Doctors resist camp return of asylum pair

Doctors at Melbourne’s Royal Children’s Hospital refused to discharge an asylum seeker and her child because the immigration department would have sent them back to detention at the expense of their health.

The woman, aged in her 30s, was suffering post-traumatic stress disorder and post-natal depression, which also affected her infant child’s development. Both were flown from detention in Nauru to Australia in late 2014 for hospital treatment.

Louise Newman, director of mental health at the Royal Women’s Hospital, first treated the woman in December and has followed her condition since.

She said the pair were discharged to an immigration transit centre in Broadmeadows, where their condition immediately deteriorated.

They were readmitted to a mother-and-baby unit at the Royal Children’s Hospital.

Professor Newman said that even though the pair’s health had improved by mid-2015, their doctors refused to discharge them unless the Department of Immigration agreed to not return them to detention.

“It was a situation of having to negotiate her and her family’s treatment needs, and it was very much agreed that it was against their interests to be returned to detention,” said Professor Newman, who is also vice president of the group Doctors for Refugees.

“How can we recommend that people go back into detention when we know they’re not going to get proper healthcare?”

Professor Newman said the woman and her baby were eventually released into the community and were living in Melbourne with “considerably improved” health.

Details of the stand-off comes after nearly 1000 doctors, nurses and staff at the Royal Children’s took an unprecedented stand against children being held in detention.

In a letter published on Sunday, the hospital’s doctors said detention took an enormous toll on children’s health, and called on the federal government to abandon its policy of locking up minors.

Victoria’s Health Minister Jill Hennessy threw her support behind the doctors who kept asylum seekers out of detention.

“I’m extremely proud to be the health minister in a state where its doctors and nurses are putting the interest of children first,” Ms Hennessy said on Sunday.

“If the staff of the Royal Children’s Hospital come to the clinical view that it is not in the interests of those children to go back into detention, then we will support them.”

The doctors’ actions also earned the praise of thousands of people attending a rally in support of refugees at Melbourne’s State Library on Sunday.

They erupted into cheers when the hospital was mentioned.

The Australian Medical Association’s vice-president, Stephen Parnis, said the association had a “fundamental problem” that children were in detention and had been asking governments to look for “any alternative” to it for years.

Immigration Minister Peter Dutton said he understood the doctors’ concerns but did not support a change in government policy.
AMA backs calls to end child detention

THE Australian Medical Association has backed calls by staff at children's hospital for an end to immigration detention for children.

Senior Royal Children's Hospital paediatricians in Melbourne, including Professor Paul Monagle, have called on the Federal Government to end detention of the young.

"Detention harms children, and the only way we can help is to stop detention," he said.

The hospital's doctors and medical staff are also defying federal immigration authorities by refusing to return children in their care to the detention centres.

AMA vice-president Stephen Parnis (pictured) said there was little doubt that detention had harmed children.

"Every day the evidence is mounting," he said. "Any immigration detention that harms these children is a poor reflection on us as a nation."

He said the longer they were in detention, the more permanent the harm.
Call to end detention for kids

THE Australian Medical Association and Victoria's Health Minister have backed calls from medical staff at Melbourne's Royal Children's Hospital for the Federal Government to end immigration detention for children.

Senior hospital paediatricians joined the calls.

The hospital's doctors and medical staff are also defying federal immigration authorities by refusing to return children in their care to detention.

AMA vice-president Stephen Parnis says there was little doubt detention had harmed children. "Every day the evidence is mounting," he said. "We're seeing evidence from individual doctors right though to published evidence now in studies that detention harms people, and the longer they are in detention, the more permanent that harm becomes," Dr Parnis said.
Medicos backed in bid to end child migrant detention

MELBOURNE: The Australian Medical Association and Victoria’s Health Minister have backed calls from medical staff at Melbourne’s Royal Children’s Hospital for the Federal Government to end immigration detention for children.

Senior RCH pediatricians, including Professor Paul Monagle, have called on the Federal Government to end immigration detention for children.

“Detention harms children, and the only way we can help them is to stop detention,” he said.

The hospital’s doctors and medical staff are also defying federal immigration authorities by refusing to return children in their care to detention.

AMA vice-president Stephen Parnis says there is little doubt that detention has harmed children.

