



Preventative Health Taskforce Secretariat
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Department of Health and Ageing
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CHC Submission: Preventative Health Taskforce

The Complementary Healthcare Council (CHC) is pleased to submit to the National Health Preventative Taskforce.

The CHC is the leading expert association exclusively committed to a vital and sustainable healthcare products industry and a holistic healthcare model based on promoting long-term wellness of the community. The Complementary Healthcare Council is an active supporter of community health and wellness and believes it is important to encourage the general public to consider complementary healthcare products as a simple, cost-effective way to promote and maintain good health and help prevent chronic disease.

The CHC is unique in representing all stakeholder groups in the complementary healthcare industry. Our members include importers, exporters, manufacturers, product suppliers, raw material suppliers, wholesalers, distributors, retailers, practitioners, consultants direct marketers, multi-level marketers and consumers.

The CHC considers that complementary healthcare products increasingly play an important role in the prevention, health maintenance and healthcare of all Australians. With statistics indicating that that complementary health practitioners will carry out half of all medical consultations in Australia by 2013 and that in some areas residents already visited a complementary healthcare therapist more often than a GP or specialist.¹ Government must foster the recognition and acceptance that complementary medicines and healthcare products provide effective and low-risk prevention/treatment options for healthcare institutions, practitioners and consumers.

The CHC recognises the importance of Government identifying and tackling the important concerns of obesity and excessive alcohol and tobacco consumption and we applaud the Minister for Health and Ageing's initiatives in these areas. We hope however, as indicated in the Minister's *Foreword* that the emphasis on these issues will not limit subsequent and much needed discussion about other preventative healthcare opportunities.

The CHC believes the preventative healthcare agenda requires a broader and bolder agenda if we are to truly realise the objective of *Australia: the healthiest country by 2020*. The CHC considers that complementary healthcare products, including medicines, do have an important role in relation to maintaining wellness and preventing illness thereby significantly reducing the burden of disease and associated costs. A holistic approach to health and economic management must surely by definition recognise the contribution that

¹ December 2004, *Australian Doctor* quoted a study by TQA Research for the Health and Insurance industries. <http://www.australiandoctor.com.au/news/e0/0c0298e0.asp>

complementary healthcare products make both in disease prevention and in the management of chronic disease.

The CHC suggests that inclusion of complementary healthcare options in the delivery and promotion of healthcare improves not only the health budget but also the health of the Australian community. The CHC therefore proposes the following be considered as appropriate and relevant policy: Our recommendations are included in full in the accompanying submission.

- The government demonstrate its commitment to assisting Australians in their complementary medicines healthcare choices by:
 - Appointing a ‘Chief Complementary Healthcare Advisor’ with relevant expertise in complementary healthcare within the Department of Health and Ageing.
 - Collecting information on and accounting for complementary healthcare options on which to base good health policy, clinical and individual health outcomes.
 - Introducing risk/benefit criteria in regulatory decision making in relation to complementary medicines (where appropriate); and
 - Contributing financially to the regulation of complementary medicines which are regulated as therapeutic goods.
- Continuing and increasing support for research on complementary medicines in relation to clinical effectiveness and economic contribution to the healthcare budget in order to underpin balanced policy and clinical decision making.
- Providing healthcare professionals and consumers with high quality information on complementary healthcare options.

The CHC believes that the dialogue has just begun for Australia to firmly establish complementary healthcare within a preventative healthcare framework and socially profit from the cost benefits to be derived from their inclusion. We welcome the opportunity to engage with Government to pursue true health policy reform.

Yours sincerely



Dr Wendy Morrow
Executive Director

19 December 2008

Summary and Recommendations

The Complementary Healthcare Council (CHC) applauds and supports the Australian Government's attempts to find better ways to improve the health of all Australians and endorses Government's view that the solutions involve individual choice and responsibility alongside governments, industry and non government organisations.

