

# ***Review of the Health Act 1958***

## ***Draft policy paper- for consultation***



Submission from Women's Health Victoria,  
GPO Box 1160K, Melbourne, 3001  
Telephone: (03) 9662 3755  
Contact: Kerrilie Rice  
Kerrilie.Rice@whv.org.au

### **Introduction**

Women's Health Victoria is an independent Victorian state-wide women's health promotion organisation run by women for women. We work to identify and respond to the health issues of the women of Victoria through a feminist perspective and a social model of health.

Women's Health Victoria is primarily funded by the Department of Human Services and is one of three state-wide and nine regional women's health services which make up the Victorian Women's Health Program. These organisations are all members of the representative peak organisation Women's Health Association of Victoria (WHAV).

Our women's health information Clearinghouse forms the core of our organisation. It provides the basis for our work representing women and facilitates access to health information to a range of users from diverse locations.

Women's Health Victoria (WHV) welcomes the opportunity to respond to the government's request for submissions.

We would like to congratulate the State government on the inclusion of some of WHV's responses to the Review of the Health Act 1958 in August 2004. WHV supports some of the recommendations that were listed in the Act including the importance of promoting public health and the need to address inequalities in the health and wellbeing of disadvantaged communities. However, the previous review failed to address some issues of concern to WHV.

### **Construction of Health**

Although there appears to be a broader understanding of public health, WHV recommends that Section 1.6 of the Act, Objects, recognise that health is a fundamental human right. WHV is concerned that the proposed Objects for the new legislation are not reflected throughout the Act.

The Act also neglects to define health within a social model. A social model of health is one that concentrates on improving the health and wellbeing of a population through addressing the social and environmental determinants of ill health concurrently with the biological and medical factors which influence health and wellbeing. A social model of health identifies key social factors or *social determinants* that influence broader patterns of health and illness within any given population. Key social determinants include socio-economic status, race, ethnicity, gender and geographic location.

### **Health Impact Assessment**

The section 3.4.3 of the consultation paper addressing Health Impact Assessment (HIA) refers to HIA no longer being referred to as a separate requirement in public health. Within the current Act, undertaking HIA occurs only within the context of an EIA. However, the way people understand and interpret their environment has changed over time. For example, rather than focusing only on structural safety, a HIA, undertaken independently of an EIA, could also consider perceptions of safety, which can impact on use of services and participation in the community. These can act as indicators of community health. The application of the HIA is seen to be narrow and would benefit from a broader application.

WHV supports a broadening of the legislation to include HIA as a separate requirement and looks to generate a culture where people see HIA as best practice.

### **Municipal Public Health Plans**

WHV recognises the importance of all health determinants and is primarily concerned with the impact of gender on health and wellbeing. In addition, given the fact that there is a particular object which relates to reducing the social and health inequalities of all Victorians, it seems that there is no principle of health equity in the Act.

WHV believe that Municipal Councils should be responsible for addressing the health and wellbeing of Victorians who experience disadvantage. In addition, WHV believe that a Health and Equity Plan should be included in any Public Health Plan.

### **Gender and Health**

WHV is concerned that the consultation paper fails to account for gender differences, particularly in Part 3 "Public health policy and planning". Discussions on Municipal Public Health Plans, Statewide Public Health Plans and Health Impact Assessment are not gender responsive. One of the recommendations suggested in this section is that a public health plan be developed that assesses and sets priorities for the public health system. WHV believe that this is an ideal opportunity to harness the gendered data of the Victorian Health Information Surveillance System (VHISS). The primary objective of this material was to more clearly demonstrate gender difference in the health and wellbeing of Victorian women and men. Its application to a health plan would help demonstrate some of the wide-ranging evidence of gender differences in health, allowing for priority areas to be identified.