“We’re seeing evidence from individual doctors right through to published evidence now in studies that detention harms people, and the longer they are in detention, the more permanent that harm becomes,” Dr Parnis said.

“That manifests itself mentally and physically with things like depressions, self-harm and profound anxiety through to things like failure to thrive – children who don’t grow and develop in a way that’s appropriate for their age because they are not in a secure environment. Any immigration detention that harms these children is a very poor reflection on us as a nation.”

Victorian Health Minister Jill Hennessy says she supports RCH staff, who may be risking up to two years’ jail under the Border Force Act, which prohibits healthcare workers and immigration detention staff from speaking out.

“If the staff of the RCH come to the clinical view that it is not in the interests of those children to go back into detention, then we will support them,” she said.

RCH chairman Rob Knowles, a former Liberal state health minister, says the staff outcry is not surprising.

“Our staff have consistently acted responsibly and in a considered manner in relation to the treatment of children in detention, and I support their right to have a responsible, considered opinion on this significant matter of public interest,” he said.

Greens senator Sarah Hanson-Young agrees immigration detention is damaging children.

Immigration Minister Peter Dutton said he would not support a change in government policy.
Nauru’s 90-a-day asylum clearance

ROSIE LEWIS

Nauru has carried out a blitz of up to 90 asylum-seeker applications a day to deliver on its promise to finalise all claims within a week.

The deputy secretary of Nauru’s Justice Department, Shyla Vohra, said it was “well on track” after it pledged last Monday to process about 600 remaining claims and declared detention on the small Pacific island “ended”.

“The last three days of notifications (determinations) of up to 90 people a day has been a massive logistic operation,” Ms Vohra said yesterday.

“For each notification, an asylum-seeker is scheduled an appointment with their legal representative, who explains the decision with an interpreter. Welfare staff are on standby for anyone who needs assistance post-decision, then there’s a line-up of collecting property and speaking with case workers.

“We are on track to finish notifications by the end of (today), but sometimes it depends on scheduling and interpreter availability. We might go through to Tuesday.”

Nauru would not process the claims of those with family members overseas for medical treatment or those who needed to be re-interviewed or where more information was needed to determine refugee status.

Ms Vohra declined to reveal how many claims had been processed so far. “The majority of the asylum-seekers who are determined (to be refugees) will resettle in Nauru, where accommodation infrastructure has been built while more accommodation is also being constructed,” she said.

The blitz on Nauru comes as doctors from the Royal Children’s Hospital in Melbourne have called on the government to take “moral leadership” and put an end to children in detention.

The Australian Medical Association backed the push and said children in detention centres — in Australia or offshore — should be immediately released “to a safe environment”.

“Some of the children being treated by the Melbourne doctors have spent half their lives in detention, which is inhumane and totally unacceptable,” AMA president Brian Owler said.
Women hooked on codeine

EXCLUSIVE

Middle-aged women in Perth are taking up to 60 codeine pills a day to feed their addiction, according to a private drug rehabilitation program.

The Hollywood Clinic says codeine dependence is a major problem, with people abusing over-the-counter medications such as Panadeine or stronger prescription versions.

Alcohol and Substance Use Program co-ordinator Lucy Anderson said that while their clients were varied, women in their 40s were over-represented.

Some visited a dozen or more pharmacies a day to get medications and the proliferation of chemists meant it was relatively easy to visit many in a few hours.

Many people started using codeine for a toothache or a simple injury but because it was an opioid, they could quickly become addicted and need higher doses.

Ms Anderson said the clinic's day program was heavily booked and sometimes had waiting lists.

“People can be in this addiction space for some time and then it’s brought to a head by an incident such as losing their driver’s licence, pranging a car or their partner saying they’ve had enough,” she said.

Ms Anderson said a proposal to make all codeine medications prescription-only reflected the harm the drug caused but she was worried it might make people doctor-shop instead.

Australian Medical Association WA vice-president Andrew Miller said he supported plans to tighten controls over codeine but was concerned hospitals often discharged patients with strong painkillers.

“These are controlled drugs in hospitals, but when there is pressure to send people home and free up beds, hospitals give out very powerful drugs,” Dr Miller said.

One northern suburbs pharmacist told The West Australian he was already seeing people coming in trying to stock up on codeine painkillers to beat any restrictions on their supply.

