

MCCUSKER ALZHEIMER'S RESEARCH FOUNDATION — GOVERNMENT FUNDING

Motion

HON JIM CHOWN (Agricultural) [11.34 am] — without notice: I move —

That the Legislative Council commends the Barnett government's 2010 allocation of \$2.2 million to the McCusker Alzheimer's Research Foundation for ongoing research into Alzheimer's disease.

Members of this place may be wondering why I am moving this motion after 18 months. I believe Alzheimer's disease is worthy of debate in this house. It is the general opinion among the public that Alzheimer's is an affliction of the aged, but in reality it applies to people much younger than those in their dotage. As early as this morning a staff member of this place approached me about this motion and stated that their spouse had been diagnosed with the early onset of Alzheimer's at the age of 53. I feel comfortable with the possibility that all members present today will support this motion as a justifiable expenditure of public moneys. This funding allocation to the McCusker Alzheimer's Research Foundation, a not-for-profit organisation, is an investment into researching the cause of Alzheimer's disease with the intention of investigating and evaluating preventive strategies. This Perth-based foundation of international recognition within the field of Alzheimer's is focused on understanding the disease, developing tools for early diagnosis—I will go into that in depth a bit later—evaluating interventions that prevent or alter the disease course and developing and evaluating treatments and new drugs. The Perth-based team has been focused on Alzheimer's since 2000. It is a highly dedicated team and some of the people involved in the foundation intend to make research into Alzheimer's disease their life's work.

The McCusker research team is led by Professor Ralph Martin, a committed and energetic leader, who was recognised for his commitment to Alzheimer's research when he was honoured in 2010 with the title of Western Australian of the Year. It was Professor Martin and Professor Colin Masters, another Western Australian, who identified that the protein beta-amyloid can reach toxic levels in the brain, and that at such levels this protein is an indicative marker for the onset of Alzheimer's. This discovery opened up worldwide research to the possibility of finding a cure for this disease.

It was with these outstanding credentials that both Professor Martin and the McCusker board chairman, Mr Graham Nixon, approached both me and the President of the Legislative Council, Hon Barry House, in 2009, in conjunction with the previous member for Moore, Mr Gary Snook. Both Ralph and Mr Nixon were seeking government funding to kick-start research into developing a low-cost diagnostic test that would indicate the presence of the disease in its early stages. We had a number of meetings with the then Treasurer and Minister for Science, Hon Troy Buswell, and we were eventually successful in getting approval for the funding. The grant moneys have been utilised for the purchase of a state-of-the-art mass spectrometer, a highly specialised blood-testing machine. In fact, prior to the purchase of this critical equipment, which now resides down the road at the McCusker foundation, the foundation had to send its scientists and researchers to Singapore to access a spectrometer that would suit their purposes. It was extremely expensive for this not-for-profit organisation and, of course, created delays and unnecessary expenses. The remaining moneys will fund the specialised brain imaging of the 400 volunteers, who it is anticipated will participate in the program over the next four years. The specialised brain imaging involves volunteers who have early onset of Alzheimer's. The PET scanner involved, of which there are only two in Western Australia, creates a few problems for the foundation because access to it is quite hard. In effect, at this stage, the foundation is applying to Lotterywest to fund its own PET scanner. This equipment costs about \$1 million so, hopefully, the foundation will be successful in its application.

A very special dye that is manufactured at Sir Charles Gairdner Hospital is used in the PET scanner to image the brain. It is a radioactive dye and has a half-life of only 20 minutes. The timing of transporting the dye from Sir Charles Gairdner Hospital to the foundation premises for use in the scanner is critical to its effectiveness. The foundation is investigating getting a dye out of Melbourne with a much longer half-life to suit its purposes. As I said, 400 volunteers per annum are currently available. Part of the funding will help enable that scanning. Not too many years ago, Alzheimer's could be diagnosed only after death, from a post-mortem, when the brain could be examined to see whether the disease was present. This government grant also triggered further commonwealth funding of \$23 million. The commonwealth grant is spread over seven years and is in the form of a cooperative research program in conjunction with the University of Western Australia, Edith Cowan University, CSIRO, the University of Melbourne and the world's largest drug company, Pfizer. The intention of the foundation with the use of these grant moneys is best exemplified by a quote from Professor Martins in the 2010 annual report of the McCusker Alzheimer's Research Foundation. He stated —

I will be leading major studies in the neurodegeneration program and my team and I are very excited about the opportunities for collaboration that will arise as we move beyond a sub critical mass of

researchers. We will be ... refining our work on Alzheimer's disease biomarkers and achieving an accurate test allowing early diagnosis of Alzheimer's disease.