Gender is an important determinant of health and the development of a full understanding of how women and men experience a wide range of life experiences is essential. For example, many studies have demonstrated an inverse relationship between depression and social networks and that women in particular are more vulnerable than men to the effects of reduced social support<sup>1</sup>. Although causal pathways have not yet been identified, one recent study showed the value of emotionally supportive relationships in reducing the risk of major depression in women significantly more so than in men<sup>2</sup>. During times of difficulty, women are more likely to turn to members of their social network for emotional support than men<sup>3</sup>. However, men may be more vulnerable than women to the effects of social

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<sup>1</sup> Kendler, K.S., Myers, J. & Prescott, C.A. (2005). Sex differences in the relationship between social support and risk for major depression: A longitudinal study of opposite sex twin pairs. *American Journal of Psychiatry*, 162(2): 250-256

<sup>2</sup> Kendler, K.S., Myers, J. & Prescott, C.A. (2005). Sex differences in the relationship between social support and risk for major depression: A longitudinal study of opposite sex twin pairs. *American Journal of Psychiatry*, 162(2): 250-256

<sup>3</sup> Edwards, A.C., Nazroo, J.Y., & Brown, G.W. (1998). Gender differences in marital support following shared life events. *Social Science and Medicine*, 46: 1077-1085

isolation<sup>4</sup>. Therefore we need to better understand and be responsive to the differential impacts of social connectedness on mental health between women and men.

There is ample evidence to show that women and men experience mental health differently, present with different types of disorders, and approach treatment differently<sup>5,6,7</sup>. Gender is also an important variable when looking at personality dispositions and substance use<sup>8</sup>. A Victorian study showed that, while young males and females appear to use cannabis in similar numbers<sup>9</sup>, females who used cannabis on a daily basis were eight times more likely to suffer high levels of depression than non-users<sup>10</sup>.

Research also clearly shows that men and women use and abuse drugs differently, that the effects of drugs are different for women and men, and that some treatments are better for women than for men<sup>11,12</sup>. While substance abuse in men accounts for 33% of the mental health burden<sup>13</sup>, there is significant flow-on effect for the women and children in these men's lives. Although women's use of illicit drugs is lower than men's, research has identified that the health impact can be greater for women<sup>14</sup>. The evidence in support of this is not new<sup>15</sup>.

The statistics are alarmingly clear: In Australia anxiety disorders are the most common form of mental illness and are more common in females<sup>16</sup>. About 17% of women aged 18-60 suffer from depression or anxiety or both. This rises to 44% for

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<sup>4</sup> House, J.S., Landis, K.R., & Unberson, D. (1988). Social relationships and health. *Science*, 241: 540-544

<sup>5</sup> World Health Organisation (2000) *Women's Mental Health: An Evidence Based Review*. Geneva: World Health Organisation

<sup>6</sup> McGregor, D (1995). Alcohol and other drug services – a priority for women's services. *Changing Society for Women's Health. Proceedings of the Third National Women's Health Conference*. Australian Government Publishing Service. Canberra.

<sup>7</sup> Donath, S. (2004) *Women and Drugs. Drug Use in Australia: preventing harm*. Oxford University Press. South Melbourne.

<sup>8</sup> Adalbjarnardottir, S. & Rafnsson, F.D. (2001) Perceived control in adolescent substance use: Concurrent and longitudinal analyses. *Psychology of Addictive Behaviours*, 15: 25-32.

<sup>9</sup> Rice, K. Women's Health Victoria (2004). *Victorian Gendered Data Directory. Directory of Women's Health and Well-being Data Source for Victorian Policy and Planning*. Department of Human Services.

<sup>10</sup> The Age 17/8/04, Carol Nader. (Also reported in Choice Health Reader, 2003, 9(5):7 from BMJ 2002;325:1195-1198).

<sup>11</sup> NIDA NOTES (2000). *Gender Differences in Drug Abuse Risks and Treatment*. Volume 15, Number 4 (September 2000)

[http://165.112.78.61/NIDA\\_Notes/NNVol15N4/tearoff.html](http://165.112.78.61/NIDA_Notes/NNVol15N4/tearoff.html) accessed 13/09/2004

<sup>12</sup> Stronach, B. (1999). Sex important in understanding drugs. Australian drug Foundation [www.adf.org.au/article.asp?ContentID=199\\_10\\_27](http://www.adf.org.au/article.asp?ContentID=199_10_27)

<sup>13</sup> Adhikari, P. & Summerill, A. (2000) National Drug Strategy Household Survey: Detailed findings. Canberra: AIHW (Drug Statistics Series No.6) AIHW cat.no.PHE 27.

