Cut off supply to halt the scourge of ice

IT could be argued that Australia was caught off guard by ice. But there’s now no denying the drug’s impact, as the Sunday Mail and The Advertiser’s special investigation is showing.

Authorities cannot be accused of ignoring the ice epidemic but they are only beginning to scratch the surface of what will be needed to get on top of the problem.

The Commonwealth has established a high-level taskforce and is developing a national action plan.

Prime Minister Tony Abbott has launched a hotline to dob in drug dealers and the locations of drug labs.

Australia has dispatched intelligence analysts to the US, Canada, Dubai and Hong Kong to stop the importation of crystal methylamphetamine to Australia, and new laws will crack down on middlemen and drug couriers bringing ice precursors into the country.

But there is always more to be done to halt this rapidly spreading scourge.

Half the ice consumed in Australia is produced domestically, so more must be done to smash local production rings, including better training for police to properly dismantle dangerous meth labs.

Dealers should face tougher penalties as a strong deterrent to peddling a substance wreaking havoc among users, their families and communities.

Long waiting lists show far more funding is needed for treatment programs.

Frontline workers, such as paramedics and doctors, deserve better protection when faced with raging ice patients and more follow-up emotional support given the distressing behavioural effects they witness.

A recent Australian Institute of Criminology report strongly suggests that cutting off the supply of ice would have a huge impact on curbing usage.

To quash the problem, we need to cut the head off the snake. As a society, we are starting to understand the true extent of the problem.

Now we must take swift action before this insidious drug takes a stronger hold.

Without it, the potential consequences don’t bear imagining.
Healthy older people, healthy economy

Misa Han

Treating older people for poor health is better for the economy than treating young people, new economic modelling shows.

A Victoria University study shows reducing the number of 49 to 60 year olds becoming unwell is better for labour force participation and gross domestic product than doing the same for 28 to 38 year olds.

"Once members of the older group fall into poor health, often associated with chronic disease, they tend to stay there, with low labour force participation," researcher Maureen Rimmer, of the university's Centre of Policy Studies, said. "By contrast, young people tend to suffer more temporary episodes of poor health, bouncing back to good health quickly."

The modelling will be presented on Monday to the Melbourne Economic Forum, which hosted by Victoria and Melbourne Universities and sponsored by The Australian Financial Review.

It is supported by the Household, Income and Labour Dynamics in Australia Survey, which found health was a greater consideration in older people's decisions to stay in the workforce than for younger people. If the government prioritises treating old people, it would mean targeting chronic diseases such as arthritis, cardiovascular diseases and back problems.

The recent Australian Institute of Health and Welfare survey showed arthritis and cardiovascular diseases were the most common combination of diseases among people aged 45 or older who lived with at least two chronic conditions. For 44 year olds and younger, the most common combination was mental health conditions and back problems, followed by mental health and asthma.

High cost of illness

Economic benefits of improving health transitions (%)

- Employment
- GDP
- Capital

Source: Centre of Policy Studies, Victoria University
EDITORIAL

The Courier-Mail

Ice crisis a drug plague of horrific proportions

LABELS like “scourge”, “epidemic” or “pandemic” are used widely in health reports but they mean little to families affected by what is now Australia’s worst plague: the “ice” drug crisis.

For the tens of thousands of Australians addicted to ice, and for the families who love them, such labels go nowhere near describing the hurt the drug inflicts daily on middle Australia.

Almost one in 10 Australians has tried methamphetamine – of which the crystalised form of ice now constitutes a major part of its use – and there are now about 500,000 meth users in Australia. Such staggering figures will have huge social repercussions and rehabilitation centres in Brisbane have registered a doubling of ice addicts signing on for treatment in just four years.

After alcohol, methamphetamine addiction is the now the main cause of drug rehabilitation. Shockingly, some authorities now claim Australia is the highest ice-using nation on Earth. Users say ice is easier to get than marijuana.