Although finding a cure for Alzheimer's is the goal, Graham Nixon, the McCusker foundation's chairman, used the analogy of Edmund Hillary and Tenzing climbing Mt Everest. It is quite a good analogy. He said that the foundation is two-thirds up the mountain, it can see its peak on occasions through the clouds, and reaching the peak, however, will take as much effort as getting two-thirds of the way up the mountain and will require supreme effort, but achieving this goal will benefit society immensely. I concur with that statement. The victims of this insidious debilitating disease take, on average, eight years to die—that is eight years from medical diagnosis to death. They succumb to the effects of this disease through cognitive decline and the inability to function. As the disease progresses, patients lose the ability to coordinate basic motor skills, such as swallowing, walking and controlling bladder and bowel movements, and eventually die of other reasons, mainly infection. The disease causes pneumonia et cetera, and incontinence often results in bladder infections. Doctors say that it is possible for Alzheimer's patients to progress to the point at which damage from the disease to the centres of the brain actually stop them breathing, but this is rarely seen. In fact, patients die through infection and the lack of medical motivation to aggressively treat these infections. In reality, patients become nothing more than vegetables. It is very hard to treat severe infections of the body when people are just lying there.

There has been a lot of press lately about type 2 diabetes and obesity issues and the diseases that emanate from these afflictions. But, in reality, type 2 diabetes to some degree, and certainly obesity, are lifestyle problems. If people eat better food and get more exercise by kicking a football or whatever, they will not be obese.

Today Alzheimer's affects 200 000 Australians. The latest Access Economics study forecast that, due to the nation's ageing population—the average life span currently is 80 years for males and 84 years for females, and it is anticipated that that will drop back a year or two, probably due to obesity issues et cetera—Alzheimer's will reach epidemic proportions by 2050. It will be the single largest health issue that this nation faces this century. The anticipated population in the next 38 years is around 25 million people, but the Access Economics report of 2004 states that in the next 38 years, 730 000 Australians will suffer from Alzheimer's and another 300 000 will suffer from age-related dementia. One in 25 Australians, or 1.1 million people, will suffer from this affliction. The financial cost and the emotional and community burden will be immense. The McCusker foundation, as a non-profit organisation situated in Western Australia, is doing its absolute best to resolve this issue. Even today the financial cost of this disease is estimated to be more than \$6 billion per annum. Of course, the social cost to friends, relations and carers is beyond comprehension.

I personally believe that by 2050 this issue will be unsustainable for a population of 25 million people. Finding a cure is the obvious answer. In the interim, part of the solution to finding a cure is the intention to develop a simple blood test. That is the goal of this foundation. This test will indicate a person's propensity for contracting Alzheimer's. The McCusker foundation's research into an early diagnostic kit is among the most advanced in the world. A reliable early diagnosis of this disease will allow the use of supplementary nutritional therapies, brain training, modern drugs and serums such as testosterone to delay the onset of Alzheimer's. This year the foundation is conducting three major trials that include testosterone and Amlamax and curcumin, which are two very strong anti-oxidants. In the early stages, the foundation has found that the results certainly show promise. It is estimated that if the onset of Alzheimer's is delayed by only five years, between now and 2040—not 2050—the saving in health dollars will be \$66.5 billion. This saving would be made through direct and indirect health costs. The saving in human misery and suffering, as I have previously stated, would be immeasurable.

I know that other members are prepared to speak, and I encourage them to do so. Alzheimer's is, on occasion, the butt of well-meaning jokes. It is a health issue that is considered at times to be something that we will suffer from eventually. In fact, one in three people over the age of 80 years suffer from Alzheimer's. I believe the federal and state governments should consider it as something they need to address in their health budgets. They need to be more proactive on this disease, rather than reactive in 20 or 30 years. I will not be around, but my children certainly will be, as will some members of this place. We need to put this at the forefront of health budgets, and at least have some studies into the effects it will have on the health budget and on the community if an early diagnostic test or a cure is not available.

I sincerely wish all at the McCusker Alzheimer's Research Foundation, as well as other health scientists around the world, godspeed in finding a cure or an early test for Alzheimer's. I congratulate this government for its grant of \$2.2 million to this not-for-profit organisation. I commend the motion to the house.

