VICTORIAN ALCOHOL & DRUG ASSOCIATION

Health Act 1958

Submission to Review

January 2006

VAADA is a peak organisation, which aims to reduce the harms associated with alcohol and other drug (AOD) use within the Victorian community. VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation or research that minimises the harms caused by alcohol and other drugs.

Contents

Organisational details about VAADA 3

Overview of submission 5

VAADA recommendations 6

Overarching framework 8

Powers, duties & liabilities 12

Health information management 16

Organisational details about VAADA

Who is VAADA?

The Victorian Alcohol and Drug Association Inc. (VAADA) is a peak organisation, which aims to reduce the harms associated with alcohol and other drug (AOD) use within the Victorian community.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation or research that minimises the harms caused by alcohol and other drugs.

What does VAADA do?

As a peak organisation, VAADA's purpose is to ensure that the issues for people experiencing the harms associated with alcohol and other drug use and the organisations that support them are well represented in policy and program development and public discussion

VAADA seeks to achieve this through:

- Engaging in policy development
- Advocating for systemic change
- Representing issues our member's identify
- Providing leadership on priority issues to pursue
- Creating a space for collaboration within the AOD sector
- Keeping our members and stakeholders informed about issues relevant to the sector
- Supporting evidence-based practice that maintains the dignity of those who use alcohol and other drug services (and related services)

Our history

VAADA became an incorporated association in 1981 and was created as a forum for agencies working in the field of alcohol and other drug issues, as well as those individuals interested in alleviating the harms caused by alcohol and other drugs. VAADA's role was to provide mutual support for its members as well as facilitating planning and development in the AOD field. It was also envisaged that VAADA would have an educative and information role for both its member agencies and the broader community.

VAADA membership

As a statewide peak organisation VAADA's community / constituency is broad. Its membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and

others (schools, counselling services, correctional/diversion services, legal services) as well as interested individuals.

VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

Member services of VAADA provide a range of services to people experiencing the harms associated with alcohol and other drug use – which include:

- Withdrawal – residential, home-based, outpatient and rural
- Substitute programs – methadone and burprenorphine
- Supported accommodation
- Residential rehabilitation
- Peer support
- Counselling, consultancy and continuing care
- Day programs
- Legal services

Overview of Submission

VAADA supports the initiative of the Department of Human Services (Department) to review the *Health Act 1958* (the Act). In particular VAADA praises the approach the Department has taken in considering a broad view of public health, inclusive of aspects of social and mental wellbeing.

VAADA recognises the need to balance the rights of individuals with those of the community when concerned with matters of public health. However, VAADA is concerned that the balance of rights and obligations is heavily in favour of administrative bodies and persons. VAADA seeks to emphasise the fundamental importance of the rights of individuals and the protection of these rights. In this regard, VAADA believes that stronger and more explicit safeguards are required on the powers provided for in the recommendations (for example in relation to search and seizure, compulsory testing orders, contact tracing, and public health orders) , and that there exist a proper review process for decisions made under these recommendations.

VAADA's submission does not respond to each of the recommendations contained in the draft policy paper. Instead, VAADA has commented on those recommendations which it feels most require comment. The submission is structured in the following way:

- Overarching framework
- Powers, duties and liabilities
- Health Information Management

VAADA Recommendations

Recommendation 1: That substance (mis)use issues be viewed from a health focus rather than a criminal law focus.

Recommendation 2: That other acts such as the *Drugs, Poisons and Controlled Substances Act 1981* and the *Alcoholics and Drug-dependant Persons Act 1968* also be reviewed to ensure these Acts are consistent with the objects and principles of the public health Act.

Recommendation 3: That other policy and programs be reviewed, such as the availability of needle syringe programs in prisons to ensure consistency with the objects and principles of the public health Act.

Recommendation 4: That should the Act specifically refer to Indigenous people as a disadvantaged group, that it also expressly refer to other disadvantaged groups including, but not limited to, those with drug and alcohol issues, from CALD communities, with mental health issues, and people with disabilities.

Recommendation 5: That the Act create an express requirement on decision makers to consider the extent to which a decision furthers the objects of the Act when making a decision under the Act.

Recommendation 6: That paragraph (e) of the guiding principles "Principles of Proportionality" contain express reference to protection from discriminatory and arbitrary interference, and the upholding of human rights.

Recommendation 7: That in addition to the requirement the CHO be a registered medical practitioner, it also be required the appointee has an awareness of the broader wellbeing and social issues impacting on health.

