RACP
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Prioritising Health

2022 Victorian election statement

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 20,000 physicians and over 9000 trainee physicians across Australia and New Zealand, including 4800 physicians and 2890 trainee physicians in Victoria.[1]

The College represents a broad range of medical specialties including general medicine, paediatrics and child health, rehabilitation medicine, geriatric medicine, infectious diseases, cardiology, respiratory medicine, neurology, oncology, addiction medicine, public health medicine, occupational and environmental medicine, palliative medicine, and sexual health medicine.

We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Executive summary

The RACP and its Victorian Regional Committee are committed to advocating for the development of health policies that are based on evidence, informed by specialist expertise and experience, and focused on ensuring the provision of high quality healthcare accessible to all, and integrated across primary, secondary, and tertiary services, as well as across the public and private sectors.

Our priority areas reflect the clinical expertise and professional experience of our members, as well as the opportunities for improvement that physicians and trainee physicians encounter in the course of our work across the state:

1. Supporting children and young people to recover from the setbacks of the COVID-19 pandemic (Kids COVID Catch up Campaign)
2. Supporting the Victorian specialist workforce to meet current and future healthcare needs
3. Fostering a culture of wellbeing for physicians and trainee physicians
4. Raising the age of criminal responsibility.
5. Creating a climate-ready and climate-friendly healthcare system (Healthy Climate Future Campaign)
6. Reducing the harms of alcohol, including by minimum unit pricing.

An appropriately funded and safe medical specialist workforce is essential to a functioning, effective and sustainable health system. The Victorian health workforce faces many issues which have been further exacerbated by the ongoing COVID-19 pandemic such as increasing pressures and demands affecting health workers' mental health and wellbeing and an uneven distribution of medical professionals across both locations and specialties.

Our objective is to advocate for improvements to the Victorian health system to better meet the health needs of the population in a sustainable way that supports patients and physicians alike.

Our priorities

1. Kids COVID Catch Up

Paediatricians, specialist physicians, and trainee doctors across Victoria and Australia have come together to call for a COVID recovery plan for children and young people.

These doctors have seen first-hand the setbacks that young people have experienced from the COVID-19 pandemic, including in Melbourne which underwent the world's longest (cumulative) period in lockdown.[2]

The impacts of these setbacks have not been equal. COVID-19 has amplified existing inequalities across our communities, impacting children from low socio-economic backgrounds, First Nations children, children from culturally diverse backgrounds, children with disability, and children experiencing family violence.

Whether it's the loss of education from missed face-to-face teaching, the emotional impact of reduced social connection with their peers, or the lack of access to sport and creative activities, the COVID-19 pandemic has overturned many parts of children's lives that are crucial for their healthy development.

Established by the RACP's Child Health and Paediatrics Division, this campaign forms part of the implementation of the broader Child Health Advocacy Strategy 2022-25 and stems from three key policy position statements:

- Inequities in Child Health (2018)
- Early Childhood: The Importance of the Early Years (2019)
- Indigenous Child Health in Australia and Aotearoa New Zealand (2020).

With the Kids COVID Catch Up Campaign, the RACP and its Victorian Regional Committee are calling on leaders from across the political spectrum to commit to a package of policy measures to help our kids catch up.

We call on the incoming government to:

- Appoint a state-based Chief Paediatrician/Chief Child Health Officer.
- Work collaboratively with other jurisdictions and the Federal Government as part of a National COVID-19 Taskforce to coordinate a recovery plan for children and young people.
- Contribute to the implementation in Victoria of the National Children's Mental Health and Wellbeing Strategy.
- Extend the ongoing Tutor Learning Initiative to students who have been most impacted by COVID-19, including priority populations, students with disability and/or learning difficulties.
- Implement universal access to quality early childhood education programs for all three year-olds as part of the announced Victoria-NSW initiative, including a dedicated focus on quality Aboriginal and Torres Strait Islander community-controlled integrated services.
- Restrict marketing of unhealthy diets to children and young people through regulation and standards in Victoria.