HON COL HOLT (South West) [11.46 am]: I thank Hon Jim Chown for moving this motion. Even though the motion refers to the 2010 allocation, I think it is incredibly timely because only today there was an announcement of a further government contribution to Alzheimer's Australia WA Ltd through the royalties for regions program. A further \$992 334 has been committed to a project in Albany called the new Hawthorn House,

Hon James Chown; Hon Col Holt; Hon Alison Xamon; Hon Liz Behjat; Hon Linda Savage; Hon Alyssa Hayden; Hon Nick Goiran

which is a visionary environment for best-practice dementia care. The project is worth \$2.1 million, of which \$992 334 is royalties for regions money. I have visited Hawthorn House many times. It is a fantastic facility. Unfortunately, it needs to move out of its heritage house. The plan is to build a completely new facility to increase its care services to people in the Albany and great southern regions. The project has received contributions from all over the community. Obviously, it had to raise another \$1.2 million to make the project a reality. This last lot of funding is the last bit of the jigsaw puzzle it needs to make that project happen.

Hawthorn House—I am sure that some members have been there—takes a holistic approach to dealing with dementia care. There is always something happening. There are always people there, there is always laughter and there are always activities. The people at Hawthorn House should be congratulated for putting together this new project, because I know that they work tirelessly to help the people of Albany and the great southern with this disease. I congratulate them and look forward to seeing that project come to fruition over the next couple of years.

HON ALISON XAMON (East Metropolitan) [11.50 am]: I rise to support this motion. Alzheimer's disease is an issue that I have spoken about in this chamber on a number of occasions. We need to ensure that adequate funding is provided not only for research into the effects of Alzheimer's, but also for the necessary infrastructure and services to support people with Alzheimer's. As members may recall, unfortunately I have first-hand experience of the effects of Alzheimer's, because I was a carer for my grandfather when he developed Alzheimer's, and I watched his slow and sad decline before his death. So, having watched a loved one deteriorate from the effects of Alzheimer's, it is certainly an issue that I personally feel very passionate about.

I will note that of course I welcome the input of funding to the McCusker foundation. However, in terms of what is needed to address this issue, it is just a drop in the bucket. I also welcome the comment by Hon Col Holt that more money is to be made available through the royalties for regions program. That is not before time, because the figures for the increase in the number of people who are likely to contract Alzheimer's in the future are very frightening. As I have mentioned in this place previously, the Productivity Commission has identified that Australia is facing an impending dementia epidemic, with the number of people suffering from dementia predicted to quadruple over the next 40 years. The number of Australians aged 85 years and over is predicted to increase from 400 000 in 2010 to 1.8 million by 2050. That is an enormous growth to contemplate. Around 23 000 people in Western Australia already suffer from some form of dementia. An Access Economics report commissioned by Alzheimer's Australia estimates that Western Australia's health system will have to cope with 58 000 dementia patients by 2030 and 109 000 dementia patients by 2050. When we look at where we are going with the funding in this area and project into the future, unfortunately it becomes clear that we as yet have no capacity to deal with this increase.

Some of the comments that I want to make now are similar to what I have said in this place previously, but I am always happy to repeat these very important points. There is an obvious overlap between mental illness and aged care in the way governments address dementia. However, it is important to note that a person does not need to be old to suffer from dementia, although there is a high correlation between the two. I am very sad to hear that Hon Jim Chown has been advised this morning of a person who has been diagnosed with early onset dementia, because early onset dementia raises particular concerns and challenges that need to be addressed.

One of my concerns, which I have raised in this place before, about the overlap between mental health services and dementia services is that the increased demand for dementia services may end up putting unprecedented strain on our already quite meagre mental health budget. This is a matter of concern to the mental health community. I think it is getting to the point at which we need to look at separating the budgetary requirements for the increasing need to provide dementia services while ensuring that we provide much-needed mental health services. I am concerned that, going into the future, the crisis of dementia will effectively swallow the mental health budget. We certainly know that mental health issues in the community are also on the increase. So there is a potential clash between those two services.