Recommendation 8: That the Act limit the extent to which powers may be delegated by the CHO to an employee or officer of the Department of Human Services, or in the event that full powers of delegation are maintained, that the Act make clear that full responsibility for delegated powers will reside with the CHO.

Recommendation 9: That a general duty not apply to all persons.

Recommendation 10: That a statutory duty be applied to those required to be registered or licensed under the Act, including those providing prescribed accommodation.

Recommendation 11: That the use of nuisance provisions be bounded by the context of the Act, and that in considering whether a "state, condition or activity" is a nuisance, regard be expressly taken to all public health and wellbeing considerations.

Recommendation 12: That consideration be given to the removal of "offensive" from determining whether an act is a nuisance within the scope of the Public Health Act.

Recommendation 13: That improvement and prohibition notices issued by municipal councils in relations to nuisance should be subject to appeal to the Secretary.

Recommendation 14: That clarification be provided as to whether determinations regarding the existence of a nuisance are subject to appeal, and if not, that such determinations are subject to internal appeal to the Secretary and further appeal to VCAT.

Recommendation 15: That municipal councils may only recover costs relating to nuisance abatement once a nuisance claim has been substantiated, or is the subject of prosecution.

Recommendation 16: That authorised officers be required to obtain a warrant for search and seizures relating to the investigation of possible contraventions of the Act.

Recommendation 17: That only equipment, documents and other things directly related to the possible contravention of the Act may be searched and/or seized.

Recommendation 18: That the Act expressly state that health risks associated with consensual needle sharing are not to be grounds for compulsory testing orders.

Recommendation 19: That the terms “serious health risk” and “epidemic” be clearly defined in the Act, particularly as they relate to the use of coercive powers under the Act.

Recommendation 20: That collection and sharing of information by statutory bodies be restricted to matters “in the interest of public health”, not just “in the public interest”.

Recommendation 21: That the range of “incident powers” conferred upon the CHO and other authorised officers in review recommendations 118-120 contain an express reference to the principle of proportionality, and that “serious risk to public health” and “epidemic” be properly defined in the Act, as per VAADA recommendation 19.

Recommendation 22: That the Act provide that specific information gathered under contact tracing powers will be protected and be restricted in use to ensure the interest of public health.

Recommendation 23: That limitations on the use of samples and their ultimate destruction be expressly linked to the collection of samples taken under compulsory testing orders.

Recommendation 24: That public access to registers of prescribed accommodation be limited to protect the confidentiality of service users and clients.

Overarching Framework

1.1 Scope of Act and definition of "Health"

VAADA strongly supports a broad view of public health that is inclusive of physical, social, and mental well-being and that recognises health as a positive condition. For this reason, VAADA supports renaming the Act the *Public Health Act* (recommendation 1). Similarly, VAADA supports the two-pronged definition of "health" suggested in recommendations 6 and 7:

(6) That the term "health and wellbeing" be defined in the public health Act to include health as a positive condition, not merely the absence of disease, and be inclusive of physical, social and mental wellbeing (both individual and collective) and apply to the provisions in the public health act relating to the following:

- (a) objects (see 1.6)
- (b) guiding principles (see 1.7)
- (c) functions of Secretary, Chief Health Officer and municipal councils (see 1.8 to 1.10)
- (d) public health inquiries (see 2.1)
- (e) municipal public health plans (see 3.1)
- (f) health information management (see 3.6).

(7) That the term "health" apply to all other provisions and be defined narrowly, to exclude concepts of social and mental wellbeing.

VAADA understands the need for separate Acts to deal specifically with certain public health issues, such as gambling and drugs. In VAADA's view, however, in order for these other Acts to truly be complimentary with the new *Public Health Act*, they, too, ought to have a public health focus. In particular, VAADA submits that substance use and misuse issues ought be viewed from a *health* focus rather than a *criminal law* focus. VAADA recommends that legislation such as the *Drugs, Poisons and Controlled Substances Act 1981* and the *Alcoholics and Drug-dependant Persons Act 1968* be reviewed to ensure these Acts have sufficient focus on the objects and principles of public health.

Additionally, other policy and program areas impacting on population should also be reviewed to test their consistency with the Public Health Act, for example the availability of needle syringe programs in prisons.

VAADA Recommendation 1: That substance (mis)use issues be viewed from a health focus rather than a criminal law focus.