2. Supporting the specialist workforce to meet healthcare needs

Patient health care needs in Victoria are increasing and urgent action is needed to optimise distribution and reach of the current specialist workforce and grow and train the specialist workforce of the future. Many patients who are unable to access a GP in a primary care setting present to Victorian emergency departments for issues that could be managed within the community. This places additional strain on system capacity to service patients in need. We urge the incoming government to relieve hospital workforces and boost staff for major hospitals per existing Victorian Government commitments.[3]

A continuing divide between the ability of Victorian rural and regional patients to access specialist services and that of metropolitan patients remains. While 28 percent of Australians live in a rural, remote or regional area and rates of avoidable chronic health conditions are higher in these geographical areas, specialist access remains inadequate. In a recent AIHW survey, people in rural, remote and very remote areas were more likely to indicate that not having a specialist nearby was a barrier to seeing one (50 percent compared with 6 percent of urban patients).[4] [5]

As we recommended to the Commonwealth in relation to the National Medical Workforce Strategy 2021-2031, attraction and retention strategies should be developed in conjunction with physicians, should be evidence based, and should focus on providing attractive and multi-dimensional professional development opportunities. We urgently need ways to retain junior doctors in rural and regional settings so that they are able to complete their training in regional areas. We are particularly concerned about the potential for service delivery gaps developing in regional specialist workforce levels (including paediatric specialists), and we recommend a renewed focus on workforce investment that serves the whole Victorian population equitably and efficiently.

A greater focus on specialist attraction and retention in rural and regional areas would assure more junior doctors complete their training in these areas and a specialist pipeline is created to improve patient access. Simultaneously, the incoming government should make priority investment in technologies enabling greater connectivity between rural, regional communities and specialists, including telehealth facilities and video technology packages.

We note that across political party lines, health workforce plans are being proposed or are currently in progress and we urge the incoming government to incorporate physicians and physicians in training within them. We urge full funding of any workforce strategies and invite ongoing consultation with the RACP for implementation, including for the health workforce strategy now being finalised by the Victorian Department of Health (2022).[6]

Pandemic effect on rehabilitation services

The pandemic has also had negative effects on certain specialist services, for example rehabilitation medicine.

The impact of COVID on inpatient rehabilitation is particularly concerning and enduring. We note this is not just due to the effects of elective surgery reductions in 2020 and 2021 and the repurposing of rehabilitation

wards to accept COVID and general medicine patients, but also due to the clinical needs of more complex patients who now need longer stays on account of more severe disease progression at point of treatment and rehabilitation.

Patients also face barriers to discharge the residential aged care facilities not admitting new patients; longer waits to access disability services.

We seek a commitment to resuming appropriate inpatient levels and staffing levels, in accordance with the RACP's Australasian Faculty of Rehabilitation Medicine's Standards for the provision of Inpatient Adult Rehabilitation Medicine Services in Public and Private Hospital, and a commitment to working across sectors to remove barriers to discharge for rehab patients to better meet the health needs of the population in a sustainable way that supports patients and physicians alike.

We call on the incoming government to:

- Increase career pathways for Career Medical Officers and Junior Medical Officers (JMOs) across the Victorian health system to provide doctors with rural and regional experience through attractive training and career opportunities. These might include recognition of rural/regional training by medical colleges as equivalent to significant research, flexible contract lengths for the JMOs and the introduction of minimum rural/regional training times for BPT and ATP.
- Expand funding for rural medical scholarships to attract and retain qualified medical staff in these areas and provide care to patients in place. The NSW Government recently more than doubled its rural medical scholarship commitment; similar commitment could be made in Victoria under the Victorian Rural Medical Scholarship Program and/or via funding delivered through the Rural Workforce Agency Victoria.
- Via the Victorian relocation support program, increase supported intake of specialists located overseas who are seeking to work in health services across Melbourne and regional Victoria and advocate for streamlined visa and entry requirements for these specialists. We acknowledge Victoria is now boosting its international supported intake and urge the incoming government to ramp-up this initiative for medical specialists to sustain the health care system.
- Support our advocacy for a dedicated national training program for the public health workforce to address the public health workforce shortages exacerbated by the pandemic.
- Provide funding to increase the number of Aboriginal and Torres Strait Islander health professionals through Vic Health's implementation plan for the Victorian Aboriginal Workforce Strategy (2021-2026). This strategy was developed with input from the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).
- Adequately fund additional video technology and telehealth packages for the Victorian health and hospital system to enable improved timely connectivity between patients and specialists, including across the metropolitan, rural and regional divide.
- Commit to resuming appropriate inpatient rehabilitation beds and staffing levels
- Commit to working across sectors to remove barriers to discharge for rehab patients, including accessible disability services and supported accommodation.
- Commit to stable, long term funding of Victoria's new Local Public Health Units.