We offer the following recommendations as a compelling approach to advancing the nation's health agenda:

Preamble

At the CHC we advocate the adoption of strategies that reflect our nation's commitment to health and wellbeing. A *Wellness Approach* is a response to the current mainstream approach where the treatment of disease is the governing principle. The *Wellness Approach* emphasises preventative healthcare strategies to improve the health and wellbeing of the community and to reduce our overall public healthcare costs. This model of course, does not deflect from the very real need for the current health delivery system.

The CHC believes there is an opportunity for Government to promote the further integration of complementary medicines and healthcare into the healthcare system given that:

- Over 70% of Australians use complementary medicines (self-care health management).
- 50% of all healthcare professional visits by 2010 estimated to be with a complementary healthcare professional².
- Expenditure on complementary medicines and health practitioners was nearly four times the public contribution to pharmaceuticals in 2000³.
- The government already recognizes and supports supplement use in the context of nutritional intake in food policy and the contribution this makes to the health of Australians and the economy (for example the mandatory fortification of food with vitamins). The government is also committed to research into the potential benefits of 'nutraceuticals' and 'functional food'.

The CHC believes there is a current lack of direct Government support and commitment to optimising complementary healthcare in the health system. This is exemplified by the report *Australia's Health 2006* (AIHW) which, inadequately, allocated about one half (1/2) page on complementary medicine (plus some figures in relation to 'alternative' healthcare practitioners) in a 700+ page report. This publication is promoted as:

- "... an essential reference and information resource for all Australians with an interest in health."
- "...charts the progress of health in the past two decades or more, looking at the health status of the Australian population, the factors that influence that status, health services and expenditure."

Given the above statistics, this report presents an inaccurate view of Australian health and is lacking as a comprehensive resource from which to draw reliable information.

² The 2003 Government established Expert Committee into Complementary Medicine said 23 per cent of Australians visited at least one complementary healthcare professional in the same year.

³ McLennan A H et al. The escalating cost and prevalence of alternative medicine *Preventive Medicine* 2002 Vol 3).

Recommendations

- The government must become an effective partner in enabling Australians access to complementary medicines. The CHC proposes that complementary healthcare, including medicines, be included in any national health policy, including a preventative healthcare strategy. We propose specifically that Government:

- Appoint a ‘Chief Complementary Healthcare Advisor’ with relevant expertise in complementary healthcare within the Department of Health and Ageing.

A (supported) Chief Complementary Healthcare Advisor would provide advice on and facilitate the integration of complementary healthcare and conventional medicine, particularly in relation to preventative healthcare policy and primary and chronic condition care and management.

- Collect information on, account for, monitor, review or effect health system changes for optimal benefits, both in terms of health and economic outcomes.

The CHC acknowledges the dearth of information/data available on complementary medicine usage by both the medical/healthcare professionals and institutions and argues this must be addressed to ensure the development of ‘best practice’ health policy so that all Australians receive the best healthcare advice and options.

- Introduce risk/benefit criteria in regulatory decision making in relation to complementary medicines (where appropriate) and contribute financially to the regulation of complementary medicines which are regulated as therapeutic goods.

The CHC considers there is somewhat of a dichotomy between public health policy and funding in relation to food, and food fortification in particular, and therapeutic goods. For example, the government provided funding to evaluate the public health and health economic benefits of fortifying bread with folic acid, but not in assessing the role of supplement use which was assessed as possibly being the better policy option.

- Review the composition of all regulatory and policy committees dealing with complementary medicines to ensure that the expertise on those committees is appropriate to improve the decisions made in relation to risk and health policy.

The CHC considers that, although committee composition has improved in more recent times, increased representation by experts in complementary medicines should still be aimed for.