VAADA Recommendation 2: That other legislation such as the *Drugs, Poisons and Controlled Substances Act 1981* and the *Alcoholics and Drug-dependant Persons Act 1968* also be reviewed to ensure these Acts are consistent with the objects and principles of the public health Act.

VAADA Recommendation 3: That other policy and programs be reviewed, such as the availability of needle syringe programs in prison to ensure consistency with the objects and principles of the public health Act.

1.2 Health inequalities

VAADA notes that inequalities in access to health is a major concern for public health in Victoria. In particular, VAADA notes that persons experiencing issues with alcohol and other drug mis(use) are often marginalised or disadvantaged. VAADA supports express reference to the issue of addressing health inequalities in the new Act (recommendation 4):

(4) That the public health Act recognise the need to address inequalities in the heath and wellbeing of disadvantaged communities.

VAADA notes and approves of the discussion of indigenous people in the draft policy paper. While VAADA acknowledges the specific health disadvantages experienced by many Indigenous communities, and that this disadvantage requires continued and ongoing attention, VAADA submits it is inappropriate to expressly refer to one disadvantaged group to the exclusion of others in the Act itself. To do so risks further stigmatising an already marginalised group, possibly to the exclusion of other groups experiencing health disadvantage.

VAADA Recommendation 4: That should the Act specifically refer to Indigenous people as a disadvantaged group, that it also expressly refer to other disadvantaged groups including, but not limited to, those with drug and alcohol issues, from CALD communities, with mental health issues, and people with disabilities.

1.3 Objects and Guiding Principles

VAADA supports inclusion of an express objects clause in the Act (recommendation 11):

(11) That the public health Act include the following statement of objects:

Whereas

The State of Victoria has a significant role in promoting and protecting the health of all Victorians; and

It is accepted that health is a state of individual and collective wellbeing, not merely the absence of disease; and

One of the ways it is possible to improve the population's health status and reduce health inequalities is through public health interventions —

The objects of the Act are:

(a) to protect public health and prevent disease, illness, injury, disability and premature death;

(b) to promote conditions in which the people of Victoria can be healthy; and

(c) to reduce social and health inequalities and enable all Victorians to achieve the best possible state of health and wellbeing.

VAADA submits that these objects ought to be used to confine and limit the use of coercive powers under the Act to ensure that such powers are used for a proper purpose. VAADA submits that decision makers be required to consider the extent to which a decision furthers the objects of the Act when making a decision under the Act.

VAADA Recommendation 5: That the Act create an express requirement on decision makers to consider the extent to which a decision furthers the objects of the Act when making a decision under the Act.

Similarly, VAADA supports the inclusion of guiding principles (recommendation 13) to assist decision makers under the Act and that they will act as a useful tool to ensure that decisions made under the Act follow consistent and fair principles.

VAADA, in general, supports the content of the principles in recommendation 13. However, VAADA submits that issues pertaining to the rights of individuals require stronger reference. VAADA notes that such considerations are embodied in paragraph (e) of recommendation 13, which is headed Principle of proportionality:
(e) Principle of proportionality

Acts taken and decisions made by officials under the public health Act should be proportionate to the harm to be prevented, minimised or controlled. Where action is necessary to protect public health, the action chosen must be the least intrusive means available to achieve that goal and must not be imposed in an arbitrary way.
The wording of this recommendation makes no express reference to restricting undue encroachment on the rights of individuals. VAADA submits that the principle, as currently worded, does not adequately refer the decision maker to considerations relating to human rights, discrimination or marginalisation. Given the coercive nature of some powers and remedies under the Act, VAADA submits it is imperative that decision makers be expressly instructed to consider the rights of individuals.

VAADA Recommendation 6: That paragraph (e) of the guiding principles "Principles of Proportionality" contain express reference to protection from discriminatory and arbitrary interference, and the upholding of human rights.

1.4 Chief Health Officer

VAADA refers to recommendation 17 and the discussion thereof in the draft policy paper regarding the appointment of a Chief Health Officer (CHO):

(17) That the public health Act establish the position of the Chief Health Officer, who is a registered medical practitioner appointed by the Minister and can delegate his or her powers to an employee or officer of the Department of Human Services, who is a registered medical practitioner.

Given the specific powers to be undertaken by the CHO, VAADA recognises, and supports, the need for this position to be held by a registered medical practitioner. However, VAADA submits that, in light of the broader view of health and wellbeing envisaged in the new Act, the CHO should also be a person who has some awareness of broader "health and wellbeing" issues.