We’ve seen drug perils before. Cannabis, opiates and “speed” have been in Australia for decades and governments have had some success in mitigating the damage these substances cause. While controversial, drug courts and legal injecting rooms have been trialed to limit the harm of illegal drugs.

Public education campaigns too have fought and contained, if not exactly won, earlier drug wars. After exploding in use in the 1970s, heroin addiction slowed a decade later when the dire “grim reaper” advertisements showed the risk of contracting AIDS through the sharing of needles. In the 1990s, following the deaths of innocent first-time using teens, ecstasy’s erroneous reputation as a benign party drug was forever changed after a powerful “Just say no” campaign.

But ice stands apart from all other substances in the breadth of the social havoc it wreaks. Less than a decade since its introduction to Australia, ice – the most insidious form of amphetamine because of its purity, easy availability and relatively low cost – now threatens entire Australian communities. The problem is exacerbated by the drug’s increasing purity, from an average of 20 per cent in 2009 to above 60 per cent today.

To describe ice as the great social menace of our time is hardly an exaggeration. Its particularly sinister peril lies not just in its immediate effects on users but also in the danger it poses to police, ambulance and medical staff. As Paul Toohey points out in his series of reports, heroin users usually lapse into torpor, after which ambulance and medical staff have the opportunity to revive them. But patients in the grip of ice – with a “total abrogation of normal human inhibition” – show almost superhuman strength in fighting off imagined demons, landing punches instead on doctors and nurses whose already difficult life-saving work is made virtually impossible during these fits.

When MPs tearily tell of their own children’s addictions, it’s clear no family is immune from the new ice age.

Virtually everyone is acquainted with an affected family and, while poorer young men are currently the drug’s primary victims, ice, as Toohey points out, is “making its way up the income ladder”. It is not uncommon to hear of middle-class, middle-aged people losing everything – houses, jobs and families – to ice addiction.

Shockingly, where stereotypical drug users have always been inner city kids, ice today has cut a swathe as deep, if not deeper, across regional Australia. Huge sections of once prosperous country towns have now fallen victim.

State and federal governments now recognise that ice is like no other drug and are acting swiftly. Prime Minister Tony Abbott’s “job in a drug dealer” initiative is one example. But hotlines are only a starting point, and both the supply and demand for ice must be addressed. State and federal governments must work together to fund public education, health and rehabilitation facilities and, of course, law enforcement.

With the State Government’s review of VLAD laws under way, the number of lives that could be saved by keeping drug-dealing outlaw motorcycle gangs off the streets should be uppermost in Premier Palaszczuk’s mind.
Police and ambos fear for their lives when confronting users

PARAMEDICS and police are struggling to cope with the increasing ice epidemic, fearing for their lives and health as a result of trying to help affected users.

The peak ambulance body says if the federal government does not show leadership on the crisis, it won’t be long before a paramedic is killed by an ice user in a psychotic rage. Paramedics and police are being kicked, punched, spat on, attacked with needles and even shot.

“It is an epidemic,” the Ambulance Employee Association’s Danny Hill said. “You would struggle to find a paramedic who hasn’t been harmed or threatened by an ice user.”

Kings Cross inspector Pat Gooley (pictured right) said police were dealing with users a dozen times a day. “The police are the frontline mental health workers,” he said.
PM goes bush to visit the home of land rights

MICHAEL MCKENNA

THURSDAY ISLAND

Tony Abbott today will become the first prime minister to visit the island paradise of Mer, in the Torres Strait, where he will pay tribute at the grave of land rights campaigner Eddie Mabo.

More than 20 years after Mabo secured native title over his beloved island home with the landmark High Court decision overturning the legal doctrine of terra nullius, the Prime Minister will make the symbolic trip as he faces indigenous leaders again this week over the equally historic push for constitutional recognition of First Australians.

Mr Abbott’s visit to Mer, among the Murray Island group, is part of his annual week-long stay in remote indigenous communities, fulfilling a commitment he made before the 2013 election aimed at helping him to become the “Prime Minister for indigenous affairs”.

