

Queensland



Parliamentary Debates  
[Hansard]

**Legislative Assembly**

**THURSDAY, 24 MARCH 1988**

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**THURSDAY, 24 MARCH 1988**

Mr SPEAKER (Hon. L. W. Powell, Isis) read prayers and took the chair at 10 a.m.

**PAPERS**

The following papers were laid on the table—

Regulations under—

Fire Safety Act 1974-1985

Fire Brigades Act 1964-1985.

**MINISTERIAL STATEMENT****NEC Software Development Centre**

**Hon. M. J. AHERN** (Landsborough—Premier and Treasurer and Minister for the Arts) (10.02 a.m.), by leave: As part of my Government's strategy for broadening Queensland's economic base, I am pleased to announce to the House a significant gain in the area of industrial development.

The Minister for Communications and Technology, Mr Borbidge, has just finalised negotiations with the giant Japanese NEC Corporation for the establishment of a software development centre in Queensland. I am pleased to say that NEC Information Systems (Australia) has decided to locate the centre in Queensland, after considering a number of other States, including New South Wales, Victoria and the ACT. The decision follows a series of lengthy discussions with officers of the Department of Industry Development, the Centre for Information Technology and Communications and the Department of Geographic Information.

The new centre will be responsible for the design, development and control of software development for sale in Australia and overseas, and will be primarily used as the NEC UNIX Development Centre. NEC Information Systems (Australia) Pty Ltd, with assistance from the parent company NEC Corporation-Tokyo, is currently negotiating a suitable site for the project, which it anticipates will be fully functional later this year. The specific site is yet to be chosen but will be in south-east Queensland.

This is a coup for Queensland. It not only enhances Qld's international reputation in the field of information technology, but also confirms the Government's commitment to attracting new high-tech industry in the face of strong competition from other States, and indeed other Pacific regions. There is no doubt NEC is a world leader in its field, and I am sure that the company's confidence in Queensland will be welcomed by both Government and industry leaders. I might add that NEC's decision is the forerunner of a number of other significant developments now in the pipeline for Queensland. These will be announced as they come to fruition.

The software development centre will not result in many jobs, but in a number of specialised jobs. There will, however, be a long-term injection of some millions of dollars in new investment in this State that will flow through to the community as a whole. More importantly, however, this project will be a catalyst for the further development of allied technology and new technology-based industries.

**MINISTERIAL STATEMENT****Model of Expo Redevelopment**

**Hon. M. J. AHERN** (Landsborough—Premier and Treasurer and Minister for the Arts) (10.05 a.m.), by leave: Honourable members will be interested to know that a model of the proposal for the redevelopment of the Expo site on the south bank of the river has been produced.

**Mr Palaszczuk:** At last.

**Mr AHERN:** At last? It was not a requirement in the tender call.

**Mr Palaszczuk:** The others had.

**Mr AHERN:** No, they did not.

**Mr SPEAKER:** Order! This is not a debate.

**Mr AHERN:** The preferred developer, the River City 2000 consortium, has transformed its concept into model form so that it may be better understood by the public just what is proposed. For the benefit of honourable members the model will remain in a prominent place in Parliament House throughout next week so that honourable members, too, can study and assess it. It will afterwards be on display to the public in the foyer of the Executive Building in George Street. I understand that River City 2000 has plans to take the model on a tour of major metropolitan shopping centres.

I stress that the proposed development could be subject to change once the final development plans are scrutinised by Brisbane City Council and the public at large. Honourable members might also be interested to note that a recent Newspoll survey showed that the majority of Queenslanders support the planned redevelopment.

## MINISTERIAL STATEMENT

### Lang Park Trust Report

**Hon. W. H. GLASSON** (Gregory—Minister for Land Management) (10.06 a.m.), by leave: Yesterday, I undertook to table a report from Lang Park Trust.

I am advised by the trust that I can expect to receive a report by the trust supported by audited financial statements for the year ending 31 December 1986 and a report by the trust supported by an audited financial statement for the year ending 31 December 1987.

My information from the trust is that the financial statements have already been prepared and audited and that the reports are now being prepared.

I will table such reports and audited financial statements in this House as soon as I receive them from the trust, which will be in approximately three weeks' time.

## MINISTERIAL STATEMENT

### Increased Telecom Charges

**Hon. V. P. LESTER** (Peak Downs—Minister for Employment, Training and Industrial Affairs) (10.07 a.m.), by leave: I draw to the attention of the House the latest proposals that are reportedly being discussed by Telecom to increase revenue at the expense of the average Australian.

Telecom is apparently considering charging \$350 a year for home rental, and increasing the price of local calls by 50 per cent. The revelation by the Australian Consumers Association is hardly surprising when one considers the money-grabbing schemes Telecom has been forced to back down on in recent times.

This user-pays philosophy is fine in principle, provided there is competition and provided people in rural areas are not disadvantaged because of it. But now, Telecom wants to hit not only those people who have to make a lot of phone calls to overcome the problems of isolation, Telecom wants to hit the poor and disadvantaged even harder.

**Mr De Lacy** interjected.

**Mr LESTER:** Is the honourable member supporting Telecom?

Many people already struggle to pay the rental bill for their home telephone. To double it over a short space of time is nothing short of criminal. It would not be so bad if people had another alternative, but Telecom jealously guards its monopoly in the field. It is the disadvantaged in our community who need telephones the most, yet many cannot afford the massive installation cost, let alone the annual rent and high call charges.

Why is it that Telecom, with its high profits, is so desperate for money? Surely investment income should be substantial. By all means, where necessary, after careful consideration, let Telecom levy higher tariffs on computer lines and lines used in other industrial fields, but it has to understand that it is owned by the people of Australia, and that those owners will not wear any of these planned price hikes. The Queensland Government will continue to support the disadvantaged and the isolated in their fight against this uncaring giant.

## MINISTERIAL STATEMENT

### Expo 88, Commonwealth Housing Grant to Queensland

**Hon. P. R. McKECHNIE** (Carnarvon—Minister for Family Services and Welfare Housing) (10.10 a.m.), by leave: I have a cutting from today's *Courier-Mail* in which a spokesman for Federal Tourism Minister, Senator Richardson, has admitted that most of the Federal Government's \$24m Expo grant was for the construction of its pavilion and other selected pavilions. It was not "untied" money given to the Queensland Government.

The same article claims that Federal Government housing money given to Queensland has doubled since 1982-83. This is marginally above inflation. However, the fact remains that the Queensland Government is still not receiving its fair share of funding for housing from Canberra and this has been acknowledged by successive Federal Governments, including the present Labor Government.

**Mr Mackenroth:** Why not?

**Mr McKECHNIE:** Because we have been disadvantaged along party lines by successive Federal Governments over the years. The difference between Government members and Opposition members is that when our colleagues were in power in Canberra we told them publicly. However, Opposition member will not stand up for Queensland when their colleagues are in power in Canberra.