VAADA Recommendation 7: That in addition to the requirement the CHO be a registered medical practitioner, it also be required the appointee has an awareness of the broader wellbeing and social issues impacting on health.

VAADA supports the appointment of the CHO by the Minister such that there is a level of independence between the CHO and the Department.

VAADA refers to the ability to delegate the powers of the CHO to officers or employees of the Department (recommendation 17). VAADA submits that this independence would be compromised if the CHO were to have a full power of delegation. VAADA submits that limits should be placed upon the CHO's power of delegation to ensure independence of the position is maintained, and that ultimately any decisions delegated by the CHO to Departmental employees or officers ought remain the responsibility of the CHO.

VAADA Recommendation 8: That the Act limit the extent to which powers may be delegated by the CHO to an employee or officer of the Department of Human Services, or in the event that full powers of delegation are maintained, that the Act make clear that full responsibility for delegated powers will reside with the CHO.

Powers, duties & liabilities

1.1 General Duty

VAADA refers to recommendations 73 – 78 and the discussion thereof in the draft policy paper relating to licensing, registration and a statutory duty of care.

VAADA supports the *narrow approach* to statutory duty of care discussed in 4.2.2.2 of the draft policy paper that would apply to organisations or individuals registered or licensed under the Act, rather than the application of a general duty applied to all persons. Accordingly VAADA supports in particular, recommendations 73 and 76:

(73) That it is a condition of licences and registration made under the Act that, except in relation to cooling tower systems, the holder of the licence or registration must comply with the following duty:

> The person must not undertake the licensable/registered activity in a manner that may result in a serious harm to health of another person unless the person takes all reasonable and practicable measures to prevent or minimize the possibility of that harm occurring ("General Duty")
>
> That, in relation to cooling tower systems, the Act includes a regulation-making power allowing the General Duty to be imposed by regulation. For instance, it could be imposed on the person who manages or controls the system.

(76) That the public health Act not impose a General Duty on all people.

In support of recommendation 76, VAADA submits that it would be inappropriate to place a general duty on all people as the duty would be too broad and imprecise and have the potential to marginalise disadvantaged groups such as those experiencing issues with substance (mis)use.. VAADA submits the duty may have a disproportionate effect on these groups.

On the other hand, VAADA supports the imposition of a general duty attaching to registration / licensing conditions (recommendation 73). VAADA notes that such a duty may be of particular use in ensuring minimum standards in prescribed accommodation, which includes residential accommodation, hotels and motels, and hostels.

VAADA Recommendation 9: That a general duty not apply to all persons.

VAADA Recommendation 10: That a statutory duty be applied to those required to be registered or licensed under the Act, including those providing prescribed accommodation.

1.2 Nuisance Provisions

VAADA has concerns about the use of nuisance provisions under the Act. VAADA submits that given the provisions are found in the *Public Health Act*, their application should relate only to issues of public health. VAADA is concerned about the potential for nuisance provisions to be used for other motives. In particular, VAADA is concerned the provisions have the potential to be used to target specific groups of the community and further marginalise disadvantaged groups.

VAADA submits that the use of these provisions should be bounded by the context of this Act, that is by public health issues. In order to achieve this, VAADA suggests that, in considering whether a "state, condition or activity" is a nuisance, regard be expressly taken to all public health and wellbeing considerations. For example, if rate-payers were to complain to the council that the presence of a drug-users support programme in their area is a nuisance, consideration must be given to the public health benefits of such a programme as well as any suggested risk of drug paraphernalia refuse.

In addition, VAADA supports the removal of "annoying" from the definition of "offensive" (recommendation 85). Moreover, VAADA queries whether there is any need for the "offensive" limb. VAADA submits that the "dangerous to health" limb is sufficiently broad to cover all situations where the nuisance provisions are appropriately used.

VAADA supports recommendation 92 which removes nuisance abatement provisions and requires municipal councils to rely on general enforcement provisions. VAADA notes, with support, that these provisions are subject to appeal to VCAT (recommendation 137). VAADA suggests internal review by the Secretary may also be appropriate with respect to improvement and prohibition notices issued by municipal councils. VAADA believes appeals in this instance would be a particularly useful tool in alleviating local political pressures (within council districts) from influencing decision making with regard to nuisances.