On Friday, Mr Abbott reversed his opposition to taxpayer-funded conventions for indigenous people to try to build consensus on constitutional recognition.

The chairman of Mr Abbott’s indigenous advisory council, Warren Mundine, told The Australian yesterday he was relieved the conventions would go ahead.

He said the constitutional debate would be on the agenda this week. “It is a good decision; to be honest, I was depressed about how it was progressing and it is great that the PM can see the need for indigenous Australians to have a forum to debate it,” he said.

“There is no point in trying to convince the rest of Australia if there isn’t indigenous agreement (on recognition).”

Mr Abbott will be based on Thursday Island for several days, along with Health Minister Susan Ley and Social Services Minister Scott Morrison, to meet local leaders and members of his advisory council before he heads to the Aboriginal community of Bamaga at the tip of Cape York Peninsula.

Visiting Broome and Kununurra in Western Australia earlier yesterday, Mr Abbott said his annual sojourns in remote communities were critical to understanding the challenges of indigenous Australia.

“There’s nothing like being the man on the spot,” he said.

“We can read all the briefing papers in the world, we can read the books, we can talk to the experts, but there’s nothing like being present on the spot to see the good and the bad and to see a way forward.

“We all know that remote Australia, principally remote indigenous Australia, has employment issues, has health issues, has education issues, has community-safety issues, but there’s also so much potential.”

Torres Strait and Cape York leaders plan to raise several issues with Mr Abbott and his team, including concerns about the increasingly regular flooding of low-level islands affected by climate change.

Yesterday, Mr Abbott lauded West Australian indigenous leaders for turning their native title into business initiatives.

However, the estimated 400 residents of Mer have been hampered by disputes over traditional property boundaries. The ancient land-tenure system that helped Mabo secure the 1992 High Court decision is now locked up, with more than 80 disputes over which families have full ownership or occupational use of various lots.

Torres Strait Islander Regional Authority chairman Joseph Elu said it was a common problem throughout the archipelago of 274 islands, with ancient landmarks moved or gone and some family members living on the mainland.

“Some of the disputes are minor, some are big, mostly it is about boundaries of traditional property, and we are trying to work through them,” he said.
Kaurareg elder Rolford Nawia greets Tony Abbott as he arrives on Horn Island in the Torres Strait yesterday.
Gracefully aged costs

Peter Jackson unravels aged-care costs complexities

When looking into the potential of moving into an aged-care facility one of the key issues to consider is what it will cost you. The Australian Federal Government recently introduced a new system for those entering aged care after July 1, 2014. The objective is to require those who have the means to contribute to their care costs to do so, while providing support for those with less means. Those wanting a higher level of service can choose to pay for it.

There are four categories of fees that may apply.

Cost of accommodation
This is often referred to as the entry cost. You may like to think of this as the cost of purchasing or renting your home.
This can be paid either as a lump sum (refundable accommodation deposit or RAD) or as a daily fee rent (daily accommodation payment or DAP) or a combination of RAD and DAP. The DAP is calculated as a set percentage of the RAD, currently 6.15 per cent.
For example, Jim might choose a facility with a RAD of $400,000.
He can pay that as a lump sum (like purchasing a home), or he can choose instead to pay a DAP of $67.40 a day (just like renting). Alternatively, he could pay, say, $240,000 as a lump sum RAD plus $26.96 a day DAP.
The RAD/DAP is means-tested. Those who have less than $46,000 in assets are treated as concessional and pay no RAD or DAP.
Those with between $46,000 and $157,051 are part concessional and pay an amount calculated according to a formula. These amounts will be lower than the RAD/DAP. Aged-care facility must list their maximum RAD on myagedcare.gov.au.
The RAD’s payable vary significantly depending on the operator, location and quality of the facility. As the name of the fee indicates, the lump sum, RAD is refundable to the clients estate, the DAP is not. The client has up to 28 days from moving into the facility to decide how to pay their accommodation fee — RAD, DAP or combination. The choice of how you pay these fees can impact on your other aged care fees or the age pension, so consider carefully.