Pharmacy Guild WA director Matthew Tweedie said that while he had not heard of a run on codeine products, pharmacists had to comply with strict supply and handling measures.

This week, medical and pharmaceutical groups teamed up to lobby the Federal Government to fast-track the national roll-out of real-time drug monitoring to prevent abuse of drugs such as codeine.
The Australian Medical Association and Victoria’s Health Minister have backed calls from medical staff at Melbourne’s Royal Children’s Hospital for the Federal Government to end immigration detention for children.

Senior RCH paediatricians, including Professor Paul Monagle, have called for the practice to end.

“Detention harms children, and the only way we can help them is to stop detention,” he said.

The hospital’s doctors and medical staff were also defying Federal immigration authorities by refusing to return children in their care to detention, it was reported.

AMA vice-president Stephen Parnis said there was little doubt detention had harmed children.

“Every day the evidence is mounting,” he said. “The longer they are in detention, the more permanent that harm becomes.

“That manifests itself mentally and physically with things like depression, self-harm and profound anxiety through to things like failure to thrive — children who don’t grow and develop in a way that’s appropriate for their age because they are not in a secure environment.”

AAP
I felt safe as a child and knew I was wanted. My parents (Shirley and George) tried for quite some time to have me and that message was clearly articulated. They were very engaged parents; my mother particularly in my academic work. She didn’t have the opportunities I had, so education was important to her. My parents didn’t have defined gender roles. They both worked and they both did housework. My mother worked in advertising as a secretary and through that she taught me some early lessons. One was about the work ethic and the other was that there was never any expectation that I would do anything other than have a career of significance. And my gender would not determine what career I chose. If I’d never any expectation that I would do ethical and the other was that there was early lessons. One was about the work ethic and the other was that there was never any expectation that I would do anything other than have a career of significance. And my gender would not determine what career I chose. If I’d wanted to be a builder, that would have been encouraged.

When I got into medical school, my mother said she’d always wanted to be a teacher but never got a chance to study. I said, “Well, why not do it now?” So she applied to teachers’ college and got in – we were students at the same time. She got a bachelor’s degree in education and had a really long career, not retiring until she was about 80. That took a lot of courage.

During my last year of university, I married a man I had known since I was 12. We had gone to high school together and started dating when I was 15. We had our first child together – when I was 16, who came to us in 2009 and whom we adopted in 2012 once the NSW adoption law was changed to allow same-sex couples to adopt. Jaime is a fantastic big sister. She picks Gabi up and takes her out, or shopping, and she’s going to teach her to drive, which is just terrific.

Gabi is the most remarkable young person: she’s vibrant, positive, works hard and is a joy. She had to adapt to being removed from her biological family, being placed with a new family, and to leaving a lot of her past behind. She had to catch up academically and did it amazingly. She came to us in year 4 and by the end of year 6 she was the dux of her primary school.

You know more, the more kids you have, so the way I parent has changed between Jaime and Gabi. With Jackie having been a teacher and having had a lot of experience with young people, that took a lot of the load off me when it came to helping Gabi. We co-parent extremely effectively. Good parents always question themselves, ask if they’re doing the best job they can.

When I was a teenager, everyone was worried about cannabis and heroin. Whatever generation you are growing up in, there are concerns; it’s just that the risks change depending on the generation. The concerns for teenagers today centre around technology and social media.

As a parent, you just have to have your radar on and try to guide your children in the right direction. In my case this means listening and fighting the necessary battles with your daughter. Having the odd argument with your daughter doesn’t mean you don’t love each other. The fact that you’re prepared to have the battle shows you do.

The Cancer Recovery Guide by Kerryn Phelps is published by Pan Macmillan.
Tackling second-biggest killer

SUE DUNLEVY

A NEW treatment that neuters the brain-damaging stress chemical cortisol – an antibody that fights the brain plaque thought to cause Alzheimer’s disease – and a medicine targeting another suspect brain protein, tau, are the next phase in the fight against Australia’s second biggest killer.

A conference in Sydney today will hear of the latest treatments being developed to combat the disease which is destroying the memory and causing confusion and dis-orientation in the 350,000 Australians who have Alzheimer’s disease.