**Mr Mackenroth:** You signed the agreement.

**Mr McKECHNIE:** With gun held at head. However, the Queensland Government is still not receiving its fair share of housing-funding from Canberra.

The Queensland Housing Commission has provided a further 56 crisis houses since I asked it to increase the supply of that type of accommodation. Further crisis homes will be provided under this program. I have got the Housing Commission looking for more homes.

I also mention that I have provided funding for a Housing Commission representative to investigate the most affected area behind the Expo site.

It is time that members opposite and the Queensland community generally accepted the fact that the Federal Government could not care less about the housing problems created by Expo, even though the electorate most affected is represented in Canberra by Labor's Ben Humphreys. I suggest that people affected by the housing crisis turn their attention to the electorate offices of Mr Humphreys and Ms Anne Warner.

I recognise the problem. I am doing what I can with the limited funds that are available. I will continue to be as sympathetic as possible. However, Mr Humphreys and Ms Warner have to be driven to greater efforts to convince their Federal Labor colleagues to play their part.

After all, the Federal Government collects the taxes that are paid across Australia. It is time that blatant pork-barrelling of the Labor States stopped. Perhaps the Federal Government will learn from the New South Wales experience. If it was good enough to give \$5m in special housing assistance to Western Australia for a State sporting event, surely it is good enough to give at least as much money to help overcome the housing problems created by the staging of Expo 88, which is the jewel in the crown of Australia's Bicentenary celebrations.

### LEAVE TO MOVE MOTION WITHOUT NOTICE

Mr GOSS (Logan—Leader of the Opposition) (10.13 a.m.): I seek leave to move a motion of censure against the Minister for Police.

Question—That leave be granted—put; and the House divided—

AYES, 21

Ardill  
Burns  
Campbell  
Casey  
D'Arcy  
Eaton  
Goss  
Hamill  
Hayward  
McElligott  
Mackenroth  
McLean  
Milliner  
Palaszczuk  
Shaw  
Smith  
Vaughan  
Warburton  
Yewdale

*Tellers:*  
Prest  
De Lacy

NOES, 52

Ahern  
Alison  
Austin  
Beanland  
Beard  
Berghofer  
Booth  
Borbidge  
Burreket  
Chapman  
Cooper  
Elliott  
Fraser  
Gately  
Gibbs, I. J.  
Gilmore  
Glasson  
Gygar  
Harper  
Harvey  
Henderson  
Hinton  
Hobbs  
Hynd  
Innes  
Katter  
Knox  
Lee  
Lester  
Lickiss  
Lingard  
Littleproud  
McCauley  
McKechnie  
McPhie  
Menzel  
Muntz  
Neal  
Nelson  
Newton  
Randell  
Schuntner  
Sherlock  
Sherrin  
Simpson  
Slack  
Stoneman  
Tenni  
Veivers  
White

*Tellers:*  
FitzGerald  
Stephan

Resolved in the negative.

### QUESTIONS UPON NOTICE

#### 1. Licensing of Private Hire Vehicles

Mr FITZGERALD asked the Minister for Transport—

“With reference to the review by the Commissioner for Transport of licensing procedures of the private hire car industry in Queensland—

- (1) Has this review been completed?
- (2) If so, what was the outcome of this review and what are the resulting recommendations?
- (3) Will the review result in better services for the public using private hire vehicles?
- (4) Will new guidelines for the operation of the private hire vehicles protect the interests of the existing taxi industry?”

Mr I. J. GIBBS: (1) Yes, an extensive review of the private hire vehicle industry has recently been completed by the Commissioner for Transport.

(2) As a result of the review, a report containing a number of recommendations was provided to me by the Commissioner for Transport. The report, which recommended the implementation of a new policy in relation to the operation of those vehicles in Queensland, was approved by State Cabinet this week.

The major recommendations in the policy are—

- New standards for the type of luxury vehicles to be used, including the length of time they can remain in service.
- That existing licences be made transferable, allowing them to accrue value and enabling them to be bought and sold.
- New licences would be offered for sale periodically in centres as public demand requires.
- New operating conditions will clearly cover such aspects as hiring arrangements and areas in which the vehicles can operate.

Existing operators will be given the opportunity to apply for a licence under the new policy at a cost of \$5,000. This system of licensing will give operators a transferable asset, which will attract a substantial goodwill value. It is a system that has been operating very successfully in the taxi industry for many, many years.

(3) The new licensing system will ensure that only committed, genuine operators participate in the industry. The introduction of a goodwill value on licences will encourage operators to upgrade and maintain their services to the public to ensure their level of investment is preserved.

The vehicles used in the three categories will be restricted by certain age limits to guarantee that people hiring a chauffeur-driven vehicle really get a limousine service. This restriction will see such cars as Ford Fairlanes and Ford LTDs restricted to five years' service, extending to 20 years for the ultra-luxury class vehicles such as Rolls Royces and Bentleys.

While the new licensing system will introduce some up-front costs for operators, there is a general consensus that the move is in the best long-term interests of the industry and therefore is given widespread approval.

(4) The new policy clearly distinguishes the different markets that should be served by taxis and private hire vehicles. The new guide-lines are designed to protect the interests of both parties and will ensure that the problems of overlapping or encroaching into each other's markets is minimised in the future.

## 2. Remote Commercial Television Service

Mr HOBBS asked the Minister for Industry, Small Business, Communications and Technology—

“With reference to the announcement that NQTV will provide a RCTS for Queensland—

(1) When will this service be available to the people of Warrego and, in fact, all inland Queensland?

(2) What type and size of receiving disc will be required to receive a reception?

(3) Can the existing ABC receiving disc now in use be used or, if not, can this facility be adapted?

(4) What local content will be provided with regard to news and current affairs programmes?

(5) Will some towns be provided with a satellite station as was the proposal originally and, if so, which towns?”

**Mr BORBIDGE:** With reference to the announcement that NQTV will provide a remote commercial television service for Queensland—

(1) Transmission of remote commercial television services will commence on or about 24 April next. However, as part of the service, NQTV has to install retransmission towers in 13 Queensland towns, four of which, namely Blackall, Charleville, Cunnamulla and Mitchell are in the electoral district of Warrego. Not all 13 retransmission towers can be installed by April, but I understand that the NQTV schedule should cater for the towns in the Warrego electorate by the commencement of broadcasting.

(2) A 1.5 metre dish is required where retransmission facilities have not been provided. In those towns where retransmission towers are installed, normal TV antennae will suffice.

(3) Yes. ABC dishes can be used for the RCTS. The decoder device on the dish will need to be converted to accept commercial television, but NQTV will provide that service.

(4) I am advised that two segments of the normal NQTV news service will be devoted to remote-area news as well as one half-hour current affairs program weekly. Education programs are to be scheduled daily, and negotiations are now under way to produce or acquire rural and Aboriginal content programs for broadcast.

