 or email [karen.mcintyre@dhs.vic.gov.au](mailto:karen.mcintyre@dhs.vic.gov.au)*

### Pathways to prevention Developmental and early intervention approaches to crime in Australia

The Commonwealth Government, in partnership with the States and Territories, supports a range of projects to identify cost effective approaches to the prevention of crime and violence.

The main aim of *Pathways to prevention: Developmental and early interventions approaches to crime in Australia* is to convey key information and conclusions to practitioners and policy makers interested in early intervention and development in crime prevention. At the same time, the research team wanted to make a contribution at the theoretical level by exploring in depth the concepts of 'developmental prevention' and 'early intervention', with particular attention to

what recent research can tell about the nature and causes of crime and prevention.

*The Report is available from the National Campaign Against Violence and Crime unit, telephone 02 6250 6666 or at the NCAVAC website <http://www.ncavac.gov.au>*

### New Zealand Ministry of Health Publications:

*Publications available on the Ministry of Health website <http://www.moh.govt.nz>*

### National Drug Policy

A National Drug Policy for New Zealand 1998 - 2003

Part 1: Tobacco and Alcohol

Part 2: Illicit and Other Drugs

### Progress on Health Outcome Targets

Te haere whakamua ki nga whaingua hua mo te hauora

The state of public health in New Zealand 1998

### Action for Health and Independence

Bridging the gap between actions and outcomes: The population perspective  
Proceedings of a Conference held in Wellington, 15 - 17 October 1998

## NPHP Secretariat Contact Details

**Telephone:** 03 9637 5512

**Facsimile:** 03 9637 5510

**Post:** GPO Box 1670N Melbourne Victoria 3001

**Website:** <http://hna.ffh.vic.gov.au/nphp/>

For more information on the National Public Health Partnership contact Darryl Kosch: telephone 03 9637 5439, facsimile 03 9637 5510  
*or e-mail [darryl.kosch@dhs.vic.gov.au](mailto:darryl.kosch@dhs.vic.gov.au)*

## Diary

### National Public Health Partnership Group

May 26 - 27, Perth

### Evaluation Working Group

March 30, Teleconference

### Legislative Review Working Group

April 30, Sydney

## STOP PRESS STOP PRESS

### AUSTRALIAN STUDY ON PUBLIC HEALTH CORE FUNCTIONS

The NPHP has launched a project which will aim to define, by consensus, the core functions of public health. The work will draw on overseas experience, especially from the United States, and will build on the World Health Organisation international Delphi Study on essential public health functions.

A Core Functions Working Group, to be chaired by Prof Tony Adams, is being set up to steer the project, as well as a reference group of key stakeholders. Overall coordination will be through the NPHP Secretariat. For more information contact Gianfranco Spinoso on 03 9637 5449 or visit the NPHP website at <http://hna.ffh.vic.gov.au/nphp/>