3. Fostering a culture of wellbeing for physicians and trainee physicians

Doctors' health, wellbeing and the consequences of poor wellbeing for patient care are growing concerns within the RACP, the medical profession and the community. The pandemic and its aftereffects continue to place unprecedented pressure on the state's health and hospital system. In late 2021, a survey of RACP members identified that 87% of respondents (physicians and trainees) were concerned about burnout. In addition:

- 82% expressed concern about reduced capacity to address non-COVID-19 hospital admissions
- 81% were concerned about delays in patient screening leading to exacerbations of other medical conditions
- 76% worried about an increase in COVID-19 hospital admissions.[7]

With the October 12 removal of COVID isolation requirements and mask mandates in Victoria, medical workforce wellbeing must be at the centre of planning to prepare for any contingencies or escalating need within the health care system. Patients, their families and carers bear the consequences of physician burnout, borne in deferred care, extended wait times, clinical safety and quality concerns. In a recent article in The Age, Victorian hospital workers warned that their ability to provide care has decreased to the point that sometimes even critically ill patients are having to wait to be admitted to emergency departments.[8]

We note the number of hospital infrastructure under consideration or underway in Victoria in the lead up to the election; to be effective for patients, these and existing hospital services require a healthy medical workforce with high levels of wellbeing.

We know from Beyond Blue's 2019 National Mental Health Survey of Doctors that:

- Doctors are three times more likely to experience very high psychological distress than other professionals.
- Female doctors reported higher rates of depression, anxiety, and current psychological distress in comparison to male doctors.
- Rates of distress and burnout have been shown to be higher in young doctors compared to older doctors with more experience.[9]

Our members see first-hand that junior doctors in particular report high rates of burnout, emotional exhaustion, and cynicism. All RACP's Victorian trainees are simultaneously engaged in postgraduate specialist medical training and work in accredited training locations throughout the state's health system. The RACP recognises that high quality specialist training is demanding and that there are intrinsic pressures and stressors within medical workplaces.

We believe that improving the health and wellbeing of trainees requires the cooperation of government, hospitals, health services, specialist colleges, training supervisors, doctors' own primary and specialist clinicians, and doctors themselves.

The RACP has previously joined the New South Wales Government, other colleges, educators, and regulators in endorsing the NSW Health *Statement of Agreed Principles on a Respectful Culture in Medicine,* which recognises that "past practices and behaviours have not always met the accreditation standards required to provide a safe, inclusive and respectful environment." The development of a comparable Statement of Agreed Principles in Victoria would be a powerful signal about workplace culture and expectations.

The RACP is determined to take an active role in shaping a healthier training culture for doctors. Our new accreditation standards reflect our expectation that all training sites provide a safe, respectful working and learning environment and address any behaviour that undermines self-confidence or professional confidence as soon as it is evident.

The RACP seeks a continuing commitment from governments to work in partnership with the College in finding ways to combat discrimination, bullying, harassment, and racism. This includes taking proactive steps to enable, normalize, and accommodate safe work arrangements and practices, and to support all aspects of a physician's work including leadership, training, and career development opportunities in a way that is appropriately mindful of family and other care responsibilities.