(5) Yes. In my answer to the first question I indicated the four towns in the honourable member's electorate that will be provided with retransmission stations. The other towns are—

|                 |           |
|-----------------|-----------|
| Barcaldine      | Cloncurry |
| Hughenden       | Longreach |
| Roma            | St George |
| Thursday Island | Weipa     |
| Winton.         |           |

### 3. Effect of Withdrawal of Commonwealth Road-funding for Local Authorities

Mr HOBBS asked the Deputy Premier, Minister for Public Works, Main Roads and Expo and Minister for Police—

“(1) What is the position of local authorities in Queensland with regard to the proposed withdrawal of Commonwealth Aid Local Authority Road Funding by the Federal Government and what will be the effect on the jobs of council workers and contractors?”

(2) Does he agree that high rate rises would be the effect of this action by the Federal Government?

(3) What effect will this action have on the local communities?”

**Mr AHERN:** On behalf of my colleague the Deputy Premier, the answer is as follows—

(1) The Federal Government is currently considering amendments to legislation by which road grants are made to State and local governments. I have not been advised of the details of those amendments. However, should they include abandonment of funding for local roads, local authorities in Queensland would be faced with a drop of \$43m in roadworks funds.

Clearly, the consequence of such a decision would be a dramatic reduction in employment of road-workers and industries dependent upon road-building.

(2) The level of rates is a matter for individual local authorities to determine. However, significant rate increases are likely to result if local authorities are to maintain the serviceability of their road system.

(3) Many local communities, particularly in western areas, are heavily dependent upon a continuing level of road-funding to provide reasonable access and employment.

I have no doubt that the economic effects of Federal abandonment of local road-funding in those communities would be nothing short of disastrous.

**4. Central Place Development, Lease of Railway Department Land by Mainsel Investments Pty Ltd; Lease of Office Space by Government Departments**

Mr BEANLAND asked the Premier and Treasurer and Minister for the Arts—

“With reference to his statements that there were problems for the Government backing out of its contractual obligations on the World’s tallest building, that is the proposed 107-storey building on the corner of Ann and Turbot Streets, Brisbane—

(1) What are the contractual obligations?

(2) What is the term of lease and rental per year given by Mainsel Investments Pty Ltd to the State Government for the Railway Department land?

(3) What is the area, number of floors, and cost of floor space that the Railway Department has agreed to lease from Mainsel Investments Pty Ltd in the building?

(4) What is the area, number of floors, cost of floor space and the names of other State Government Departments that are proposing to lease space?

(5) When will the Government be referring the developer back to the Brisbane City Council?”

Mr AHERN: (1) The Commissioner for Railways has entered into a legally binding development agreement with Mainsel Investments Pty Ltd to permit Mainsel to redevelop the railway lands on the corner of Turbot and Edward Streets. On the one hand, the commissioner is required to provide a site which will permit of a redevelopment by Mainsel and to sublease office space, car parking and other facilities for the commissioner’s use.

On the other hand, the developer is required to pay for development rights to the site and to provide railway infrastructure and to meet all statutory requirements in relation to the development, and particularly approvals from the Brisbane City Council.

(2) The railway land is being subdivided in strata, with the air space over the existing and future railway being sold in freehold to Mainsel. The railway track area and that below will be retained in freehold title by the commissioner.

(3) The Railway Department has committed to lease office space (12 900 square metres comprising seven levels) auditorium and other facilities (1 200 square metres) and 260 car-parking spaces at commercial rates determined at the time of the availability for leasing.

(4) There is no obligation on behalf of the State Government to take up accommodation in the development.

(5) Once the rezoning process is complete, it is up to the developer to pursue the statutory approvals with the Brisbane City Council. Action to initiate rezoning of whatever form it may take depends upon consideration of the legal position of the parties.

**5. Increase in Area of Sovereign Island, Gold Coast**

Mr BEANLAND asked the Minister for Water Resources and Maritime Services—

“(1) Is consideration being given to extending the size of Sovereign Island on the Gold Coast?

(2) If so, what effect will it have on the fish habitat reserve and the environment?”

Mr NEAL: (1) Yes.

(2) The area concerned is not part of a declared fish habitat reserve. However, as with any reclamation of this kind, the views of the Fisheries Management Branch of the

Department of Primary Industries will be sought as part of the normal investigation procedure.

#### 6. **Australian Civil Offsets Program**

Mr SHERRIN asked the Minister for Industry, Small Business, Communications and Technology—

“With reference to the recent agreement between the States and the Commonwealth Government in the area of Australian Civil Offsets—

(1) How will this agreement benefit the further economic development of this State?

(2) At what stage are negotiations with multi-national companies relating to partnerships for development?”

Mr **BORBIDGE**: (1) Offsets will provide a real and direct boost to both large and small Queensland firms, and the creation of new opportunities. Those firms which use modern technologies to produce quality products stand to gain by access to new technologies. New markets will be available to them.

Research institutions also will benefit by investment, support, and the chance to open up commercial applications of new findings. Opportunities for co-operation with Queensland firms and institutions are now being sought by an increasing number of multinationals, or transnationals as they are now called.

These offset arrangements will lift Queensland's—and Australia's—technology base, making us less dependent upon expensive imported products and providing new world competitive market opportunities for Queensland manufactured goods and services.

(2) Four multinationals have already signed partnership or development agreements. These agreements, under the new Australian Civil Offsets Program, to which Queensland is a signatory, now give Queensland firms and research institutions equal access to all commercial offset dealings with those companies.

Companies which have already signed are Honeywell Bull, Hewlett Packard, Apollo Domain and Wang. Three other companies, namely, Cincom, Digital Equipment Corporation and Apple are, I understand, within weeks of signing, and others are in the negotiation phase.

The newly created Defence, Procurement and Offsets Branch within the Department of Industry Development is involved in those negotiations. The Digital Equipment Corporation (DEC) is presently conducting a national survey of offsets opportunities. In three weeks' time it will have representatives in Queensland assessing our potential to participate. My departmental officers are facilitating arrangements for DEC to meet, during this visit, with Queensland's leading information technology software and hardware firms and our research centres.

Offsets represent new opportunities and new jobs for Queensland. This morning the Premier announced the first offset arrangement to be made in Queensland under the new Australian Civil Offsets Agreement—the multimillion dollar NEC software research and development centre to be located here in Queensland.

#### 7. **Employment of Teacher Graduates**

Mr SHERRIN asked the Minister for Education, Youth and Sport—

“With reference to the misleading statements made in 1987 by Opposition members regarding the employment prospects confronting the 1,800 teacher graduates from Queensland's Universities and Colleges of Advanced Education—

(1) How many of these graduates are expected to be in full-time employment by 30 June 1988?

(2) How does this employment record compare with that of the southern Labor States?”

**Mr LITTLEPROUD:** (1) Appointments are being made progressively as vacancies occur. It is expected that up to 1 500 of the 1 800 graduates seeking employment in State schools will have been employed by 30 June 1988. To date, 815 graduates from last year have been employed by my department. A further 200 places will be made available from the beginning of second term on 5 April 1988.