I am also mindful that this is an area that has traditionally been funded by the federal government. I think successive federal governments have not done a good job in making sure that we are providing appropriately for this area. There is an ongoing crisis in the number of aged-care beds that are being made available. There is also a significant lack of flexibility in the aged-care assessment team process. That makes it very difficult to cater appropriately for the continuum of need around dementia services. We need to implement more flexible arrangements and services that will enable people to effectively stay in their homes for longer. We also need to move beyond the over-simplistic "low" and "high" category of ACAT assessments so that we can better assist people with dementia, particularly as we know that a large number of people will be suffering from dementia in the future, in the same way that we know that there is a crisis in the lack of aged-care beds, and that will also get worse in the future.

I also want to make a comment about the impact that the dementia crisis has on carers. It needs to be acknowledged that family and friends are delivering about 85 per cent, on average, of the care for people with dementia. That is an enormous amount of support that is being given for free by people who have their own lives to live. As I have mentioned previously, at the time I was the carer for my grandfather, I was newly married, had a six-year-old daughter and a baby on the way, had a full-time job, and was living in a two-bedroom house. It was an extremely difficult time. I was unable, because of those circumstances, to have both my grandparents come and live with me, so I found myself away from my own family and spending an awful lot of time at their place providing that care. My situation was a bit unusual, because ordinarily there would not be that generational gap. Dementia has a huge impact on people. It is, therefore, important to acknowledge that carers also need to be given appropriate levels of assistance, because they are the ones who ultimately bear a lot of the burden of dementia.

As I have said, this is an issue that I have spoken about at length in the Parliament. We need to acknowledge that we have a real issue on the horizon that will be borne by my generation and by my children's generation. We are not preparing adequately for the future. Obviously, the first thing that would be fantastic is research to better understand what causes Alzheimer's. I am aware that one of the factors for Alzheimer's is that it can be genetic, and that is something that I am obviously very conscious of and quite concerned about. But we also need to understand how best we can treat the effects of Alzheimer's and hopefully halt the effects of Alzheimer's. Finally, knowing that we are dealing with this huge unmet need within the community, we need to be funding services and assisting carers who are dealing with the effects of Alzheimer's now. But some serious infrastructure will need to be put into this area in the future, because the numbers are not looking good. So although I welcome the fact that this money was put into the McCusker foundation 18 months ago, it is just the tip of what is required. We have a lot further to go, and so too does the federal government.

HON LIZ BEHJAT (North Metropolitan) [12 noon]: I commend Hon Jim Chown for bringing this motion to the house today. It is another great example of how we as government backbenchers can make positive contributions to debates on issues that are incredibly important in our society today.

On a subject such as Alzheimer's disease, which is the third biggest killer of Australians after heart disease and cancer, some of us will stand in this place and talk about the facts and figures. Some will talk about what we should or should not spend on trying to find a cure for a disease that is sometimes called "the long goodbye". We can talk about the need for governments, corporations, philanthropists and ordinary everyday people to contribute whatever they can to help fund research projects to bring to an end a disease that cruelly takes loved ones away from their families in a way that, to me, is somehow unimaginable, or we can make it real and we can talk about Aunty Jean.

Members who were in this place when I gave my maiden speech may recall that I sent out a cheerio to my 92-year-old Great-Uncle Arthur who lives in England. I am really happy to say that Uncle Arthur is still alive and kicking. I spoke to Uncle Arthur last night. His wife, Aunty Jean, was cruelly taken away from him by Alzheimer's. I asked Uncle Arthur whether he would be okay if I spoke about Aunty Jean in the house today. He told me that if there was anything I could do to bring Alzheimer's disease to the forefront of people's minds, I should do it.

Uncle Arthur and Aunty Jean had been married for 57 years when she passed away. Uncle Arthur said that the only wish he really had was that they could have made it to their sixtieth wedding anniversary. Uncle Arthur is a very proud Welshman from the Valleys and Aunty Jean was a cockney. I can still remember her; she was a very small woman with beautiful white hair who was always immaculately groomed and who had an outrageous cockney accent. She was always immaculately dressed; very, very early in the morning she would have full makeup and beautiful clothes on just in case anybody came to call, but really also because she wanted to look gorgeous for her darling Arthur.

Uncle Arthur also told me that since Aunty Jean passed away, every year on Alzheimer's Day, even at the age of 92—he lives in Bury St Edmunds—he goes down to the street corner and rattles a tin to raise much-needed money for Alzheimer's disease research. As we all now know, this disease has reached such epic proportions that we need much more than a few tins rattled on street corners.

