

Graduating to better health: “Schoolies” without hangovers



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The purple jacaranda blooms presently dotting neighbourhoods tend to coincide with the end of high school exams. In other parts of the world, superstition has it that if a jacaranda flower falls on your head, you will pass your exam. Soon exams will be finished and, regardless of flowers falling on heads, the traditional “Schoolies” celebrations begin, making this a good time to consider the overall health behaviour of this age group. Kang (*page 562*) relates our improved understanding of continuing brain maturation into young adulthood to the decision making and actions that affect the health of school leavers.

Many of these students will now be 18 years old and legally allowed to buy alcohol in Australia. As many young people regard getting drunk as part of a great night out, should we reconsider the legal age for purchasing alcohol? In letters to the Editor, Lindo and Siminski (*page 571*) and Toumbourou and colleagues (*page 571*) debate the evidence for harm reduction by increasing the legal age for buying alcohol to 21 years. Cowie and Bolam (*page 572*) further note that labelling on caffeinated alcoholic beverages is ambiguous and confusing, with the advised limit of two cans per day often exceeding the limit recommended in the Australian guidelines for preventing long-term harm from alcohol.

Alcohol-related problems cost the Australian community almost \$14.4 billion in health system costs, criminal justice, productivity losses and accidents in 2010 (<http://www.aic.gov.au/publications/current%20series/tandi/441-460/tandi454.html>). The burden of alcohol-related presentations on emergency departments in Australia and New Zealand is studied by Egerton-Warburton and colleagues (*page 584*). In this first binational point prevalence study, one in seven presentations at 2 am on one December day were alcohol-related.

This issue of the Journal also includes a case report of the effects of emerging “designer” psychoactive recreational drugs. These can be bought online, often called “bath salts” or herbal names, and may be labelled “not for human consumption” to avoid regulatory controls. Sellors and colleagues (*page 601*) report a case of a man who experienced severe amphetamine-like symptoms and cardiac arrest

after intravenously injecting a psychoactive synthetic cathinone designer drug.

Avoidable threats to health come not only from alcohol and drugs, but also from vaccine-preventable disease. Sometimes illness results from the vaccine itself, as demonstrated by the widely reported increase in adverse effects after administration of one brand of the 2010 influenza vaccine to children, which then led to reduced rates of influenza vaccination in children. Wood and colleagues (*page 596*) used active postmarketing surveillance across several sites in Australia in 2013 to demonstrate the safety of influenza vaccines currently registered for use in children. Vaccine safety can be monitored rapidly with the use of mobile phones and the internet, but monitoring of vaccine effectiveness takes time. This is problematic in the case of influenza, where there is little time between vaccine strain selection and vaccine production. Kelly (*page 560*) describes how vaccine effectiveness monitoring is evolving globally.

As with young people, travel advice to patients includes promoting safe behaviour and offering appropriate vaccinations. When our patients return from overseas holidays unwell, it is important to consider conditions no longer common in Australia as part of the differential diagnosis. Huang and colleagues (*page 605*) report a case of a young woman who returned unwell from overseas and was diagnosed with measles. People now also travel overseas for medical treatments as part of their holidays. Greenfield and Pawsey (*page 568*) outline the benefits, pitfalls, ethical dilemmas and safety concerns of the growing medical tourism market.

Preventing harm requires social and economic as well as medical influences to keep our community and, by extension, our planet safe for future generations. So it is reassuring that climate change will now be on the agenda at the G20 summit this month (<http://www.smh.com.au/federal-politics/political-news/climate-change-to-be-discussed-at-g20-summit-20141030-11eis9.html>). But whether it will be a true discussion that considers the new report of the Intergovernmental Panel on Climate Change (http://ipcc.ch/pdf/assessment-report/ar5/syr/SYR_AR5_LONGERREPORT.pdf) remains to be seen. □

Leading lights

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Our Careers section shines the light on two researchers who are leading the way in their respective fields. Professor Helena Teede is an endocrinologist clinician–researcher who led a team that developed the world’s first evidence-based guidelines for polycystic ovary syndrome. She is professor of women’s health at Monash University in Melbourne and director of the Monash Centre for Health Research and Implementation (*page C1*).

Dr Ben McNeil is an oceanographer who became frustrated watching young researchers with “blue sky” ideas struggling to find support in the traditional research funding system. He set up Thinkable.org, an open-access, free website where researchers in all fields can post 3-minute videos explaining their work, with a view to engaging, collaborating and raising funds (*page C3*). □



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