International Alzheimer’s expert Professor Craig Ritchie, Professor of Psychiatry of Aging at Edinburgh University, says the fight against Alzheimer’s disease is like the fight against cancer, a combination of treatments will be needed to manage it.

More than 120 Alzheimer’s drugs have failed in clinical trials in the last two decades and early trials of new treatments have shown only small improvements in the development of the disease.

“Unlikely that one drug will fit all,” said Professor Ritchie. “We’re going to have to look at a combination of therapies.” And medicines alone won’t combat the disease, cognitive stimulation and lifestyle changes will also be required, he said.

Treatments may even have to be personalised using genetic testing and pathology tests to determine the specific subtype of the disease a person has so the treatment can be tailored, he said.

Part of the problem scientists have in coming up with new therapies is they can’t do a biopsy on the brain and have to look at a patient’s blood.

However, Prof Ritchie said that new brain imaging using PET scans being done in Australia have helped map which parts of the brain are affected by the disease.

Prof Ritchie is working on studies into a new treatment called Xanamem, which targets cortisol.

There is evidence that chronic stress and elevated cortisol levels lead to changes in the brain affecting memory and to the development of amyloid plaques, he said.

“If you inhibit it (cortisol) you do improve the cognition and behaviour in animals.”
It’s high time medicinal cannabis was legal

Ian Freckelton’s extensive report for the Law Reform Commission, recommending the legalisation of cannabis for medicinal use, is a welcome and refreshing approach to a complex issue. The challenge is this: if cannabis alleviates pain or suffering for some people, but its medical efficacy is not conclusively proved, how might a compassionate government frame laws and devise a supply scheme to ensure patients with the worst conditions could have safe, regular and equitable access to this otherwise prohibited drug?

Dr Freckelton, QC, has proposed a system whereby patients with acute conditions, under the close supervision of their medical specialists, could be prescribed cannabis-based remedies, which would be purchased at pharmacies.

The Andrews government has embraced the plan, agreeing to adopt all the Law Reform Commission’s recommendations (albeit, two of them will be phased in). It is expected to introduce legislation in December and, if federal Health Minister Sussan Ley gives her assent, Victoria would have an operational scheme by January 2017 – the first state to introduce a regulated scheme for cultivating, processing and prescribing cannabis-based medicine.

This is a big development in alternative therapies in Australia, and it follows similar but flawed schemes in Canada, where the system has proved too rigid and bureaucratic, and in 23 American states, where it has been vulnerable to abuse. The Netherlands and Israel also allow medicinal cannabis.

Some medical experts believe it is premature for the government to permit cannabis in a medicinal form, because while there is emerging evidence suggesting it is effective in treating certain conditions, there is not conclusive proof. It has therapeutic potential, but many more rigorous studies are needed to demonstrate efficacy.

Only one pharmaceutical-grade instance of cannabis-based medicine has passed the high standards demanded by the Therapeutic Goods Administration: Siritex, in 2012. But it was not released here because, after failing to get the product listed on the Pharmaceutical Benefits Scheme, the manufacturer decided Siritex would not be financially viable in Australia.

It should be noted that Dr Freckelton recognises cannabis is not a medical panacea; it is not a miracle ‘cure’, as some wildly optimistic advocates suggest. But, when administered as an edible oil, it has been used with some success in easing the frequent and devastating seizures experienced by children with chronic epilepsy and alleviating muscle spasms related to multiple sclerosis. Others say it relieves their chronic, serious pain.

Dr Freckelton stresses the importance of having patients’ use of cannabis seamlessly integrated with their medical treatment. Patients should be properly
monitored and supervised by a specialist; access to recommended cannabis-based remedies should not be more difficult than regular prescription medications; the quality of the cannabis should be consistent; and any potential product must be in a non-smokable form.

Pain management is a vital aspect of modern medicine. Indeed, some of the most prestigious universities have entire departments devoted to researching pain and developing pain therapies. Improving the quality of life, by easing pain and suffering, is one of the most valued duties of a doctor.

The Age believes this proposal is appropriately pragmatic and properly balanced. Although the scientific evidence for cannabis's efficacy falls short, there are sound reasons, based on compassion, for allowing such remedies to be made available, under supervision, to patients suffering certain acute and chronic conditions.
ACT mums lead push to help sick kids connect to school

By Ross Peake

Prime Minister Malcolm Turnbull will add his weight to the launch of a national campaign to help families of the 60,000 Australian children who miss classes at school while being treated for a serious illness.