Bullying or harassment of any kind is totally unacceptable—to or from Fellows, trainees (of the RACP or other colleges), non-trainee junior doctors, other health practitioners, patients, or anybody. The RACP has zero tolerance for such behaviour.[10]

While working conditions in some locations are improving for junior doctors, albeit gradually, there are also areas for improvement for senior doctors. At present, many physicians and paediatricians have only enough time for clinical duties. The RACP encourages the government in the next term of parliament to explore measures that support senior doctors' ongoing professional development, and flexibility to conduct research. These are key to maintaining Victoria as an international leader in health care and are key to enhancing Victoria's position in the highly competitive research marketplace.

Regional, rural and remote specialists already face professional challenges that can impede good patient care as well as practitioner wellbeing. We urge a focus on regional, rural, and remote workplaces as part of the government's responsibility to maximise wellbeing.

Our recommendations reflect the RACP's strong support for building a safe and respectful culture of training for junior doctors, and high-quality specialist care for patients. The incoming government has a duty to develop robust arrangements to provide continuity of care for patients (including for non-COVID-19 related healthcare, including in rural and regional areas) while maximising policy settings, actions, and activities that most effectively support doctors' wellbeing.

We call on the incoming government to:

- Commit to providing a positive workplace culture and working conditions for trainees and physicians and provide workforce models that support high quality specialty training, including support for research.
- Work collaboratively with the RACP and other stakeholders to eliminate bullying and harassment in the specialist workforce.
- Adopt or develop a set of agreed principles for a respectful culture in medicine, similar to those developed by the NSW Government.
- Boost the state's healthcare workforce by strengthening Victoria's capacity to train medical specialists, and by resourcing the overall system to serve the needs of the population in a fair and equitable way.
- Support strategies for flexible training, work hours, parental leave and other support mechanisms for specialists and doctors in training within the Victorian health system and support our advocacy for national training and employment flexibility, where appropriate.
- Develop a system of locum support to maintain service delivery in non-metropolitan areas. This should cover routine planned staff leave plus leave for specialty continuing professional development to encourage a highly trained and safe specialist workforce.
- Become a signatory to our Health Benefits of Good Work principles, an initiative from the RACP's Australasian Faculty of Occupational and Environmental Medicine to further champion health, wellbeing, and supportive workplace culture in the health sector.
- Join the RACP in committing to gender equity in medicine and health leadership, including by endorsing the UN Women's Empowerment Principles.
- Urgently implement and appropriately fund mental health initiatives and practical supports for healthcare workers, offering a range of mental health initiatives and practical supports for them and their families. These should be based on the National Mental Health and Wellbeing Pandemic Response Plan and the lessons of its implementation.[11]

4. Raising the age of criminal responsibility

The RACP, along with the Australian Medical Association[12] and the Australian Indigenous Doctors' Association[13], recommends that the minimum age of criminal responsibility be raised to at least 14 years of age in all Australian jurisdictions. It is inappropriate for 10 to 13 year olds to be in the youth justice system.

Children aged 10 to 13 years old in the youth justice system are physically and neurodevelopmentally vulnerable. Most children in the youth justice system have significant additional neurodevelopmental delays.

Children aged 10 to 13 years old in juvenile detention have higher rates of pre-existing psycho-social trauma which demands a different response to behavioural issues than older children.[14]

A range of problematic behaviours in 10 to 13 year old age children that are currently criminal under existing Australian law are better understood as behaviours within the expected range in the typical neurodevelopment of 10 to 13 year olds with significant trauma histories (typically actions that reflect poor impulse control, poorly developed capacity to plan and foresee consequences such as minor shoplifting or accepting transport in a stolen vehicle).[15]

Given the high rate of neurodevelopmental delay experienced by children in juvenile detention, including conditions such as Fetal Alcohol Spectrum Disorder (FASD) and delayed language development, these behaviours often reflect the developmental age of the child, which may be several years below their chronological age. Determining criminal responsibility on the basis of a chronological age is inappropriate for children who may have a much lower developmental age due to a number of medical and developmental conditions.

Young children who exhibit problematic behaviour as a result of their neurodevelopmental conditions, and their families, need appropriate healthcare and protection. Involvement in the youth justice system is not an appropriate response to addressing problematic behaviour that stems from these conditions. It further damages and disadvantages already traumatised and vulnerable children.