<sup>14</sup> Cormier, RA., Dell, CA, and Poole, N. (2004) *Women and Substance Abuse Problems. BMC Women's Health 2004, 4(Suppl 1):S8* Vancouver, Canada.

<http://www.biomedcentral.com/1472-6874/4/S1/S8>

<sup>15</sup> McGregor, Denise (1995). Alcohol and other drug services – a priority for women's services. *Changing Society for Women's Health. Proceedings of the Third National Women's Health Conference*. Australian Government Publishing Service. Canberra. 1996.

<sup>16</sup> Andrews, G; Hall, W; Tesson, M; Henderson, S. (1999). *The mental health of Australians: national survey of mental health and well-being: report 2*. Canberra: Mental Health branch, Department of Health and Family Services.

women with an alcohol or abuse disorder and to 55% for women with a diagnosis of illicit substance abuse or dependence<sup>17</sup>.

Alcohol overuse is perceived to be a male health problem but it is increasingly evident that high-risk binge drinking is on the rise among females. Dr. Kate Duncan<sup>18</sup> points to the fact that following consumption of a fixed amount of alcohol, women acquire and sustain higher blood alcohol levels than men due to the fact that they have more body fat and are unable to metabolise alcohol as efficiently as men. Although women tend to drink lower levels of alcohol than males, their levels of long-term risk are almost as high due to females having a lower risk threshold than males<sup>19</sup>.

Other psychosocial impacts of alcohol misuse have also been documented. It has been found that women with alcohol problems suffer significantly greater depression, anxiety, and neuroticism compared to males who suffer from the same problem. Women with alcohol problems are more likely to die from suicide, alcohol-related accidents, circulatory disorders, and cirrhosis of the liver than their male counterparts<sup>20</sup>.

Although somewhat delayed, there is a growing awareness that heart disease is also a major killer of women. A significant proportion of the death, disability and illness caused by CVD are preventable. Risk factors associated with CVD include tobacco smoking, eating a diet high in saturated fats, being overweight and being physically inactive. Gender differences exist in experience of each of these factors. In addition, the impact of gender relations and the differing roles, responsibilities and resources including social support, experienced by women and men can impact on stress levels. Smoking, diet and exercise are influenced by gender and other social factors. The social context of women's lives may mean that they have fewer resources available to them to facilitate lifestyle changes that could reduce their risk of developing CVD.

Cancer is a significant health risk for all Australians. Although some cancers are gender specific (e.g. cervical, prostate), those that are common to both men and women may exhibit gender differences in their susceptibility, diagnosis rate, and treatment outcomes. A study by the Cancer Council of Victoria found that thyroid cancer is the fastest rising cancer in Victorian women. The number of thyroid cancer cases increased 4.8% per cent a year from 1982 to 1999. Although more men are diagnosed with liver cancer than women, the incidence in women has increased 4.1% a year<sup>21</sup>.

It is vital that such evidence of gender differences are recognised and used in the development of policies and programs.

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<sup>17</sup> Donath, S. (2004) Women and Drugs. Drug Use in Australia: preventing harm. Oxford University Press. South Melbourne.

<sup>18</sup> Australia Medical Association [AMA] (1997). Press Release. Family Doctor 1997; Week July 21-27

<sup>19</sup> Premiers Drug Prevention Council [PDPC] (2003). Victorian Youth Alcohol and Drug Survey 2003: Alcohol findings, <http://www.health.vic.gov/pdpc/downloads/vyads2003.pdf>

<sup>20</sup> Society for Women's Health Research (2004). Sex differences in response to pharmaceuticals, tobacco, alcohol and illicit drugs. [http://www.womenshealthresearch.org/hs/facts\\_dat.htm](http://www.womenshealthresearch.org/hs/facts_dat.htm), accessed on 10/09/04.

<sup>21</sup> Cancer in Victoria 2001 (2002) Cancer Council of Victoria, South Carlton, Melbourne. <http://www.accv.org.au/cancer1/facts/vic.htm>

WHV strongly advises that there is recognition of these differences and recommend that subsequent policies and programs respond to this gendered evidence.

### **Conclusion**

The inclusion of gender within the understanding of health determinants, Health Impact Assessment and regional policies and planning within the Act will greatly strengthen the ability of the Health Act 1958 to effectively address significant health inequalities in Victoria and focus on achieving gender equality in health.