The campaign will kick off at Parliament House in Canberra, led by three Canberra mothers whose children have been treated in Sydney for life-threatening illnesses.

In a remarkable coincidence, the children were all treated in the Turnbull Ward of the Sydney Children's Hospital.

The women have formed Missing School Inc to push for leadership by the federal, state and territory governments to make sure seriously ill children remain connected to their schools while being treated in hospital.

Co-founder, Megan Gilmour of Hawker, said the lack of systematic support in schools left families trying to do it all on their own or relying on the goodwill of individual teachers.

"We want to see this started as a national conversation and not just something that would be nice to do,” she said.

When Ms Gilmour's son Darcy was 10 he was diagnosed with three rare blood disorders. He had a bone marrow transplant in 2010 but continued to be critically ill throughout 2011.

Amid fears for Darcy's health, Ms Gilmour was also worried about his schooling. She assumed that support for his education would just occur naturally and so was surprised when she began to encounter "more and more difficulties" when trying to keep him up to date.

"I needed to show Darcy that his education was important [at the time]. Because he would be getting better and would need to be going back to school,” she said.

At the end of 2011, Darcy got better, but the difficulties with schooling through his illness stuck with Ms Gilmour.

On Monday, Missing School will release the first comprehensive report into the challenges facing children who miss school due to significant injury or illness.

The report by the Australian Research Alliance for Children and Youth estimates 60,000 sick children miss school in Australia every year. It recommends a system of counting these children and knowing where they are, maintaining dedicated two-way teacher contact and instruction and peer contact during the absence, and using technology to provide real-time virtual participation in the regular classroom.

CEO of the alliance Dr Dianne Jackson said advances in medical technology meant more children were surviving illnesses that were previously incurable and unmanageable. "Seriously sick kids need access to quality education if they are to have the same opportunities as other children and young people to fulfil their potential,” she said.

National Children's Commissioner Megan Mitchell said tens of thousands of students face disadvantage because they miss school as a result of significant illness or injury. "Academic achievement can be disrupted, motivation and engagement diminished, and isolation from the school community and peer group can have a profound effect on social and emotional wellbeing,” she said.

"These reports will help us understand what's happening and how we can best address the challenges that students face.

"But much more work is needed. We need to extend our research and ensure we work collaboratively with policymakers, professionals from the medical and education sectors and, most importantly, the students and their families.”

In his message of support, Mr Turnbull says many young people suffer conditions that take them away from school. "Maintaining a connection with peers and friends during such times can be crucial for a student's social and emotional wellbeing, while continuing academic progress is important for long-term commitment to learning.”

with Judith Ireland
Missing School co-founder Megan Gilmour with 15-year-old son Darcy who missed 18 months of schooling through illness and a copy of the report into the challenges the children face. Photo: GRAHAM TIDY
Stand-off over mum and child

By Patrick Hatch, Bridie Smith and Judith Ireland

Doctors at Melbourne’s Royal Children’s Hospital refused to discharge an asylum seeker and her child because the Immigration Department would have sent them back to detention at the expense of their health.

The woman, aged in her 30s, was suffering post-traumatic stress disorder and post-natal depression, which also affected her infant child’s development. Both were flown from detention in Nauru to Australia in late 2014 for hospital treatment.

Louise Newman, director of mental health at the Royal Women’s Hospital, first treated the woman in December and has followed her condition since.

She said the pair were discharged to an immigration transit centre in Broadmeadows, where their condition immediately deteriorated.

They were readmitted to a mother-and-baby unit at the Royal Children’s Hospital.

Professor Newman said that even though the pair’s health had improved by mid-2015, their doctors refused to discharge them unless the Department of Immigration agreed to not return them to detention.

“It was a situation of having to negotiate her and her family’s treatment needs, and it was very much agreed that it was against their interests to be returned to detention,” said Professor Newman, who is also vice-president of the group Doctors for Refugees.

“How can we recommend that people go back into detention when we know they’re not going to get proper health care?”

Professor Newman said the woman and her baby were eventually released into the community and were living in Melbourne with “considerably improved” health.