Uncle Arthur first noticed that something was wrong with Aunty Jean when they had people over for lunch. Unlike probably a lot of people in this house, Uncle Arthur is a lover of the vegetable swede, but he likes it only when mashed with lots of butter and black pepper. Aunty Jean served it up that day overcooked and just in big lumps. When Uncle Arthur asked, "Jean, why have you done that to the swede? You know that I like it mashed with butter and black pepper", she said, "Isn't this how we always have it? I didn't think you liked it mashed." Uncle Arthur said from that day on, slowly, day by day, he noticed the difference in Aunty Jean.

Eventually, he had a doctor come to the house. The doctor examined Auntie Jean and asked her a few simple questions such as whether it was winter or summer. It was snowing outside and Auntie Jean said, “Of course it’s summer.” She was asked who the first female Prime Minister of Great Britain was and she did not know. Uncle Arthur himself now admits that he cannot remember what the third question was. After a few more questions, the doctor took Uncle Arthur outside and said, “I don’t think I really need to tell you what’s the matter; you probably know. The only thing I can say to you, Arthur, is that she’s not going to get better. Alzheimer’s is going to take her away from you; sooner or later it will do that.” It was also on that day that Auntie Jean herself realised something was wrong. When Uncle Arthur came back in from the garden having had that conversation with the doctor, Auntie Jean was in tears. When Uncle Arthur asked her what was wrong, she said, “Arthur, I feel so silly. Of course I know that it’s wintertime and that it’s not summertime, but why did I say that? Why don’t I know the answers to the other questions? I’m so silly. What’s wrong with me? What’s happening?” It was then that Uncle Arthur realised that this would not be an easy time.

Uncle Arthur looked after Auntie Jean at home for the next two and a half years. He describes it as the most awful time just watching her slip away into a world of her own. He said to me that one of the most dreadful things about the illness is that Jean never looked any different on the outside. She was still beautiful; she had no scars, no injuries and no wounds; she just was not there. She was just a mere shell who very rarely recognised anyone. Eventually it all got too much for Uncle Arthur. He suffered a heart attack and his three children, Richard, Barry and Barbara, were not able to cope with the everyday needs of grooming, toileting and generally being able to take care of their mother. They made the dreadful decision, which sometimes we have to make, to send Auntie Jean to a home where she would be looked after by professional staff 24 hours a day.

Uncle Arthur was lucky in that he could afford private care for Auntie Jean. She was looked after very, very well. Uncle Arthur visited Auntie Jean every day and they would walk around the garden. She would not know who he was, but it still meant that he could be with his darling Jean. On Sundays he would bring her home. She did not know where she was going, but at least he could have her in his home, listen to music and make Auntie Jean her favourite sandwich and a cup of tea. He said that it was one of these Sundays that was the last time he ever saw Jean in a lucid state. He had made her a cup of tea and sat her down with a sandwich when she turned to him and said, “Can I ask you something, love?” He said, “Yes, Jean, what’s that?” She said, “Can’t I come home to live with you again?” He said, “No, my darling, you can’t do that because you’ve got to go back to the place where you’ll be cared for.” That was the last time Uncle Arthur remembered Auntie Jean being in a lucid state.

Uncle Arthur said to me last night, “Do your best, love. Get up there tomorrow and tell Auntie Jean’s story. Tell them to put as much money as they can into Alzheimer’s because I don’t want to see anybody ever go through what I’ve gone through, to lose Jean the way I did. You’re all going to do a really good job; you’re all going to get that money. I love you very much for doing it.” Jim, I love you very much for bringing this to the chamber today. Thank you.

HON LINDA SAVAGE (East Metropolitan) [12.08 pm]: I also want to speak today about this issue and the need for funding for Alzheimer’s disease research. A number of members have already indicated that this problem of Alzheimer’s disease is growing. The Access Economics March 2010 report for Alzheimer’s Australia WA described it as an epidemic. I notice that it uses the word “dementia”. The words “Alzheimer’s” and “dementia” are at times used somewhat interchangeably, although dementia really describes a set of symptoms whereas Alzheimer’s is a specific diagnosis. We tend to use the word Alzheimer’s because when we talk about dementia, it accounts for perhaps 50 to 70 per cent of those people who we understand have this illness. I think it has already been said, but the Access Economics report states —

The prevalence of dementia in Australia is expected to increase from 257,000 in 2010 to over 1.1 million in 2050 ... This growth primarily will be driven by increased population numbers and demographic ageing, although modifiable risk factors (such as a reduction in physical activity) will also play a part.