(2) I do not have any hard data concerning the employment prospects for graduates in other States. However, I understand the position in other States is not as favourable as that in Queensland. For example, I am informed that in Victoria, teacher graduates can wait up to three years for employment; in South Australia, there were recently 4 000 applicants for 400 jobs; in Western Australia only 20 per cent of graduates have been employed; and in New South Wales, graduates have had to wait for several years to gain teaching positions.

**Mr Hamill:** I know of one who has been waiting in Queensland since 1986.

**Mr SPEAKER:** Order! The member for Ipswich!

**Mr LITTLEPROUD:** It is obvious that the member for Ipswich is highly performed in education but is missing in the personal development program that is currently being put into our schools.

Clearly, Queensland can be proud of its achievements in the sensitive area of graduate employment.

## QUESTIONS WITHOUT NOTICE

### Comments by Minister for Police regarding Former Licensing Branch Inspector, A. Jeppesen

**Mr GOSS:** In directing a question to the Premier and Treasurer, I refer to comments made by the Minister for Police, Mr Gunn, on television last night regarding his lack of knowledge of a letter from former Licensing Branch Inspector, Alex Jeppesen in August 1986 raising serious allegations of corruption within the Queensland police force, and in particular Mr Gunn's comments—

“See, we get about I think up to 200 letters a day, and to remember one that happened, when was it? . . . in 1986 . . . or sometime. It's pretty hard. I'm not up to that standard.”

It seems to be a case of small calibre, big bore.

I ask: in view of this admission by the Minister for Police, and in the light of the very serious matter of police corruption involved and outlined in the letter, will the Premier now remove Mr Gunn from his Police portfolio and replace him with a full-time Minister who is up to the required standard?

**Mr AHERN:** I reject totally the personal attack that has been perpetrated by the Leader of the Opposition today. Surely Her Majesty's Opposition in this Parliament can do better than getting into the gutter on the basis of a personal attack.

In recent times, the honourable member has attacked the Police Minister on two issues. I will answer the first one first. The honourable member has been totally wrong. The first issue relates to the letter from Mr Jeppesen. The issue here is, clearly, that during a period of months, a number of allegations were made. In recent times, a number of matters have been put before the Government.

I remind honourable members that it was this Police Minister who took the recommendation to Cabinet for a full and open royal commission of inquiry into the police force in this State. That was a courageous decision and it was one that ought to be supported. The Minister for Police really deserves a great deal of commendation.

All round Australia from time to time, Police Ministers receive complaints and allegations, as do members of Parliament. What has happened in this State that sets

Queensland apart is that the Government has acted on this issue. A full and open royal commission of inquiry is operating.

I pay tribute to the courage of the Minister who took that recommendation to Cabinet. Having been concerned for some time, he finally demanded from the Government a full and open inquiry; so the action is there for all to see. It is the largest commission of inquiry into a police force in Australia's history. It has the total support and commitment of Government members. I know that I speak on behalf of the Minister for Police today. He would be saying what I have said and restating it.

Secondly, yesterday in this House the Leader of the Opposition accused the Honourable Minister for Police and me of misleading Parliament in respect of a matter. I want to say today that that matter was much ado about nothing, for a start. It was an entirely trivial matter, if ever there was one; but it was also patently and technically wrong on the part of the Leader of the Opposition.

In relation to questions without notice in this Parliament—it is not expected in any other Parliament that Ministers of the Government carry a memorised version of all the statutes under their administration. What is required is a statement of policy, an open response and a commitment not to intentionally mislead Parliament. *May's Parliamentary Practice* is quite clear about this matter. I would refer the honourable member to what May says because he seems to have a bad misunderstanding of the issue. At page 149, the following statement appears—

“Deliberately misleading the House

The House may treat the making of a deliberately misleading statement as a contempt.”

I refer the honourable member to it because, if there was an intention to mislead the House yesterday or on any other day in respect of this tiny issue—and that is what it is, a “tiny issue”—I will defend it. However, is the honourable member technically right, or is he not?

I have now had an opportunity to pick up a copy of the Police Complaints Tribunal Act 1982, No. 8—

**Mr Goss:** Do you mean that you hadn't read it when you said that yesterday?

**Mr AHERN:** Of course I did not have it. On what basis am I supposed to carry in my head the provisions of the Police Complaints Tribunal Act or keep a copy on file here?

**Mr Goss:** Why did you say it without knowledge?

**Mr AHERN:** What I said yesterday in this House was factually correct and what the Honourable the Minister for Police said was also factually correct. It was the Leader of the Opposition who misled the House and made the error. I will quote section 5.

**Mr McPhie:** Replace him.

**Mr AHERN:** Yes, perhaps the Government should call for his sacking because he has not done his job. It is not nonsense; it is a fact.

I wish to explain for the benefit of all honourable members the term of appointment.

**Mr Burns** interjected.

**Mr AHERN:** Will the honourable member listen to this? He might be the Leader of the Opposition this afternoon.

In relation to the term of appointment, the Act states—

“Each member of the Tribunal shall hold office for a period of one year from the date of publication in the Gazette of the Order in Council by which he is appointed and shall be eligible for re-appointment, subject, in the case of the nominee of the Queensland Police Union of Employees, to his being duly nominated.”

The legal advice obtained by the Government says that——

**Mr Goss:** You are misleading the House.

**Mr Burns:** You are misleading the House again.

**Mr AHERN:** No, I am not.

**Mr SPEAKER:** Order! The Leader of the Opposition and the Deputy Leader of the Opposition! A question has been asked by the Leader of the Opposition, and I will not tolerate further interjections while that question is being answered.

**Mr AHERN:** The Government's legal advice is that, in order to determine eligibility for reappointment, the issue requires clarification of the members who are currently serving, particularly in a case where the statute concerned states that they must be reappointed every 12 months. It is a clear nonsense to suggest otherwise. It has been routine practice down through the years, and the Leader of the Opposition has misled the people and the Parliament.

**Mr GOSS:** I rise to a point of order. The Premier, in purportedly quoting from the Act, has just said that they had to be reappointed after one year. The Act does not say that. It means that someone can be reappointed. The Premier is still misleading the House. He is trying to squirm out of the incompetence.

**Mr SPEAKER:** Order! There is no point of order. Does the Leader of the Opposition wish to exercise his right to ask a second question?

#### **Police Complaints Tribunal Act**

**Mr GOSS:** I have a further question without notice to the Premier. I ask: is he prepared to read to the members of this House, quoting directly from the Act, that section of the Act which requires his Minister to write to the Chairman of the Police Complaints Tribunal inviting him to a further term on the tribunal?

**Mr AHERN:** I think the Leader of the Opposition is rattled in relation to this matter. This is the Parliament of Queensland and not the Holland Park Magistrates Court.