Details of the stand-off comes after nearly 1000 doctors, nurses and staff at the Royal Children’s took an unprecedented stand against children being held in detention.

In a letter published on Sunday, the hospital’s doctors said detention took an enormous toll on children’s health, and called on the federal government to abandon its policy of locking up minors.

Immigration Minister Peter Dutton said he understood the doctors’ concerns but did not support a change in government policy.
New drugs to fight Alzheimer’s

A NEW treatment that neuters the brain-damaging stress chemical cortisol, an antibody that fights the brain plaque thought to cause Alzheimer’s disease, and a medicine targeting another suspect brain protein are the next phase in the fight against Australia’s second-biggest killer.

A conference in Sydney today will hear of the latest treatments being developed to combat the disease destroying the memory and causing confusion and disorientation in Australians.

Experts liken the fight against Alzheimer’s to the fight against cancer, saying a combination of treatments will be needed to manage it.

More than 120 Alzheimer’s drugs have failed in clinical trials in the past two decades and early trials of new treatments have shown only small improvements.

Edinburgh University professor of psychiatry of ageing Craig Ritchie said medicines alone won’t combat the disease and cognitive stimulation and lifestyle changes will also be required. Treatments may even have to be personalised using genetic testing, Professor Ritchie said.
VICTORIA’S Health Minister Jill Hennessy has led a resounding show of support for the Royal Children’s Hospital’s demands that children be removed from immigration detention centres.

But Prime Minister Malcolm Turnbull and Opposition Leader Bill Shorten have both dodged questions about the future of children held in immigration detention.

The Herald Sun revealed yesterday RCH doctors were refusing to send children back to detention in a showdown with the Immigration Department that could see them jailed for up to two years.

Ms Hennessy said the Andrews Government backed the doctors’ decision — and urged the Federal Government to do the same.

“T’m extremely proud to be the Health Minister in a state where its doctors and nurses are putting the interest of children first,” she said.

“When the staff of the Royal Children’s Hospital come to the clinical view that it is not in the interests of those children to go back into detention, then we will support them.”

The nation’s most powerful medical groups have also supported the move.

Australian Medical Association president, Professor Brian Owler, urged Mr Turnbull and Immigration Minister Peter Dutton to intervene.

Royal Australian College of Physicians president, Professor Nick Talley, demanded the Government respond swiftly to a Senate report recommending the removal of all children and their families into the Australian community.

A 600-strong crowd gathered on the steps of the State Library yesterday for the Stand Up for Refugees Rally to support the RCH staff.

Addressing the rally, Greens Senator Sarah Hanson-Young called the doctors “brilliant human beings” and declared Manus Island and Nauru detention centres “hellholes”.

“Those doctors and nurses have done what the Government has failed to do: protect the children,” she said. “It’s mental torture to keep children in detention.”

Mr Turnbull’s office declined to comment, but referred the Herald Sun to a statement by Mr Dutton that outlined the 2000 children detained under Labor had dropped to about 100.

Opposition immigration spokesman Richard Marles, will today introduce a Private Member’s Bill requiring child abuse in all detention facilities to be reported.

rebekah.cavanagh@news.com.au
Hope for ageing brains
Alzheimer’s discoveries

SUE DUNLEVY

A NEW treatment that neutralises the brain-damaging stress chemical cortisol; an antibody that fights the brain plaque thought to cause Alzheimer’s disease; and a medicine aiming at another suspect brain protein, tau, are the next areas in the fight against Australia’s second biggest killer.

The latest treatments being developed to combat the disease suffered by 350,000 Australians will be discussed at a Sydney conference this week.

International Alzheimer’s expert Craig Ritchie, Professor of Psychiatry of Ageing at Edinburgh University, says the fight against Alzheimer’s is like the fight against cancer — a combination of treatments will be needed to manage it.

More than 120 Alzheimer’s drugs have failed in clinical trials in the past two decades and early trials of new treatments have shown only small improvements.

While some therapies have removed amyloid plaque which is thought to cause the disease, Alzheimer’s continues to develop in patients.

Prof Ritchie says scientists now think anti-amyloid therapy may not work once the disease is established and should be given earlier in the development of the disease.

“It’s unlikely that one drug will fit all,” said Prof Ritchie.