In addition, VAADA submits there should be scope to review, on the merits, the determination of whether an act, building noise, refuse etc, amounts to a nuisance. It appears, although it is unclear, that only the enforcement power is subject to review and not the decision of whether a nuisance has occurred. VAADA suggests that this determination be subject to internal appeal to the Secretary and further appeal to VCAT. VAADA refers to recommendations 115 – 116 and the discussion thereof in the draft policy paper in relation to improvement and prohibition powers:

(115) That the public health Act provide that an improvement or prohibition notice could be issued by a municipal council or the Secretary, where the council or Secretary believes on reasonable grounds that a person is breaching or may breach an obligation under the public health Act or its regulations.

(116) That the public health Act provide an illustrative list or examples of some of the types of improvement or prohibition notices that could be issued under the Act. An improvement or prohibition notice would be able to achieve everything that a “notice to abate” can achieve under section 44 of the Health Act.

(117) That failure to comply with an improvement or prohibition notice is an offence under the public health Act.

VAADA notes that the proposed powers are broad and discretionary. VAADA suggests that decision makers be directed, when considering the remedy for an issue such as a nuisance, to consider all public health consequences that may flow from a proposed remedy. For example, where groups of people are "moved on" by councils, this has the effect of merely relocating the health risk to private spaces, potentially, therefore, increasing the risk.

VAADA refers to recommendation 128 which recommends that, in respect of nuisance abatement, costs be recoverable by a municipal council even if there has not been a prosecution. VAADA considers that in order to justify charging persons for costs incurred by the council, the council ought first substantiate the claim they relied upon in expending those costs. If a formal prosecution procedure is inappropriate, then some other administrative procedure (complete with appeal rights) ought be adopted.

VAADA Recommendation 11: That the use of nuisance provisions be bounded by the context of the Act, and that in considering whether a "state, condition or activity" is a nuisance, regard be expressly taken to all public health and wellbeing considerations.

VAADA Recommendation 12: That consideration be given to the removal of “offensive” from determining whether an act is a nuisance within the scope of the Public Health Act.

VAADA Recommendation 13: That improvement and prohibition notices issued by municipal councils in relations to nuisance should be subject to appeal to the Secretary.

VAADA Recommendation 14: That clarification be provided as to whether determinations regarding the existence of a nuisance are subject to appeal, and if not, that such determinations are subject to internal appeal to the Secretary and further appeal to VCAT.

VAADA Recommendation 15: That municipal councils may only recover costs relating to nuisance abatement once a nuisance claim has been substantiated, or is the subject of prosecution.

1.3 Other coercive powers under Act

VAADA refers to recommendations 105-114 which relate to Authorised Officers' powers of inspection

VAADA queries why Authorised Officers are not required to obtain a warrant before being able to exercise these powers (recommendation 111), particularly given the breadth of powers afforded to them, including right of entry, seizure of property and collection of information. Additionally, VAADA is concerned there is no express requirement that any property searched or seized may only be searched and seized in so far as it relates to the possible contravention of the Act.

VAADA refers to recommendation 164 which relates to Compulsory Testing Orders and the discussion thereof in the draft policy paper. VAADA is concerned about the scope of

compulsory testing orders, in light of previous discussion regarding protection of human rights and freedom from arbitrary interference.

VAADA notes that there was no support, in consultative forums, for testing people who were involved in consensual needle sharing. Given this finding, VAADA suggests it be expressly stated that this not be a ground for a compulsory testing order.
VAADA supports recommendation 174 which provides for a hierarchical approach to the use of restrictive Public Health Orders. VAADA submits that such an approach provides protections for the human rights of the individuals concerned.

VAADA Recommendation 16: That authorised officers be required to obtain a warrant for search and seizures relating to the investigation of possible contraventions of the Act.

VAADA Recommendation 17: That only equipment, documents and other things directly related to the possible contravention of the Act may be searched and/or seized.

VAADA Recommendation 18: That the Act expressly state that health risks associated with consensual needle sharing are not be grounds for compulsory testing orders.

1.4 Serious risk to public health

VAADA notes that the threshold level triggering many of the powers contained in the recommendations has no clear definition. Of particular note is the phrase 'serious risk to public health', which is used on many occasions throughout the draft policy paper (recommendations 105-113, 118-121, 166). Noting that the term 'epidemic' is also used, VAADA suggests some form of guidelines be produced which explains the two standards and the interrelationship between them, especially the difference between the two levels. Bearing in mind the often subjective nature of the term 'epidemic', which has been used to describe not only the spread of HIV and hepatitis, but also drug-related deaths (eg. those associated with heroin use), VAADA submits that the guidelines would be extremely important, considering the extent to which powers are triggered by the use of these terms.