The research done for Alzheimer’s Australia WA also referred to the challenges that will be faced, because already we have a shortage in funding to supply the care that is needed for people suffering from dementia and Alzheimer’s, so planning a response now is essential. The Access Economics report specifically referred to Western Australia’s figures. It estimated that almost 23 000 Western Australians would have dementia by 2010. It also stated that that number was expected to increase to 109 000 by 2050, which would represent a 375 per cent growth in prevalent cases. Interestingly, the research also looked at Western Australia in demographic areas. It went so far as to show the difference in the expected increase in numbers of people suffering from dementia by electorate. It is very interesting to look at, because it allows for very specific planning for the future.

I recently visited the Pines Lodge and Aged Care facility in Ellenbrook. I thank Penny Richards for helping to organise the visit, and Michelle Wilmont, the facility manager. I saw firsthand, as I have before, people suffering

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from Alzheimer's disease and dementia, and the high level of care that they require. I have never had someone close to me suffer from this dreadful affliction, but I do have a number of friends whose parents have suffered from dementia over a long period. In an ironic way, dementia is the downside to the upside of us living to be so much older. Hon Jim Chown made the point that one in three people over the age of 80 can expect to be afflicted. From what I have read about and my observations of Alzheimer's, it is one of the saddest and longest ways that people say goodbye to a loved one. The period in which the person who is afflicted is, in all senses, lost to us in terms of the relationship we had with them adds a level of sadness to the sadness that is experienced when anyone loses a loved one.

It is very important to put funding into this area in addition to the money that the government contributed in 2010. In 2007 the Labor government approved the \$2.2 million that was used to set up the Western Australian Centre of Excellence in Dementia Care, which has been referred to and which is based at Edith Cowan University's Joondalup campus, and the McCusker Alzheimer's Research Foundation at Hollywood Private Hospital in Nedlands. I commend the government for bringing this motion on and for the funds it has provided. In preparing for the motion, I looked at the budgets as far back at 2008-09 to see what funds have been put in the health budget. Obviously, substantial moneys have been contributed by Lotterywest. I would be interested if Hon Jim Chown could advise me from which budget the \$2.2 million to which he referred came. As I said, I am interested in following through —

Hon Jim Chown: It came out of the old science and innovation fund.

Hon LINDA SAVAGE: Which budget was that?

Hon Jim Chown: It was the 2010 budget.

Hon LINDA SAVAGE: I will have a look at the 2009–10 budget. I am interested to see how much money we are putting in. As Hon Alison Xamon said, this is an enormous problem. As I have heard from every member who has spoken on this motion, considerably more funding must go into this area. It may well be that in a bipartisan way we should be calling for significantly more money for this area, particularly for research. I had a look at the McCusker foundation website. I note that it was established in 2001. I saw the number of people in partnership with the foundation and I also looked at its current research projects. The range of approaches that it is taking to achieve early diagnosis or to slow down the disease is amazing. Obviously, the hope is to find a way to prevent the disease.

One area of current research is the therapeutic efficacy of cholesterol-lowering agents for Alzheimer's disease. Some members will know that statins are anti-cholesterol drugs. Research has shown that statins may protect against a range of illnesses. It would be wonderful if we could find ways to better protect the population against the onset of Alzheimer's. As I said, I commend the opposition for raising this issue.

Hon Jim Chown: The government.

Hon LINDA SAVAGE: Yes, the government! I do not hear Hon Jim Chown speak very often. I am sorry I got that wrong.

I am very interested to find out what funds the government is putting into this area. From what everyone has said, we need to put in far more money—and not in particular years, but every year.

HON ALYSSA HAYDEN (East Metropolitan) [12.18 pm]: I rise today along with other colleagues in this house to support Hon Jim Chown's motion. Before I do, I thank Hon Linda Savage for speaking after Hon Liz Behjat. In doing so, she gave me time to compose myself.