Cost of care
Everyone pays the daily care fee. This is set at 85 per cent of the single age pension, which is $47.49 a day. The principle is that even those who have no assets should at least be receiving the single age pension.

Means-tested fee
This is an additional fee for the cost of care payable by those who can afford to make a contribution to their care costs. Prior to July 1, 2014, this was only an income-tested fee. Now it is calculated as an asset fee and an income fee, with these amounts added together to give the means-tested fee.
This fee has an annual cap of $25,528.71 and a lifetime cap of $61,268.92. Once the lifetime cap is reached, no further means-tested fee is payable for life. The means-tested fee is determined by the Department of Human Services based on the same asset and income test assessment rules as the age pension.

**Extra service fee**

If you want to have more choices of meals, have a daily newspaper, a glass of wine with dinner or want a higher standard of accommodation, then an extra service fee may be payable. The extra service fee may range from $10 a day up to $50 a day.

**Case study**

Jim decided to pay 60 per cent of his RAD as a lump sum and 40 per cent as a DAP.

He chose a facility that charges a $20-a-day extra service fee and has been assessed as requiring to pay a means-tested fee of $14 a day.

Therefore, in addition to paying a $240,000 lump sum RAD he will also pay total fees of $113.45 a day ($26.96+$47.49+$25+$14). This amounts to $41,409.25 a year.

Jim will want to consider how this facility meets his and his family’s lifestyle needs, location and special-care needs as well as the affordability compared with other facilities.

The aged-care system and its interplay with the age pension is complex.

The way that you structure your financial affairs can have a significant impact on the fees you pay, your age pension entitlements and the affordability of your accommodation and care options.

**Peter Jackson is managing director of Relacs Pty Ltd**
THE HON SUSSAN LEY MP
Federal Minister for Health
Federal Minister for Sport

MEDIA RELEASE
Saturday, 22 August 2015

Patients shouldn’t be held ransom in private health
‘Game of Thrones’: Ley

Patient safety and welfare should be the priority in any negotiations between private hospitals and health insurers, not used as ransom in a cynical “Game of Thrones”, Federal Minister for Health Sussan Ley said today.

Minister Ley fired the warning shot at both sectors as she announced the fast-tracking of a clinician-led national review currently being undertaken to identify a list of high-priority complications in hospitals that will help improve patient safety and internal systems.

Minister Ley said she hoped fast-tracking the finalisation of the review would avoid patients and consumers being subjected to a repeat of the “grandstanding” exhibited by various self-interested parties involved in current contract disputes over who was responsible for covering the cost of patient complications and hospital re-admissions.

“Improving medical procedures and accountability should ultimately be about better safety for patients, not an excuse for private hospitals and health insurers to use patient welfare as a commodity for trade.

“This expert list will provide clear guidance for hospitals on ways to improve medical systems and identify areas for improvement to the benefit of patients.

“It will also help provide clarity for those private hospitals and health insurers who should, as a matter of course, be putting patient safety at the forefront of their contractual arrangements.

“If expediting this list helps improve patient safety faster, and in turn provides greater certainty and stability for the private hospital and health insurance sectors, then that’s a positive.
“Hopefully it’ll also help end the current cynical Game of Thrones where certain private health insurers and hospitals are more focussed on painting each other as villains rather than supporting patients.

“However, I stress again that it is inappropriate for the Government to be directly intervening in individual private contract negotiations.

“If patients are unhappy with private health insurance providers and hospitals that play tug-o-war over their membership dollars then the strongest message they can send is to vote with their feet and find a better deal.”

Minister Ley said the review, ordered by in 2012 and currently being overseen by the national hospital safety regulator, was set up to develop a national list of high-priority hospital complications to be used by hospitals as a tool to flag potential areas for internal investigation and, if required, safety and quality improvement. (continued over page…)

The list was not due to be finalised until 2016, however testing of the list’s effectiveness in a wider group of public and private hospitals will now be fast-tracked over the next few months, with the aim for it to now be completed December 2015.

ENDS

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