The RACP position statement on the Health and Wellbeing of Incarcerated Adolescents provides further detail on the health issues of young people in contact with the criminal justice system.

We acknowledge the broader community's support for actions to reduce crime, noting that actions to maximise public safety are boosted, not diminished, by actions to maximise child health and wellbeing. Continuing on with incarcerating young children damages and disadvantages already traumatised and vulnerable children. The harms from incarcerating very young children are severe and long lasting (and harms come from remand as well as custodial sentences). There are also lifelong harms from involvement in the criminal justice system, even if incarceration is not involved.

We note that the ACT Government has committed to raising the age to 14 and has recently published a report[16] outlining how this commitment will be fulfilled. There are a number of other successful, evaluated justice reinvestment programs that can be used as reference models. We encourage you to follow the lead of the ACT and take positive and concrete steps to ending the incarceration of young children.

We call on the incoming government to:

- Raise the minimum age of criminal responsibility to 14.
- Support raising the age to 14 at meetings of the Meeting of Attorneys General.
- Commit to reducing the high rates of incarceration of Indigenous young people.
- Design of a comprehensive approach for youth justice that includes adequate support for therapeutic interventions and other evidence-based alternatives to incarceration designed in partnership with Indigenous communities.

5. Healthy Climate Future

Climate change poses a major risk to our healthcare systems. Doctors are seeing the impacts firsthand. Yet Australia's health system itself contributes approximately seven per cent of national carbon emissions, higher than many other countries. We are calling on the governments of Australia to develop a plan to prepare our healthcare systems for the impacts of climate change through our Healthy Climate Future campaign.

Victorian physicians and paediatricians want to play our part in the solutions. We're advocating for support to ensure the healthcare system can reduce its own climate footprint. We need a healthcare system that is both climate ready and climate friendly.

The COVID-19 pandemic has shown us that rapid system change is possible in the face of serious threat.[17] Our recovery presents an opportunity to accelerate the delivery of climate resilient and environmentally sustainable healthcare. We need to act on climate change now to reduce its impacts and build a healthy climate future.

We call on the incoming government to:

- Commit to achieving net zero healthcare emissions by 2040.
- Establish a Climate Ready Health System Research Fund to identify resilience strategies suited to our health system.
- Support the development and updating of locally led resilience and adaptation plans for the healthcare sector, guided by Aboriginal and Torres Strait cultural knowledge.
- Establish a Climate Friendly Health System Innovation Fund to provide grants to local health services for emissions reduction and sustainability initiatives. This could be established as a category of the existing Victorian Government Sustainability Fund.
- Establish a Sustainable Healthcare Unit to lead the development of locally led resilience strategies, to manage the funds and to work in partnership with the Victorian Health Building Authority.

- Audit, monitor and report on healthcare system emissions, including reporting on the delivery of the 2023 objectives of the Victorian Health Building Authority Environmental Sustainability Strategy 2018–19 to 2022–23, and set more ambitious objectives going forward.
- Substantially contribute to the development and implementation of a National Strategy for Climate Change, Health and Wellbeing.
- Urgently transition to net-zero emissions across all economic sectors to address the underlying causes of climate change, with support for affected communities.

6. Reducing the harms of alcohol, including by minimum unit pricing

Alcohol remains one of the most harmful drugs in Australia and a leading contributor to disease. Alcohol is responsible is a factor in over 30 diseases and injuries. Nationally alcohol is the most common preventable cause of neurodevelopmental disability. Qualitative reporting shows that many children who had been exposed to prenatal alcohol experiencing learning and emotional difficulties. Evidence from Western Australia shows that a significant minority of affected young people enter the juvenile justice system.[18] Alcohol-related harms create enormous social and economic costs to Australian society, with estimates putting the figure at between $15 billion and $36 billion annually.[19] This is a cost of between $604 and $1450 per person per year.