**An Opposition member:** You have been lying.

**Mr AHERN:** No, I have not. I have made the position absolutely clear, based upon the best legal advice available. The honourable member has been found out and he does not like it.

#### **World Heritage Listing; Protection of States' Rights**

**Mr FITZGERALD:** My first question without notice is directed to the Premier and Treasurer. I ask: is he aware of an article in the *Australian Financial Review* this morning with the headline "Labor at loggerheads on heritage" and has the Queensland Labor Party offered any assistance to the Queensland Government in its fight to protect Queensland's State rights and the rights of those land-holders affected by World Heritage listing?

**Mr AHERN:** The honourable Leader of the Opposition has offered no assistance, so it has to be construed that officially in this place the Australian Labor Party maintains the same view as the Unsworth Government in New South Wales previously held. The Labor members of Parliament in New South Wales experienced a 20 per cent swing against them. Queensland local authority members who stood on behalf of the ALP were thrown out of political office at last Saturday's local authority elections.

**Mr De Lacy:** Why don't you debate this?

**Mr SPEAKER:** Order! I warn the member for Cairns under Standing Order 123A for persistent interjections.

**Mr Comben:** There is a notice of motion. Debate it.

**Mr SPEAKER:** Order! I also warn the member for Windsor under Standing Order 123A for the same reason.

**Mr AHERN:** It does appear that in the backwash from Saturday's election results substantial chinks are occurring in the armour of the ALP in relation to this matter. In this morning's press appears an article that refers to a letter from the member for Mourilyan, which makes for some very interesting reading.

The article states—

“In a letter to the Federal Minister for the Environment, Senator Richardson, the Queensland Opposition spokesman on Land Management and Forestry, Mr Eaton, has raised questions of propriety about the way the proposed heritage boundaries have been drawn up.

He also suggests there has been some kind of collusion between senior members of the Hawke Government and the conservation movement.

Mr Eaton alleges that the proposed boundaries were drawn up ‘in secret’, with ‘only conservationists’ being consulted and involved.

‘Not once, to my knowledge, did the Federal Government seek advice or opinions from members of the Queensland ALP or Parliamentary Leader or members of State Parliament . . .’ he said.

Mr Eaton also questions the credibility of the Hawke Government's previous claims that it was willing to negotiate with the Bjelke-Petersen Government on the issue of World Heritage listing.

He said that if the listing were pushed through, based on the existing boundaries, it would severely embarrass UNESCO.

The letter, copies of which have been sent to the National Secretary of the ALP and the ACTU, urges Senator Richardson to adopt the Queensland Opposition's policy on the rainforest listing proposal.

This allows for a Management Authority . . . which would decide where ‘controlled logging’ should be allowed, providing there was a ban on ‘clear fellings’ and logging in virgin rainforests.

. . .

Mr Eaton's letter states, ‘. . . there is a lot of ill feeling towards the unions by workers and their relatives who felt the union officials should have been more vocal in their opposition to heritage listing.’”

It appears that members of the Opposition are finally deeply divided on this issue. I think it is time for members of the Opposition who feel the way Mr Eaton does to stand up, be heard and go public on the matter.

#### **Racing Commission; Boycott by Jockeys and Trainers of Easter Monday Race-meeting**

**Mr FITZGERALD:** In asking a question of the Minister for Local Government and Racing, I refer to the proposed boycott by jockeys and trainers of the Easter Monday race-meeting. I ask: what is the Government's attitude to setting up a racing commission to replace the principal club system?

**Mr RANDELL:** I saw an article in this morning's *Courier-Mail* by Bruce Clark about a race strike. That decision certainly will do no good to the industry at large; it will do no good to anyone. It would be in the best interests of the industry for more talks to be held. That is what I have been doing. I have had talks with book-makers' representatives, owners and trainers—

**Mr R. J. Gibbs:** They all want a racing commission.

**Mr RANDELL:** In reply to the voices coming from the other side of the House, I simply say that at all times in public statements I have asked for submissions on the

idea of a racing commission. I have had submissions from various bodies, but not one has come from the Opposition side of the House. I have heard howls from the Opposition side of the House and I have heard Opposition members making statements, but I have not received one item of interest about a racing commission. I invite Opposition members to put forward an expression of interest and to give me their views.

I have had talks with book-makers' representatives, owners, trainers and jockeys. I have also met the representatives of the five principal racing clubs. I will consider their submissions. I have made known to the principal clubs my concern about the racing appeals committee. There is room for improvement in that area. I have made my views known to the clubs and I am awaiting their reply.

The House can rest assured that I will not be rushed or stampeded into making a hasty decision. I will certainly not be making decisions with strike threats hanging over my head.

I hope that sanity and reason prevail and that we can reach the situation in which we can act in the best interests of the racing industry.

#### **Fitzgerald Commission of Inquiry; Transfers of Police Officers**

**Mr BURNS:** I direct a question to the Premier. In the light of his oft-repeated statements that his Government is 100 per cent supportive of the Fitzgerald inquiry and in the light of the need for complete confidence by potential witnesses that they will not be victimised by corrupt elements within the police administration, I ask: will he investigate the report of punitive transfers of several police officers to Woolloongabba, amongst other places, which transfers appear to be the result of minor departmental charges relating to technical defects in those officers' correspondence—their paperwork? Will he give those officers and the public an assurance that the corrupt supervising officers who have been named in the Fitzgerald inquiry and who are responsible for these transfers will be prevented from abusing their power in this way? Will he ask Mr Fitzgerald to nominate one of his assisting counsel to whom the victimised police officers who are potential witnesses of his inquiry may report these attempts to punish them and prevent them from giving evidence?

**Mr AHERN:** In my view, the issue relates to contempt of the Fitzgerald inquiry. I am not a lawyer, but that seems to be the issue upon which the question is focused. That is a matter for the commissioner to determine.

This subject has been the matter of discussion between me, in my capacity as Premier, and the commissioner. He has advised me that links have been established between the Police Complaints Tribunal and the internal affairs investigation division of the Police Department to ensure that matters of sensitivity or matters of relevance to him are brought to his attention so that he can maintain some knowledge of the issues that are coming before either of those two groups. The matter is a question for the commissioner. I will hand the honourable member's question to Mr Fitzgerald, whose direct responsibility I believe it to be.

#### **Barambah By-election, State Tax on Petrol**

**Mr BURNS:** I direct a second question to the Premier. As the electors of Barambah will be going to the polls four days after this Parliament resumes in April and as the State Budget and State taxes will be issues affecting country residents in Barambah, I refer him to his answer in this House on 9 March in which he refused to rule out the imposition of a new State tax on petrol, as well as taxes on tobacco and beer. I ask: will he and the National Party candidate be campaigning in Barambah on the need for a new petrol tax, or can he rule out completely prior to the election the introduction of a petrol tax either before or at the time of this year's State Budget? I am asking because I believe that it is an issue that the people of Barambah should be allowed to vote on.