I congratulate Hon Jim Chown for bringing such an important issue to this house for discussion. Alzheimer's is one of those awful, sad diseases that we do not often talk about. It sits in the back of people's minds. We do not want to bring Alzheimer's to the forefront in fear that in later years we may be diagnosed with it and robbed of our memories and personalities. It is a nagging feeling that haunts many of us. Breast cancer was a nagging fear that used to sit in the back of many people's minds, never to be discussed. However, through the dedication and commitment of some very special people, "breast cancer" is not a forbidden term. All year long men and women celebrate and campaign for the very worthy cause of breast cancer awareness with long-table lunches, Pink Ribbon Days, Purple Bra Days, Purple Pyjama Parties and the annual Boobalicious Ball. High-profile athletes, such as Glenn McGrath, continue to campaign for the cause. Sadly, diseases such as these touch everyone in the community in some way. One of my girlfriends fell victim to breast cancer only last week. However, because of the awareness of breast cancer and because fundraising events have enabled vital research into preventing the disease and searching for a cure, she was able to live a further 10 years after her first diagnosis. We are all aware of the successes and benefits of the breast cancer awareness campaign, which is why it is so important that we as

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a government, as members of Parliament and as individuals get behind organisations such as the McCusker Alzheimer's Research Foundation to make sure that the same awareness of Alzheimer's is achieved.

The McCusker family is undoubtedly one of Australia's most generous families, having donated more than \$20 million to a variety of charities, including the McCusker Alzheimer's Research Foundation. The foundation is searching for preventions of and cures for Alzheimer's, focusing on understanding the disease, developing the tools for early diagnosis, evaluating interventions that could prevent or alter the course of the disease, and developing and evaluating treatments, including new drugs. One of the newest treatments being trialled through the McCusker Alzheimer's Research Foundation is a testosterone treatment that has been successful for a very young woman; Hon Jim Chown spoke about it in his address. I would like to read an article from *Brainwave* of June 2011, a newsletter published by the McCusker Alzheimer's Research Foundation. The heading is "Testosterone – New Interest!", and the article states —

Testosterone (the male hormone) has been in the news lately with Prof Ralph Martins featured twice on Channel 7's Today Tonight program. The story highlighted the success of testosterone treatment in a young Perth woman, Lorinda Klaric, who has early onset Alzheimer's disease. Observations by Prof Martins and his team suggest that the administration of testosterone may be associated with an unexpected stabilisation of memory in Lorinda Klaric. For her part, Lorinda reports feeling much better and having a lot more energy following testosterone implants ...

According to Prof Martins it is early days and while this is an exciting result it basically highlights the need for a more complete study into this hormone.

As mentioned in the article, Alzheimer's is not limited to the older generation; the young woman mentioned in this article is only in her mid-30s.

Of course, none of this research can happen without the much-needed funding, and although we have truly amazing families such as the McCusker family within our state and country, government needs to play its role. I thank Hon Jim Chown and Hon Barry House for bringing this issue to the attention of Ministers Troy Buswell and Bill Marmion, and I thank them for supporting the great work of this foundation by allocating it \$2.2 million in the 2010 budget. Like many other line items in previous budgets of this government, it is an example of how this government is a caring and concerned government that is eager and willing to help those in real need and is committed to assisting with the research required to protect so many in our community.

State government funding has not only allowed the foundation to continue its excellent work, but also enabled and helped it to request further federal government funding. I wish the McCusker foundation the greatest success in its research into finding a cure for and prevention of this awful and extremely debilitating disease. I hope that someday, as with the breast cancer awareness campaign, people will support it and that there will be the same awareness and fundraising events, and that we will have long table luncheons, and maybe not a purple bra day but something a bit more fitting to Alzheimer's that will encourage the community to speak out and jump on board and support it. As I said, the success of the breast cancer awareness campaign has raised awareness in the community in so many ways. It has helped us to bring breast cancer to the forefront, and it has helped the people who are suffering by giving them a group to talk to. It has also encouraged funding and finding creative ways to raise the money for the research that is crucial to finding a cure for this awful disease. Although Alzheimer's is maybe not as sexy to sell as breast cancer, we still need to find a way to do that.

Today, members have shown their passion for fighting this disease, from Hon Jim Chown banging his hand on the backbench to Hon Liz Behjat and Hon Alison Xamon sharing personal stories, and I thank them for that and for raising this issue. I congratulate the Barnett government for the \$2.2 million of funding that was awarded to this very worthy cause, and I support Hon Jim Chown's motion.

HON NICK GOIRAN (South Metropolitan) [12.25 pm]: In the remaining time I would like to make a few brief comments on Hon Jim Chown's motion; I thank him for bringing this matter to the attention of this chamber. After some of the speeches made this morning, I find myself a little bit out of my depth; I am unable to share a personal testimony, and I acknowledge those who did so this morning and respect them for that.