- Increased support for research on complementary medicines in relation to clinical effectiveness and economic contribution to the healthcare budget in order to underpin balanced policy and clinical decision making;
 - The new government must support and extend recent initiatives by further expanding research and research capability in complementary medicines, including:

- Continuing the role of National Institute of Complementary Medicine (NICM) to provide value added research framework for complementary medicines; and
 - Continuing and increasing National Health and Medicine Research Council (NHMRC) identified funding allocation for complementary medicine research.
- Provide healthcare professionals and consumers with high quality information on complementary healthcare options, including:
 - Educating medical/healthcare practitioners of the low-risk complementary medicine/healthcare options available for patients where relevant;

With over 70% of Australians regularly using complementary medicines and healthcare products, medical practitioners should be made aware of all healthcare options for their patients and patients should be encouraged to inform practitioners regarding their use of all medicines, including complementary medicines.

- Educate and raise the awareness of the community of complementary healthcare options to enable them to make informed decisions in relation to their healthcare.

The CHC considers that 'mainstream' healthcare providers such as hospitals have a crucial role in delivering healthcare. However, preventative and appropriate self-care options must be promoted and governments must assess this need in the community.

Preventing illness – a broader approach

The CHC advocates a 'wellness' model for Australia's health system. A health system that does not recognise and encompass the diversity of health and wellbeing options cannot fulfil the Taskforce's aspiration of *The Healthiest Country by 2020*. Nor can it possibly meet the needs of individuals, families and communities.

Australia's health system must acknowledge the legitimacy and benefits of a range of health, healthcare, and service delivery modality options as this is the only way to deliver optimal benefits to both people and the economy. It is a fact that Australians already extensively self-manage their health and access numerous health modalities to meet their needs.

A 2004 Australian study of medicine use in rural ambulant elderly found that 60 per cent of patients used complementary therapy and also identified 164 products used – often in multiples, the majority of which were not recorded on the general practitioner's (GP) medication record⁴.

There is a critical need for more quality data within Australia demonstrating clear economic benefit. There is currently no comprehensive collection of such information. Given that the majority of Australians use complementary medicines and services regularly this is unacceptable.

Research published in 2007 indicates the use of complementary and alternative medicine (CAM) in Australia is considerably higher than previously indicated. In fact, the researchers concluded that the 'estimated number of visits to CAM practitioners by adult Australians in the 12 month period (69.2 million) was almost identical to the estimated number of visits to medical practitioners (69.3 million).'⁵

The current contribution of complementary healthcare is not, or only rarely, considered or acknowledged. The lack of recognition of and contribution to identification of future benefits is even more unacceptable given Government makes no financial contribution to the regulation of complementary medicines (therapeutic goods) but receives considerable GST revenue generated by complementary medicines sales. There is a critical need for more quality data within Australia demonstrating clear economic benefit of utilising proven complementary medicines and services.

We draw Government's attention to overseas evidence indicating true economic benefit through the use of complementary healthcare. Generation and access to domestic information would assist both the health budget and also acceptance that complementary medicines can provide effective and low cost -risk prevention/treatment options for healthcare institutions, practitioners and consumers.

To illustrate, the 2006 US Lewin Group report, using that government's cost accounting methodology, estimated of the 2006-2010 net savings in hospital expenditure and physician charges resulting from a reduction in the occurrence of coronary heart disease in the over 65

⁴ Graffen M, Kennedy D, Simpson M. Quality use of medicines in the rural ambulant elderly: a pilot study

Rural and Remote Health 4 (online), 2004: no 184.

⁵ Xue C, Zhang A, Lin V, Da Costa C and Story D. *Complementary and Alternative Medicine Use in Australia: A National Population-Based Survey*. The Journal of Alternative and Complementary Medicine. 2007, 13(6), 643-650

age population through daily intake of Omega-3 fatty acids at 1800mg is US\$3.1 billion. Approximately, 384,303 hospitalisations would be avoided⁶. A study in Peru looked at the costs and cost-effectiveness of treatment using conventional medicine and Traditional Medicine.⁷ Overall, the investigators found that complementary medicine was between 53 and 63 percent less expensive than conventional medicine for achieving equivalent levels of effectiveness.