**Mr AHERN:** I think that the honourable member is joking. Labor Governments around the country have had a history of high taxation. One of the issues that were

central to the ALP electoral disaster last Saturday was the superannuation tax issue, as is well known to every Australian.

If the honourable member can convince the electors of Barambah that the Queensland ALP organisation is in some way not committed to the Federal ALP platform, which every other ALP organisation around Australia is committed to, I will not believe that I am standing here. The ALP cannot convince anybody that it is not a high-tax organisation in Government. No amount of undertaking can be given that will convince the electors otherwise. That was demonstrated all over Australia last Saturday.

**Mr Burns** interjected.

**Mr SPEAKER:** Order! The member for Lytton!

**Mr AHERN:** The issues in relation to taxation have always been announced in this place in the context of a Budget or a financial statement. Those issues cannot be answered at this stage, nor should the Government be expected to answer them, because it does not know what Mr Keating has in store for us in May. Can the honourable member tell the Government what he has got in store for us?

I think that it is well known to all members of Parliament that the three-year program announced by Mr Keating in the last May economic statement cut back funds to the State this financial year by \$150m, a further \$150m next year and a further \$210m in the third year of the triennium. If statements today are to be believed, Mr Keating is promising further cut-backs in the May economic statement. The Federal Labor Government is putting this State in a tight economic position, if ever there was one.

The Queensland Government has a proud record in relation to taxation. Taxation in this State across the board is 16 per cent lower than the national average. If the National Party Government of this State implemented the average rate of taxation that Labor has implemented in the other States of Australia, the tax-payers of Queensland would be paying an extra \$254m. If Queensland had had a Labor Government over the years, Queenslanders would be paying an extra \$254m in taxation. That is the cold, hard fact.

The answer to the honourable member's question is that the Queensland Government has a proud record of low taxation, and I will be happy to go into the Barambah electorate on the basis of that low taxation record and let those electors judge this Government against Labor. I will abide by the outcome of the by-election in Barambah.

The Queensland Government has a proud record and one that it is determined to keep.

### **Tertiary Entrance System**

**Mr STEPHAN:** In directing a question to the Minister for Education, I refer to an article in yesterday's *Courier-Mail* in which the vice-chancellor of Bond University, Professor Don Watts, was reported to have said that Queensland has the worst tertiary entrance system in Australia. I ask: is that a correct assumption?

**Mr LITTLEPROUD:** I thank the honourable member for his question. I am aware of the comments attributed to Professor Watts, who is an eminent educationist in his own right and quite entitled to his own point of view.

I draw the attention of the House to an article in today's *Courier-Mail* containing comments by Professor Brian Wilson about the comments attributed to Professor Don Watts in yesterday's article.

That goes to show that it is not uncommon for people who are eminent in the education profession to hold different points of view. I am sure that you found that yourself, Mr Speaker, when you held the Education portfolio. That matter does not concern me. However, what does concern me is that the position is exacerbated by the fact that Queensland is very short of tertiary places.

I am also aware of an article in today's *Sun* which attributes comments to the member for Mount Coot-tha, who said that my answer to a question asked earlier this week in the House with regard to the Sherrin committee was tantamount to being irresponsible. I point out to the House that the Sherrin committee is only one aspect of my total approach to overcoming the shortage of tertiary places in Queensland. Currently, this State is something like 5 000 places short of its entitlement. The Sherrin committee will certainly examine ways of creating new places and obtaining more funding.

I am already moving on a wider front. I have made numerous statements through the media—press, radio and television—in various places throughout Queensland and I have made statements in this House pointing out that the Queensland Government is greatly concerned about this matter. I am trying to make the people of Queensland understand that it is very important that the public of Queensland put pressure on the Federal Government to address this matter and overcome the shortage of tertiary places in this State.

When I attended the Australian Education Council meeting in Melbourne, I took the time to raise this matter with Mr Dawkins. I said, "Before we do any restructuring of tertiary education in Australia, according to your Green Paper, we first of all have to overcome the shortage of tertiary places in Queensland." Only then will the Queensland Government examine the restructuring that Mr Dawkins wants to occur.

I seek leave to table a document containing some comments by the Board of Secondary School Studies on the article by Professor Watts and seek leave to have the document incorporated in *Hansard*.

Leave granted.

*Whereupon the honourable member laid on the table the following document—*

COMMENTS ON ARTICLE "STATE'S T.E. SYSTEM SCORES BOTTOM RATING" IN THE  
"COURIER-MAIL", WEDNESDAY 23 MARCH 1988

by Mr Neal McBrien  
Assistant Executive Officer  
Board of Secondary School Studies

"The TE Score system is the only system in Australia that is internal to schools and not accountable."

Comment

- There is a lack of understanding of the Queensland situation in referring to the system as if it were a purely internal one. In fact it is not. Schools do not make unsupervised decisions about student achievement. There are procedures to check on the comparability of assessments from school to school. Some of these procedures involve teachers from other schools. Standards are checked against a centrally organised syllabus devised by expert teachers and tertiary people. All school assessments are scaled to ASAT, a common external scaling test!
- The operation of internal assessment in Queensland has increasingly provided students with a clear statement of what is expected of them and how their work is assessed, and has thus increased the opportunity for the proper accountability of teachers and schools. A student who is discriminated against is able to challenge the result in a way that did not exist with external exams. Thus the Queensland system is accountable to those who matter most—students and parents.

"To ask teachers to teach students and assess those students is an unbearable professional load."

Comment

- The openness of the system and the professional responsibility of teachers in Queensland is recognised world-wide. Such positive characteristics far outweigh any extra burden for teachers involved in both teaching and assessing.

"Teachers and students should work against the examiner."

## Comment

- It would be interesting to see if the Bond University itself intends to use the model “teacher plus student versus examiner” which Professor Watts deems desirable for the secondary sector. If it does, it would be a first in Australia (if not elsewhere)—lecturer teaching, outsider assessing!

“. . . the TE Score to gauge student ability.”

## Comment

- The TE Score does not purport to be a measure of student ability. It is a rank-ordering of Senior students in the State in a given year based on achievement in senior secondary schools.

## General Comments

- It would be timely to recall that one of the factors that gave genesis to the creation of the current (school-based) system was a lack of satisfaction with the way university lecturers were setting the external Senior exam for Queensland’s year 12 students. (Memories of “The Courier-Mail” front page on English papers—essay topics, Physics papers—questions beyond the syllabus, etc.).

### Funding for New Brisbane Police Headquarters

**Mr INNES:** In the absence of the Minister for Police, I direct a question without notice to the Minister for Finance. Is it true that the Police Department has been told to provide \$16m from its recurrent budgeting towards the cost of the new Brisbane police headquarters, and has it been told to take whatever steps are necessary, including the sale of police stations, to implement any other economies that it can effect?