And medicines alone wouldn’t combat the disease: Lifestyle changes would also be required, he said.

Treatments might even have to be personalised using genetic testing and pathology tests to determine the specific subtype of Alzheimer’s a person had so the treatment could be tailored to suit them, he said.

Part of the problem scientists have in coming up with new therapies is they can’t do a biopsy on the brain.

Prof Ritchie is working on a new non-amyloid-related treatment called Xanamem, which focused on cortisol.

There was evidence that elevated cortisol levels led to changes in the brain which affected memory and develop amyloid plaques, he said.

“The exact mechanism through which cortisol damages the brain is not understood, it is involved in inflammation and glucose regulation,” he said.

Nearly a million Australians will have dementia by 2050.

sue.dunlevy@news.com.au
Multiple weapons needed in Alzheimer’s battle

SUE DUNLEVY

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Part of the problem scientists have in coming up with new therapies is they can’t do a biopsy on the brain. Instead, they have to look at a patient’s blood.
Let’s talk about sex, baby

Awkward conversations about sex, sexuality and sexology are all in a day’s work for these women, writes Fran Molloy.

Professor Jayne Lucke’s job title can raise eyebrows, so she’s not always forthcoming about what she does for a living.

Lucke is the director of the Australian Research Centre in Sex, Health and Society (ARCSHS) at Melbourne’s La Trobe University.

Yet awkward conversations about sex and sexuality are better than none at all, she says, and lack of information can have potentially devastating consequences for people, public health and society as a whole.

Sociology, psychology, anthropology, epidemiology, public health, gender and sexuality studies are all stepping stones to potential careers that can include investigating what goes on in Australia’s bedrooms.

ARCSHS is one of several academic centres focused on societal, health, education and legal aspects of sexuality, as well as sexology – the scientific study of sex and sexuality – as well as gender and its definition.

“Much of our research is typical social science research, interviews and surveys and focus groups,” Lucke says.

Their researchers come from backgrounds that include psychology, sociology, public health, criminology and history, she says. “People here are incredibly committed and passionate about the work they do and how it can improve access to services or reduce inequalities or stigma and discrimination.”

Taboos around the open discussion of sexuality don’t just cause discomfort; they can create sexualities and secrecy, leading to agonising shame and embarrassment or discrimination, bullying or violence.

“There is still a lot of stigma around HIV,” says Lucke. “Not much has changed over the years for people living with HIV when it comes to anxiety about disclosing their HIV status to prospective partners, friends and family.”

HIV Futures is a longitudinal study begun in 1997. The eighth national survey of people living with HIV in Australia was recently completed.

“Since 1997, the availability of antiretroviral treatment has moved HIV into the category of a manageable chronic illness,” Lucke says.

Women’s mental and sexual health is at the core of research undertaken by Professor Jane Ussher at Western Sydney University (aka the University of Western Sydney).

Ussher works with partners including Family Planning NSW and the Community Migrant Resource Centre under an ARC Linkage grant to look at why migrant and refugee communities are under-using sexual health services.

Ussher has a BA with honours majoring in psychology, a master of psychology degree and a PhD. Up to 200,000 women, three-quarters of which are from non-English speaking countries, may benefit from Ussher’s research and sexual health education programs.

“The similarities and differences across the groups are interesting, particularly in the case of women who came here as refugees after living in refugee camps for many years,” Ussher says. “For those women, there’s a commonality of experience having lived in refugee camps in their teens and early adulthood years, regardless of the culture that they come from, including quite shocking and traumatic experiences in camps, and potential threats of sexual violence in some contexts,” she says.

Obstacles include invisibility around women’s sexual and reproductive health in migrant populations, with language barriers and cultural taboos.

“We found a really striking absence of knowledge about things like basic contraception, how you get pregnant, termination, fertility treatments, menopause, STDs, pap smears, genital mutilation – questions across the whole spectrum,” she says.

Some women didn’t know about sex before they got married, had no idea what was going to happen on their wedding night, and there was a high acceptance of sexual pain and lack of sexual pleasure as normal, Ussher says.

Cristyn Davies and Kerry Robinson recently completed a pilot study on barriers to sex education. The former is a research associate at the University of Sydney Medical School; the latter a WSU professor who leads an ARC-funded project about building ethical and respectful relationships early in life. Davies also co-ordinates a NHMRC-funded national project to promote HPV vaccination in schools.
Kerry developed a methodology of using picture books and story books that young children use in their everyday lives, asking children what they thought was going on in the images," Davies says.