This topic is another positive use of private members' business by Hon Jim Chown. It is the type of topic that, again, can be handled constructively in a bipartisan fashion, and I contrast it with the regrettably morbid debate we had two years ago on the attempt to legalise doctor-prescribed suicide. I think, in contrast, this is a matter on which we can all—if I can use the phrase—sing from the same hymn sheet in a positive, life-valuing way, which is a different paradigm from that which we have had in some other debates.

Having undertaken some research into this matter after my colleague brought it to my attention, I found it distressing that there are currently no treatments to stop the progression of Alzheimer's disease. Given our

Hon James Chown; Hon Col Holt; Hon Alison Xamon; Hon Liz Behjat; Hon Linda Savage; Hon Alyssa Hayden; Hon Nick Goiran

increasingly ageing population and the rising incidence of this disease in Australia, as well as the associated enormous socioeconomic burden, I consider it particularly important that the government supports the ongoing research and development needed in this area. I came across several Access Economics reports in my research, but I want to spend some time unpacking the March 2003 report, entitled “The Dementia Epidemic: Economic Impact and Positive Solutions for Australia”. That report noted that Alzheimer’s is the most common form of dementia, representing 50 to 70 per cent of all incidences. It is often associated with older people, but it also affects younger people, with some developing the condition as early as 30 years of age. Dementia is predicted to become the number one health issue, as my colleague mentioned this morning, and that will particularly be the case this century if treatments are not discovered; hence the importance of research. Western Australia has the third-fastest growth rate for dementia in Australia, according to a report in 2009, and the McCusker foundation’s efforts are to be congratulated in this regard. These notions are supported by statistics gleaned from the 2005 Access Economics report that indicate that around 80 per cent of people with dementia in WA live in metropolitan areas, but the growth rate is generally slightly higher in regional areas. There is some evidence, as I understand it, to suggest that Alzheimer’s disease is underdiagnosed and underreported. In fact, a survey of 281 general practitioners in the United Kingdom found that only 39 per cent would inform their patients of a diagnosis of dementia, although 95 per cent would inform patients of a diagnosis of terminal cancer. I find that somewhat bizarre and disturbing. That survey was referred to in a 2001 Alzheimer’s Australia reference paper. In my view this only highlights the need for ongoing research and improvements in the facilities and treatments needed to cater for persons with this disease.

I want to turn for a moment to the socioeconomic burden. In that regard, the burden of dementia is severe. Dementia costs more over more years than any other national health priority. It is a major factor in the structural ageing of the population, the costs of which are estimated to exceed revenue within 15 years, leading to a deficit equal to five per cent of gross domestic product if no action is taken. I understand that dementia is the second largest cause of disability burden in Australia, after depression, and will become the largest by 2016, continuing to outpace other chronic illnesses.

In making my concluding remarks, we should take note of the final stage of the disease. There are three stages—the final years are the severest. This is in relation to the remaining 30 per cent of diagnosed cases. Communication, movement problems and incontinence require high levels of specialised care, often in a nursing home situation. The enormous stress and financial burden this level of care can have on family and loved ones further highlight the need for ongoing research and development in this area. I would like to thank Hon Jim Chown for moving this motion this morning. I would also like to congratulate the Barnett government’s allocation of \$2.2 million to the McCusker Alzheimer’s Research Foundation for ongoing research into Alzheimer’s disease.

HON JIM CHOWN (Agricultural) [12.32 pm] — in reply: In the few minutes remaining to respond to this motion, I do not have enough time obviously to thank all members for their support of this motion but I would like to make the comment, as did Hon Nick Goiran, that these occasions are a good opportunity for this Parliament, in a bipartisan way, to support issues of great concern to the community. It is a very positive way to use this house. I hope the government is listening and governments elsewhere are also listening that we need to support the intent of the motion and the comments made today. It is an interesting statistic that in the past 10 years, the percentage of deaths in this nation related to Alzheimer’s disease has virtually doubled. The increase has risen from three per cent of all deaths 10 years ago to it being the cause of 6.8 per cent of all deaths today. As we spoke about this morning, that statistic is likely to increase exponentially over the next 30 to 40 years. Once again, I thank this house and all members who spoke in support of this motion.

Motion lapsed, pursuant to standing orders.