**Mr AUSTIN:** I am unaware of any internal administrative decisions that may or may not have been made by the Police Minister or his department. In this instance, perhaps it would be of benefit to honourable members if I explained what is happening in relation to ministerial and departmental head accountability on budgetary matters within the Government structure at present.

The long-standing practice of the Government in this State was that, if departments were not remaining within their budgetary framework, Ministers would present submissions to Cabinet, and subsequently to the Treasurer, to claim overexpenditure. That practice has now changed. Each portfolio is appropriated a certain amount of money, and it is up to the Minister and his permanent head to manage the amounts of money given within the budgetary context. It is only under extraordinary circumstances that overexpenditure may be approved.

I understand that the new police headquarters is being constructed out of the \$400m Special Capital Works Program, which was announced in the last Budget or the Budget previous to that. I undertake to carry out an examination of the matter raised by the honourable member. I cannot answer him directly. I will respond to him accordingly.

### Investigation by Former Minister for Justice and Attorney-General of Allegations Contained in Letter from Messrs Skinner and Smith

**Mr INNES:** I direct a question without notice to the present Minister for Primary Industries, who was formerly the Minister for Justice and Attorney-General. I refer to letters tabled in this House on Tuesday, 22 March, namely, a letter from a firm of solicitors, Skinner and Smith, in relation to their client Mr Jeppesen, addressed to Mr Gunn, to which is attached a response from the Minister to the same letter, which is dated 27 August 1986, and which sets out that the client had made allegations of discovering SP betting networks, of taking evidence in the late 1970s or early 1980s to a meeting at Lennons Hotel involving three National Party Ministers—the Premier, Mr Camm and Mr Goleby—and of being fearful of speaking to the Commissioner of Police because of his association with Messrs Murphy and Herbert.

Apart from saying that the Government refused to be involved in the legal proceedings between Messrs Saunders, Pitts, Forgan and Jeppesen, did the Minister

consult any of his colleagues or did he make any inquiries as a result of the allegations about which he read in that letter?

**Mr HARPER:** I thank the honourable member for the confidence that he placed in my ability to recall matters that occurred during the time when I held my previous portfolio. I have some recollection of the events to which he referred, but I would ask that he place his question on notice so that I may accurately respond to it.

**Mr SPEAKER:** I direct that that question be put on the Notices of Questions.

#### **Absence from Queensland of Deputy Premier; Videotaping of Police Interviews**

**Mr SMITH:** In directing a question to the Premier, I refer to the absence from the House today of his deputy, who is also the Police Minister. I ask: how can the Premier justify Mr Gunn's absence on another junket to London when there are serious questions to be answered on the Minister's handling of the Police portfolio? As the London trip concerns videotaping of police records of interview—an issue on which the Government has stalled for 11 years—why did the Premier not insist on Mr Gunn's delaying his departure for 24 hours to face questions in this House on a number of serious issues?

**Mr AHERN:** I am acting Minister for Police at present. The balance of Mr Gunn's portfolios have been allocated to another Minister. Therefore, the portfolios are being carried through and questions about them can be answered in this House.

From time to time, it is the practice of all Governments in all Parliaments for Ministers to be absent on official business. On this occasion, it was thought that, during the forthcoming parliamentary recess, answers should be provided to the videotaping issue. Therefore, I approved Mr Gunn's overseas visit.

In the interests of getting the procedures totally right, it is important that we look at overseas up-to-date experience in that regard before putting certain arrangements in place. That is the reason for the urgency of Mr Gunn's visit. Upon Mr Gunn's return, appropriate arrangements will be quickly put into play.

I am sure that the honourable member would be the first to publicly complain if this Government did not bring the most up-to-date research into focus on this issue. Opposition members claim, "It is dead easy. We could do it." I doubt that very much. The very best information needs to be made available on this issue, and this Government is going to get that shortly.

#### **Racing Commission; Boycott by Jockeys and Trainers of Easter Monday Race-meeting**

**Mr SMITH:** In directing a question to the Minister for Racing, I refer in part to the reply that he gave this morning to the honourable member for Lockyer. I ask: is the Minister aware that the racing industry, which generates over \$600m a year, is in jeopardy because the Government refuses to recognise the need for a modern racing commission to control the industry?

Does the Minister realise that the proposed strike by jockeys, owners and trainers on the Easter Monday meeting in south-east Queensland is the only way in which participants in the industry can draw attention to the Government's out-of-date management of the industry through the principal clubs system?

Will the Minister use his good offices to meet with those owners, trainers and jockeys and, lastly, can he give this House an indication of the potential lost revenue to Queensland because of that Easter Monday racing boycott?

**Mr RANDELL:** Although the honourable member has asked a series of questions, I will try to answer them. Firstly, I do not think that the honourable member heard or clearly understood what I just said. At present I am engaged in far-reaching discussions with all segments of the racing industry in an attempt to resolve the differences that exist. Once I have received all of those submissions and have considered them, I will make my mind up about a racing commission.

**Mr Smith:** Will you meet the jockeys and trainers?

**Mr RANDELL:** The honourable member obviously did not hear what I said. I have met with them all. I have met with Mr Quiry, Mr Rodwell and Mr Darryl Strong. I have met with the five presidents of the principal clubs. What more can I do? I am still waiting for further submissions.

**Mr R. J. Gibbs:** Make some decisions. That's what you can do.

**Mr RANDELL:** That is what the honourable member would like me to do. That is the way that the honourable member would do it. He would make decisions without proper consideration of the facts. Don't give me that sort of thing.

Opposition members would like me to stampede in there and disrupt an industry that has been going for such a long time and is of such vital importance to Queensland. They must realise that the industry is worth billions and billions of dollars. It relates not only to jockeys and trainers; it goes right through to racehorse-owners, the fellows who supply the feed, insurance companies and many others.

Opposition members want me to make, in five minutes, a decision that would probably still be rejected by them. I will do the responsible and proper thing. I will listen to those submissions and I will make my decision. It certainly will not be made under any threat or stand-over tactics by anyone.

In regard to the potential losses to the industry, I do not have that information on hand. However, I can say that if that strike goes ahead, there could be substantial losses throughout the entire industry. Not only will losses be sustained by the racing clubs, but the jockeys, owners, trainers and everyone else will be affected. It is regrettable that anyone is considering that strike action. The first thing that people should do when they have a problem is sit down and talk about it.

**Mr D'Arcy:** You won't listen to them.

**Mr RANDELL:** My door is open. You were the former Racing spokesman. Any time that——

**Mr SPEAKER:** Order! The Minister will refer his remarks to the Chair.

**Mr RANDELL:** I remind honourable members opposite that my door is always open. They only have to make an appointment with me. They have never done so. I will listen to them. My door is still open to the owners and trainers. I intend to have further talks with them. However, I still state that I will not make a decision under threat.

### **Measles Eradication Campaign**

**Mrs McCAULEY:** I ask the Minister for Health: will she advise the House of the current state of the measles eradication campaign and can she explain the national and international content of this campaign?