The children constructed explanations for many of the pictures to make sense of complex relationships, Robinson says.

The study found that adults tended not to correct misinformation about sexuality. "Adults generally allow children's misinformation and say, 'Isn't it cute?' Whereas that's not the response for misinformation about maths or literacy or other knowledge that isn't attached to a taboo," Davies says.

Courses to get you there

- **Macquarie University:** BA Arts or Bachelor of Social Science, major in gender studies
- **Western Sydney University:** BA, sociology major
- **University of Sydney:** BA, major in gender and cultural studies
- **University of NSW:** BA, major in women's and gender studies; Bachelor of Science or Bachelor of Medical Science, major in physiology.
- **University of Technology, Sydney:** Bachelor of Midwifery.

"Kerry Robinson leads a project about building ethical, respectful relationships early in life.

Professor Jane Ussher says some women didn't know about sex before they got married.

Cristyn Davies co-ordinates a national project to promote HPV vaccination in schools.

Professor Jayne Lucke says there is still a lot of stigma around HIV.

Professor Kerry Robinson leads a project about building ethical, respectful relationships early in life.
EVERYONE'S GOING TO GET ZERO EACH WEEK UNTIL WE CREATE AN ENVIRONMENT WHERE PEOPLE FEEL COMFORTABLE

FOOTY TIPPING

SEXUALITY TIPPING
‘Don’t turn your back on cashless card, ALP’

SARAH MARTIN

The federal government has urged Labor not to “turn its back” on communities wanting to trial a new cashless welfare card that aims to curb social harm arising from alcohol abuse.

Following a list of demands from the opposition to secure its support for the new Healthy Welfare card legislation, the government has expressed concern that Labor has backed away from the new welfare measure.

Legislation enabling trials for the new card is due to be introduced into the Senate today.

In a letter to Labor’s families spokeswoman, Jenny Macklin, Assistant Social Services Minister Alan Tudge said the opposition should heed the views of community leaders in Ceduna in South Australia, where the card will first be trialled.

The hospitalisation assault rate in Ceduna is estimated at 68 times the national average, and the town’s sobering-up centre last year had 4667 admissions from a regional population of about 4400.

“The Ceduna leaders themselves have made it very clear that alcohol is destroying too many lives,” Mr Tudge says in the letter to Ms Macklin sent yesterday.

“There has been tremendous support from the Ceduna leadership for the trial to proceed.”

Under the proposed trials, 80 per cent of a person’s welfare payment is quarantined to a bank card and cannot be spent on alcohol or gambling or converted to cash.

The card was recommended in Andrew Forrest’s Creating Parity welfare review last year. The new card will apply to indigenous and non-indigenous welfare recipients, and the trial in Ceduna is expected to include about 900 people, two-thirds of them indigenous.

Mr Tudge rejected suggestions from Labor that consultations had been inadequate, saying “every single aspect” of the trial had been developed in consultation with the community leaders.

The government remains in consultation with other communities, including the East Kimberley, about joining the trial.

Mr Tudge’s letter also refers to comments made by Ms Macklin during debate on the debit card in the House of Representatives in which she said the community of Ceduna had made clear they were “desperate” for change.

“I hope that you do not now turn your back on the Ceduna leaders who are desperate to make a better life for their community by trialling a bold new measure,” Mr Tudge writes. “The media stories that suggest Labor may not support the legislation in the Senate have distressed some of the Ceduna community leaders.”

Without the support of Labor, the government will be forced to rely on the support of independents to pass the legislation.

The Greens have opposed the card, saying it is an extension of the government’s failed income-management policies first introduced with the Northern Territory intervention.

Labor’s softening support for the reform comes as the Australian Council of Social Service calls for a Senate inquiry to hold off backing the trials pending further consultation.

In The Australian today, ACOS chief executive Cassandra Goldie and South Australian director Ross Womersley argue that the card is an “unprecedented level of intervention in people’s lives ... It is therefore reasonable to ask the Senate committee to ensure crucial protections are in place for individuals before recommending that the trials should proceed”.

COMMENTARY P12