Governments must increase their information base on complementary healthcare efficacy and usage to underpin health/wellness policy.

Shared responsibility

The CHC agrees with the Taskforce that solutions require individual, government and industry support and responsibility but argues this can only be fulfilled if complementary medicine/healthcare is recognised, accounted for and always considered as part of the healthcare options available to Australians. The statistics noted above illustrate that consumers already 'share' responsibility – however healthcare outcomes can always be improved.

The CHC also calls for government to increase its role in providing quality information, including public health messages/campaigns, regarding the benefits of complementary healthcare options. Again, given that the Government collects GST on complementary healthcare products, including medicines, it is considered appropriate that a significant proportion of this income is expended on public health activities to support and increase the role of complementary healthcare. The government's role should also include encouragement for Australians who accept shared responsibility for their own health, for example, consideration could be given to rebates for complementary healthcare practitioner consultations (under Medicare) and medicine purchases.

Value for money

Value for money can only be assessed on good quality economic cost/benefit information. There is currently no comprehensive collection of information on complementary medicines and healthcare services, surprising given that the majority of Australian's use complementary medicines regularly.

Current contribution is rarely or not considered or acknowledged. The economic benefit of supplement usage is already hundreds of millions of dollars which is totally unaccounted for in the current health budget. The government already recognizes the role of some supplements through support for food fortification policy and acknowledgment of public health and economic benefits for example the mandatory food fortification with vitamin B12 and folic acid.

A number of studies show complementary medicines aid in the prevention of conditions which have been identified as preventable illnesses which are burdening our healthcare system – an economic burden.

The 2002 the Dept of Health and Ageing *Returns on Investment in Public Health* report which found that that there were substantial returns for each dollar spent on prevention. For

⁶ Lewin Group – *An evidence-Based Study of the Role of Dietary Supplements in Helping Seniors Maintain their Independence*. Jan 2006. Dietary Supplement Education Alliance.

⁷ EsSalud and OPS 2000

example, \$1 spent on measles prevention saved \$155. \$1 spent on coronary heart disease saved \$11.

The CHC highlights that a number of studies show complementary medicines aid in the prevention of conditions which have been listed as preventable illnesses:

- **Osteoporosis**- the total expenditure for osteoporosis in Australia in 2000-2001 was \$221million⁸ with \$32million contributing to hospital admission costs. There are a large number of clinical studies that show calcium and vitamin D supplements help prevent or delay the onset of this condition.
- **Osteoarthritis**- a total of \$1.2billion was spent on osteoarthritis in Australia, \$567million being spent on hospital services in 200/2001⁹. Procedures associated with osteoarthritis i.e. hip/knee replacements cost between \$13,600 and \$30,600 per person (42,000 procedures were carried out 2003-2004). Strong scientific evidence has demonstrated that glucosamine sulfate supplements reduce pain and can delay the progression of the condition. According to a study published in the *Medical Journal of Australia*, "...glucosamine sulfate was found to be cost effective at less than \$5000/QALY (Quality Adjusted Life Year). These supplements had equivalent efficacy to NSAIDs, with no evidence of excess morbidity or mortality"¹⁰.
- **Diarrhoeal conditions**- *Clostridium difficile* infection is the most common cause of diarrhoea in hospital patients usually caused by broad-spectrum antibiotic therapy. One hospital spends on average \$1.2million/year on increased length of hospital admissions caused by this infection, typically found in elderly patients¹¹. Studies have demonstrated that probiotic supplements improve recovery from diarrhoeal conditions by replacing bacteria in the gut. *Sacchromyces boulardii*, a yeast based probiotic, has had specific success in treatment and prevention of reoccurrence in *C. difficile* associated diarrhoea¹², which if used in a hospital setting could dramatically reduce the length of hospital admissions across Australia.