VAADA Recommendation 19: That the terms "serious health risk" and "epidemic" be clearly defined in the Act, particularly as they relate to the use of coercive powers under the Act.

Health information management

1.1 Information collection and sharing

VAADA believes that all information collection recommendations should contain a general reference or statement indicating its use is limited to public health matters. VAADA is primarily concerned about issues of privacy, confidentiality, classification and identification.

The recommendation to establish registers, databases and other collections of public health information is of concern to VAADA (recommendation 68). VAADA recognises the role that registers play in the research and development of health programmes and information, however VAADA would like to seek clarification on how the collection of data on 'segments of the population' will be classified, particularly when a 'particular risk factor' will be used as a determinant. VAADA would also like to clarify how such information is collected. Will there be a requirement upon doctors to report all cases with a 'particular risk factor'? Is there potential for lifestyle to be considered a risk factor? These issues are not clear and the freedom to regulate in respect of them should be subject to clarification.

Identification of persons on a database or register which associates a person to the cause of their illness and the sharing of this data with government and non-government bodies, including law enforcement agencies, is of particular concern.

VAADA acknowledges that such information cannot be shared without the written consent of the person concerned, but VAADA submits that there should be sufficient checks and balances. VAADA submits that any request for information must clearly state the purpose for the use of that information and any decision to release information can be subject to review. Furthermore, when information is supplied it should be clearly subject to a limitation that it cannot be used for any extraneous purpose other than that to which the request relates. It should be a requirement that no identifying information be released without a review of an appropriate application, and that this review take into consideration the necessity for such information.

VAADA submits that information collection and sharing and the disclosure of information to statutory bodies (recommendations 69 and 70) be restricted to matters 'in the interest of public health' and not just 'in the public interest'.

VAADA supports recommendation 113 which provides that no information disclosed to an authorised officer can be used in criminal proceedings against the person making the disclosure. In order to obtain accurate and complete disclosure, VAADA suggests that there be a legal requirement for authorised officers to not only identify themselves, but also explain the effects of providing information before making a request or asking questions. VAADA recognises the potential for non-disclosure or misleading statements in certain situations and such conduct not only has the potential to cause delays in investigations, but may also lead to charges for providing false information or non-compliance as outlined in other recommendations.

Considering the broad powers provided to authorised officers, and the extensive obligations imposed on the public through the recommendations, VAADA submits that the public need to be afforded certain statutory rights as a counter-balancing measure.

VAADA Recommendation 20: That collection and sharing of information by statutory bodies be restricted to matters "in the interest of public health", not just "in the public interest".

1.2 Emergency powers

Given the breadth of powers afforded to statutory bodies in relation to emergency powers, VAADA submits it would be appropriate for the powers set out in recommendations 118 – 125 to include an express reference to the principle of proportionality.

VAADA Recommendation 21: That the range of "incident powers" conferred upon the CHO and other authorised officers in review recommendations 118-120 contain an express reference to the principle of proportionality, and that "serious risk to public health" and "epidemic" be properly defined in the Act, as per VAADA recommendation 19.

1.3 Contact tracing

VAADA understands the essential role of contact tracing outlined in recommendations 158-161. VAADA supports such measures, but would suggest some form of limitation or protection on the information provided to third parties in such situations, unless absolutely necessary having regard to all the circumstances.

VAADA Recommendation 22: That the Act provide that specific information gathered under contact tracing powers will be protected and be restricted in use to ensure the interest of public health.

1.4 Samples

VAADA supports recommendation 171 regarding the limitations on the use of samples, and their ultimate destruction once the sample is no longer required. VAADA believes that these limitations should be mirrored in recommendation 165 in respect of compulsory testing orders.

VAADA Recommendation 23: That limitations on the use of samples and their ultimate destruction be expressly linked to the collection of samples taken under compulsory testing orders.

1.5 Registrations and licenses

VAADA supports the requirements regarding registration and licensing in recommendation 104. VAADA's only suggestion here is that there be some restrictions on access to the registers, especially when the recommendations are wide enough to encompass alternative forms of accommodation, such as rehabilitation centres. Restriction of public access will ensure that those individuals accessing a range of

support services and accommodation options, which themselves may be subject to registration, will be afforded greater protection of their confidentiality.

VAADA Recommendation 24: That public access to registers of prescribed accommodation be limited to protect the confidentiality of service users and clients.