As a jurisdiction, Victoria leads the nation in some indicators of alcohol related harm. According to the AIHW's most recent analysis, while overall levels of alcohol consumption among teenagers and young adults have declined nationally, Victorians aged 18–24 remain the most likely to drink in ways that increase their risk of injury from a single drinking occasion; in 2016, 42 per cent of Victorians aged 18–24 had consumed five or more standard drinks in one sitting at least monthly. In 2015, alcohol was responsible for 4.6 per cent of the total burden of disease and injury in Victoria.[20] Year on year, alcohol misuse continues to put unmitigated pressure on Victorian health services, for instance in the 2020 FY alcohol was responsible for 24,672 ambulance attendances.[21] Swift action is needed to stem the tide of alcohol related harm in the state.

The RACP's Alcohol Policy, developed jointly with the Royal Australian and New Zealand College of Psychiatry, provides an in-depth review of the evidence and provides recommendations on effective policies to reduce the harms of alcohol.[22]

Evidence shows that a coordinated public health approach to reducing alcohol consumption is required to comprehensively tackle the harms associated with alcohol. As well as addressing harmful consumption, the RACP is calling for an increase in the availability and range of treatment services for those with alcohol and other substance misuse disorders.

Minimum unit pricing (MUP) can be the next major public health reform in Victoria. Its time has come. MUP is not designed to impact low level consumption of alcohol, but to reduce alcohol consumption among heavy drinkers; it seeks to curb consumption patterns which lead to a heavy toll on health services, treatment services and ultimately, the Victorian state budget.

Heavy consumers of alcohol and young people are sensitive to changes in the price of alcohol, and as such, MUP would:

- cut rates of underage alcohol consumption
- reduce regular consumption of large volumes of alcohol
- encourage safer consumer choices.[23]

Physicians are passionate about minimum unit pricing because there is strong evidence of success from other Australian jurisdictions. After one year of MUP in the Northern Territory, the data shows:

- reduced emergency department presentations
- reduced alcohol-related assaults
- reduced alcohol-related domestic violence.[24]

We call on the incoming government to:

- Introduce minimum unit pricing.[25] [26]

- Improve alcohol and other drug treatment by investing in an expansion of treatment locations and models of care, including investment in physical infrastructure and workforce development.
- Commit 5% of total Victorian health expenditure to health prevention, incorporating alcohol prevention and harm minimization initiatives, per the National Preventive Health Strategy (2021-2030) to which the Victorian Government is a signatory. This 5% investment in preventive health should be additional to Victorian Government investments for COVID prevention.
- Deliver improved data collection for alcohol-related medical consultations, ambulance call outs, emergency department presentations and hospital admissions, and for other key issues such as family violence and the assessment and diagnosis of FASD.
- Invest in training for Victorian health professionals about the potential harms of alcohol use in pregnancy and the diagnosis and management of FASD.

The Way Forward

The RACP calls on all political parties and candidates to make a commitment to the health of all people in Victoria extending beyond the election cycle, and to deliver effective evidence-based and expert-informed health policies.

We look forward to working collaboratively with the incoming government and all successful candidates to improve the health of all people in Victoria.

To provide us with a response to these election priorities or to seek more information about the RACP and the Victorian Regional Committee, please contact Michael Carney, Senior Executive Officer, by emailing RACPVIC@racp.edu.au.

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[1] As of 29 September, 2022.
[2] "Melbourne passes Buenos Aires' world record for time spent in COVID-19 lockdown," ABC Online (3 October 2021).
[3] Supporting Our Healthcare Workers To Deliver Care | Premier of Victoria
[4] Rural and remote health - Australian Institute of Health and Welfare (aihw.gov.au)
[5] Survey of Health Care: selected findings for rural and remote Australians, Summary - Australian Institute of Health and Welfare (aihw.gov.au)
[6] Health Workforce Strategy | health.vic.gov.au
[7] RACP media release: Calls for Federal Government to release workforce modelling and boost resources as survey shows major burnout among doctors
[8] How will you ensure people have access to health care when they need it? (theage.com.au)
[9] Beyondblue's National Mental Health Survey of Doctors, originally published 2013, updated 2019, available here.
[10] See Respectful Behavior in College Training Programs, and Statement on Safe and Respectful working environment (7 February 2019).
[11] The national plan identifies that:

> *There is a particular risk of deterioration in the mental health of frontline and health workers who are actively involved in responding to the COVID-19 pandemic in the short and long term. The physical experience of providing safe care, heightened physical isolation from loved ones, hypervigilance, higher demands in work, and reduced capacity to access social support all heighten the risks for these essential workers. Research from previous pandemics confirms this, demonstrating increased rates of PTSD among these workers.*

This has been supported by National Cabinet; we note it was developed with the leadership of other jurisdictions (Victoria, New South Wales, and the Commonwealth). It is a Victorian Government responsibility to deliver on the actions which the Plan outlines.
[12] https://ama.com.au/gp-network-news/ama-calls-age-criminal-responsibility-be-raised
[13] https://www.aida.org.au/wp-content/uploads/2018/03/20171121-JOINT-MEDIA-RELEASE-Rasie-the-age-PR_PDF.pdf
[14] Abram KM, Teplin LA, et al. *Posttraumatic Stress Disorder and trauma in youth in juvenile detention*. Archives of General Psychiatry, 2004. 61. 403–410
[15] Johnson, Sara B. et al. Adolescent Maturity and the Brain: T*he Promise and Pitfalls of Neuroscience Research in Adolescent Health Policy* Journal of Adolescent Health, Volume 45, Issue 3, 216 - 221
[16] The *Final Report of the Review of the service system and implementation requirements for raising the minimum age of criminal responsibility in the ACT*, online here.
[17] See the RACP's research report, Climate Change and Australia's Healthcare Systems – A Review of Literature, Policy and Practice, produced for the RACP by the Monash Sustainable Development Institute, Climate and Health Alliance, Monash University's School of Public Health and Preventive Medicine and the University of Melbourne's School of Population and Global Health. The report has been guided by an advisory committee with representatives from 10 medical colleges contributing knowledge and expertise from a diverse range of specialties:

- Australasian College for Emergency Medicine (ACEM)
- Australia and New Zealand College of Anaesthetists (ANZCA)
- Australian College of Rural and Remote Medicine (ACRRM)
- College of Intensive Care Medicine (CICM)
- Royal Australasian College of Physicians (RACP)
- Royal Australasian College of Surgeons (RACS)
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Royal Australian College of General Practitioners (RACGP)

[18] See Bower C, Watkins RE, Mutch RC, et al, Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia BMJ Open 2018;8:e019605. doi: 10.1136/bmjopen-2017-019605 which found FASD prevalence of 36%.
[19] The Royal Australasian College of Physicians. Alcohol Policy, p 1.
[20] Victoria Health. Alcohol Strategy (2019-2023), p 8.
[21] AOD Stats, 'Ambulance Attendances' [online]; Ambulance attendances for alcohol and drug-related events - AODstats
[22] The Royal Australasian College of Physicians. Alcohol Policy. Our alcohol advocacy webpage includes additional recommendations to reduce the rates of FASD and other alcohol-related physical and psychological health outcomes connected to alcohol use in pregnancy and breastfeeding; recommendations to strengthen licensing provisions; and recommendations so that better data collection can ensure targeted and evidence-based policy.
[23] The small increase in the cost of alcohol that might affect moderate drinkers must be seen in the context of the total health, social and economic costs of excessive alcohol use. Minimum unit pricing preserves consumer choice while promoting healthier options. Under MUP, alcohol will remain widely accessible in Australia and adults will remain free to make their own choices. The idea is to reduce the hazardous levels of use by the heaviest consumers and support healthier choices for all users.

[24] Specifically, the Northern Territory Alcohol Harm Minimisation Action Plan August 2019 Update, shows:

- a 17.3% reduction in emergency department presentations in July 2018 to June 2019 compared to the same period in 2017-2018
- In Katherine, a 42.5% reduction in alcohol-related assaults in April-June 2019 compared to October-December 2017
- In Alice Springs, there were 45% fewer alcohol-related assaults, 37% fewer alcohol-related domestic violence assaults and 33% fewer alcohol-attributable emergency presentations between 2017-2018 and 2018-2019.

[25] See RACP Fact Sheet on minimum unit pricing.

[26] See RACP select bibliography on minimum unit pricing.