

2 February 2006

Mr Stephen Lodge
Manager
Legislation Review
Public Health Department of Human Services
GPO Box 1670N
Melbourne 3001

Dear Mr Lodge

Thank you for providing us with the opportunity to comment on the new Health Act Review draft policy paper.

We are supportive of many of the recommendations that have arisen from the initial consultation process, in particular broadening the definition of health to health and well-being and increasing the scope of the new public health Act to including public health strategies aimed at reducing non-communicable – or lifestyle, diseases. However, there are a number of recommendations from the latest consultation process that we would like to comment on. The recommendations and their respective comments are listed below.

Recommendation 60

That the municipal public health plans (MPHP) be required to be consistent with the council plan prepared under section 153A of the Local Government Act 1989 (Vic) and municipal strategic statement (MSS) prepared under section 12A of the Planning and Environment Act 1987 (Vic) for the municipal district.

Comment

The Cancer Council Victoria supports the principle that a MPHP be aligned with the municipal four year planning cycle. However, we recommend that, rather than the MPHP being consistent with the Council Plan and MSS, the planning processes for these documents occur in conjunction with and inform the other to ensure that they are complementary. This would assist in drawing the determinants of health into broader council priority setting and planning processes and would strengthen the standing and, therefore, the impact of a MPHP.

Recommendation 65

That, at this stage, there is no new statutory obligation to require a health impact assessment (HIA) to be conducted.

Comment

The Cancer Council Victoria recommends that the legislative frameworks for environmental impact assessment (EIA) be strengthened by the incorporation of HIA guidelines. Integrating HIA in environmental and planning legislation will enhance the administrative simplicity, reduce unnecessary costs and uncertainties of responsibility and increase the potential for integrated social, health and environmental assessment.

However, separate HIA provisions will need to be included in the new Act within certain circumstances due to the limitations of HIA within the EIA process. These limitations include firstly, the lack of health sector expertise and leadership of the environmental sector to undertake these policy related investigations and, secondly, the trigger for an assessment driven by the environment sector. If activities that may have significant impacts on population health have no, or little, impact on the environment then an EIA will not be triggered. Therefore, a separate process for HIA should be considered if an EIA process is inappropriate or insufficient, or where there is high level of concern over the proposed health impacts.

Recommendation 102.

That (at this stage) there should not be the requirement that solaria be registered with municipal councils (or the secretary)

Comment

Victoria's solarium industry has been growing at an alarming rate. There has been a 500% increase in the number of solariums in Melbourne from 1997 to 2004. This is of considerable concern given the strong ultraviolet outputs of solariums (up to five times the strength of the midday summer sun), the clear link between ultraviolet exposure and skin cancer, the well-documented poor compliance of the industry to the Australian Standard and the easy access to artificial tanning units by young people.

Recent history of Victorian Government engagement with the Solarium Industry

March 2002 – Department of Human Services (DHS) funded and conducted compliance study based on self-report found poor practices of solarium operators

August 2002 - all 'stand alone' solarium operators in Victoria received an information package from the Minister of Health about the revised Australian Standard (2002), with the statement. "If compliance to the Australian Standard does not continue to improve when the next survey is conducted in 12 months' time, regulation of solariums may be considered."

December 2003 – The Cancer Council Victoria's compliance study funded by the DHS and based on site visits found compliance by the solarium industry with the Standard had not improved. Ninety per cent of the high-risk, fair-skinned customers who do not have the skin type that tans were allowed access to tanning units and of most concern, 52% of 16 year-olds were welcomed by solariums without providing the required parental consent.

March 2004 – Cancer Council Victoria made a submission to the review of the Victorian Radiation Safety Legislation recommending:

- Reducing access to solarium centres by adolescents by ensuring under 18s have parental consent and under 15s are not permitted to use sunbeds.
- Eradicating unsupervised solariums altogether.
- Implementing standardised consent forms so that all operators use a consistent consent process.
- Insisting that all solarium operators and staff are trained in the requirements of the legislation to ensure they understand their legal responsibilities.

August 2005 – DHS with the Cancer Council Victoria hosts a meeting with two large solarium operators. They strongly support the need for regulation and licensing laws given the poor practices of the industry.

September 2005 – Minister of Health informs all Victorian solarium operators of the need to improve practices and distributes educational material to inform young Victorians of the risks associated with their use. In her speech at the launch Minister Pike states "If the industry is not able to provide adequate education for operators and clients then the Department Of Human Services will take further steps to control this practice".

The key health aspects associated with solarium use that needs tighter controls

1. Banning under 15 from access to tanning units, those aged 15 to the age of 18 will require parental consent
2. Banning unsupervised solariums. This relates to the 'coin-operated' stand-alone centres and the 'self-serve' style services in health and fitness centres.
3. Ensuring all consumers are adequately informed – this is through the provision of standardised client consent forms kept on the premise.
4. Maintenance of appropriate hygiene procedures

5. Training of solarium staff

Each of these requirements are part of the Australian Standard relating to the installation, maintenance and operation of solaria for cosmetic purposes (AS/NZ 2635:2002). This Standard was created with the support of the solarium industry.

Model for Legislative Action

The model that currently exists for the management of the Body Art industry in Victoria may provide guidance as to how the solarium industry could become better controlled.

Tattoo Parlours are registered by their local government authority. There are requirements regarding the cleanliness of premises and equipment and hygiene. Regulations control age limits where penalty units apply. It is recommended that the same registration system apply to the solarium industry.

There is support from the solarium industry for a licensing arrangement. A fee based on the number of machines could be used to pay for monitoring of compliance of operators. Importantly a requirement should be that solarium operators must not publicly advertise that their operations are licensed as this could provide an incentive for patrons to think that the operations are safe.

Conclusion

The introduction of legislation to govern the solarium industry is welcomed by health experts (Cancer Councils, Australasian College of Dermatologists) and by most of the key players in the solarium industry. The new public health Act should include in its recommendations that solaria be registered with municipal councils.

Thank you again for this opportunity to comment on the proposed recommendation of the new public health Act.

Yours sincerely



David Hill AM, PhD
Director