Conclusion: Taking the long term view - Strengthening prevention and wellness

Government commitment to prevention and wellness needs to be demonstrated by greater leadership, support for and direction in relation to the role of complementary healthcare (medicines, products/foods and services) in promoting wellness and optimising preventative strategies. Complementary medicines as low risk and relatively low cost products with sizable health benefits can no longer afford to be ignored by a government committed to improving the health outcomes for all Australians.

The CHC, although applauding the government's commitments in relation to some health areas to be addressed by the National Preventative Health Taskforce believes a momentous opportunity may have been missed to tackle serious issues both now and in the future by ignoring the vital contribution complementary medicines make to sustainable health outcomes. The CHC does not believe the recognised burden of disease will be addressed

⁸ AIHW, *Disease Expenditure Database, 2000-2001*

⁹ AIHW, *Health expenditure for arthritis and musculoskeletal conditions in Australia, 2006.*

¹⁰ Segal N, Day S, Chapman A and Osborne R, *Can we reduce disease burden from osteoarthritis?*, Medical Journal of Australia, vol 180, no. 5, 2004.

¹¹ Riley T, Codde J and Rouse I, *Increased length of hospital stay due to Clostridium difficile associated diarrhoea*, Lancet, vol 345, 1995.

¹² Czerucka D, Piche T and Rampal P, *Review article: yeast as probiotics- Saccharomyces boulardii*, Alimentary Pharmacology and Therapeutics, 15 Sept 2007, vol 26, no. 6, 767-78.

by the limited terms of reference this Taskforce has, noting that obesity, tobacco and alcohol consumption will only be a subset cause of some of those burdens.

The eight national health priority areas – asthma, cancer, cardiovascular disease, diabetes, injuries, mental health, arthritis and musculoskeletal and dementia accounted for 72.8% of the total burden of disease in 2003.¹³

We are further concerned at the pace of which the healthcare system is recognising and formally acknowledging the personal commitment of the Australian community in managing their health and wellness through complementary healthcare product/food self-medication and accessing complementary healthcare practitioners (refer to statistics referred to elsewhere).

We note that the government's current policy activities appear not to recognise, publicly address or build on the value of these very widely used healthcare options for the very broad range of health issues that confront Australians.

The most recent data in relation to disease burden was released in May 2007 by the Australian Institute of Health and Welfare (AIHW). It showed that whilst cancer and cardiovascular disease were the two leading causes of the burden of disease in 2003, the five leading causes of non-fatal burden of disease were anxiety and depression, type 2 diabetes, dementia, adult-onset hearing loss and asthma.

Recent research reported in the *Lancet*¹⁴ medical journal identifies depression as being more damaging to everyday health than chronic diseases such as angina, arthritis, asthma and diabetes. In addition, if people were also ill with other conditions, depression made them worse. Given the impact on society and the costs associated with this condition, isn't it incumbent upon us to look at combining therapies and approaches to limit this debilitating illness?

A Norwegian study last year looked at the role of cod liver oil (rich in omega 3 fatty acids) in treating people with high level depressive symptoms and concluded: *The users of cod liver oil were significantly less likely to have depressive symptoms than non-users after adjusting for multiple possible confounding factors.*¹⁵ This is one of many studies that have highlighted the value of fish oils in assisting with mental health and when we reflect on the potential ease of fish oils as a prescription compared with any associated risk posed by the product, it is remarkable it's not used more widely.

The CHC considers that complementary healthcare products increasingly play an important role in the prevention, health maintenance and healthcare of all Australians. The CHC believes the government can only act strategically if there is good economic and clinical information on which to plan.

End.

¹³ AIHW, 2007. *The burden of disease and injury in Australia 2003*.

¹⁴ Somnath Chatterji, M.D., World Health Organization, Geneva, Switzerland; David L. Shern, Ph.D., president and CEO, Mental Health America, Alexandria, Va.; Sept. 8, 2007, *The Lancet*

¹⁵ *Journal of Affective Disorders* [Volume 101, Issues 1-3](#), August 2007, Pages 245-249