**Mr Comben** interjected.

**Mr SPEAKER:** Order! The member for Windsor has already been warned once.

**Mrs HARVEY:** I thank the honourable member for her very important question. The World Health Organisation has identified measles as the No. 1 killer of all childhood diseases, yet it is one of the most easily preventable diseases and one of the six diseases targeted by the World Health Organisation as vaccine preventable and worthy of major focus.

The Queensland Government has embarked upon this major focus for the total eradication of measles in our community. All States and Territories are involved in this campaign. However, I am pleased to say that Queensland has been leading the way for quite a number of years.

A couple of weeks ago I attended a Health Ministers' conference at Alice Springs at which the Victorian Minister made the major announcement that that State was very progressive and it was introducing a measles-screening program for Year 1 primary school students. At a time when all of the other States were congratulating Victoria, I was very pleased to be able to announce that such a program had been carried out by Queensland since World War II. Queensland is a fair way ahead of the other States, and it intends to stay that way, despite the Federal Government's determination to bring Queensland down to a level of mediocrity in line with other States, which are a bit tardy in addressing these sorts of issues.

With regard to the measles campaign—there is no mumps campaign as such, but the measles eradication campaign recommends that one dose of measles/mumps vaccine be administered to all children between 12 and 15 months of age unless there is a well-defined medical contra-indication to its use. The campaign is embarking upon the education of target groups. Data regarding measles immunisation status at pre-school and school entry as well as immunisation status of 15-month old children is being collected. There will also be increased availability of the vaccine. It is being made more available in the community by increasing the frequency of immunisation clinics in some areas and by the supply of vaccine to general practitioners.

Investigation and management of measles outbreaks is also being carried out. Discussions are currently being held between the Health Department and the Education Department on the introduction of a system whereby proof of childhood immunisation will be sought at school entry.

I would remind all honourable members that immunisation against measles is important to prevent both the misery of the illness and the more serious complications that occur in one in every 15 cases. I stress that measles has been responsible for more than 2 000 000 deaths in the developing countries of the world. It is a disease that cannot be taken for granted. I think that the community feels that measles is one of those childhood diseases about which there is no need to worry.

As the honourable member for Callide has asked the question, I take this opportunity to stress to the House that if honourable members want to promote through their own electorates the idea that perhaps all parents and members of the community should take measles seriously, I would greatly appreciate that as part of a preventive thrust.

In Queensland the latest estimates based on parental reporting of immunisation status of children in State pre-schools suggest an average measles immunisation rate of 77.5 per cent in 1986. The Government would like to improve that rate, and it is certainly working in that direction. I thank the honourable member for her very important question.

### **Expo Housing Hot Line**

**Mr PALASZCZUK:** In directing a question to the Minister for Welfare Housing, I refer him to an item on the Channel 7 news on Tuesday night dealing with the Expo housing hot line in which a woman who rang the hot line was told that there was absolutely nothing the Housing Commission could do to help her fight a rent increase from \$130 to \$350 per week for her unit, which is close to the Expo site. The woman was told to ring the Consumer Affairs Bureau and says that she rang them but they simply laughed at her predicament. I also refer to an admission by a spokesperson for the Minister in the news story that the hot line has no legal teeth and that the Minister had never said the hot line would or could do anything about rent sharks. I ask, just what are the benefits of the Expo housing hot line? How many people have used it so far and how many rent increases or evictions has it stopped? If it has not been successful in stopping these rent rip-offs, will the Minister admit that the hot line is nothing more than shallow window-dressing by his Government which does nothing to prevent profiteering by landlords at the expense of average families?

**Mr McKECHNIE:** I welcome the question because I have never ever said that the housing hot line has anything to do at all with solving some of the problems that are brought to the attention of the Housing Commission.

**Mr Goss:** What's it for?

**Mr McKECHNIE:** If the honourable member would be patient and stop his legalistic nonsense, maybe he would learn something.

**Mr Goss** interjected.

**Mr McKECHNIE:** If he finds it offensive I will withdraw it.

**Mr Goss:** I was just laughing at you.

**Mr McKECHNIE:** To reply to the honourable member—the Housing Commission hot line, as I understood it, was set up to monitor the situation and give advice to those people whom it was possible to help. Some people can be helped and some cannot.

As of yesterday afternoon, something of the order of 56 calls had been made to the hot line. Many of them were definitely not Expo related. I am sure that honourable members understand that right across Australia, because of a period of high interest rates and the negative gearing that was brought in by the Federal Government, which admitted later that it was wrong, and capital gains tax——

**Mr Palaszczuk:** Don't skirt around the question.

**Mr McKECHNIE:** I am not going to skirt around it. I have answered it and I will stay here all day if the honourable member wants me to.

Those factors have stopped people investing to the degree that they formerly invested in rental housing. There is a housing crisis right throughout Australia. Rent increases of up to \$20 a week have happened throughout the nation. Obviously, people who complain about an increase in rent of \$20 a week would find that most of it is attributable to the policies of the Federal Government.

According to what was said by the people who phoned in—and without hearing the other side of the story——

**Mr Palaszczuk:** How many people has the hot line helped?

**Mr McKECHNIE:** If the honourable member is patient, I will answer his question.

On the information supplied to the commission, about half of the inquiries would have been Expo related. The side of the story put by the people who phoned has not always been checked with the landlords. When the Expo hot line was set up, I undertook to keep Cabinet updated with what the real situation was in regard to Expo housing. That is the main purpose of it.

Others who were put on to the rental section have received a high priority and have been helped almost immediately. Those people are getting something concrete out of the Expo hot line. However, someone who is not a welfare housing applicant, who is in receipt of a high income, would not qualify for Housing Commission accommodation. Opposition members would not expect the Housing Commission to do that.

I hope I have given the honourable member some understanding of how I view the working of the hot line. I hope also that I have given the House to understand that, although Expo has no doubt contributed to the crisis—and I do not apologise for any of those who are ripping the system off—there is a general crisis in housing throughout Australia that has been caused by the Canberra colleagues of the Opposition member.

**Mr Palaszczuk:** You had 56 phone calls. How many people have you helped?

**Mr McKECHNIE:** I just wish that the Opposition would start screaming about the capital gains tax and the high interest rate policies of the Federal Government. Opposition members tell me privately that the Federal Government should provide funds for Expo

housing; but why will they not say so publicly? Why do they not help me generate a climate, in Brisbane in particular, in which the Federal Government is told to give as much money for housing in this State because of Expo as it did because of a sporting event that took place in Western Australia? Why will members of the Opposition not do that?

**Mr SPEAKER:** Order! The time allotted for questions has now expired.

## HEALTH ACT AMENDMENT BILL

### Second Reading

Debate resumed from 10 March (see p. 5088).

**Mr COMBEN (Windsor)** (11.24 a.m.): The Health Act Amendment Bill that this House is debating today has as its aim the simplification of the law in Queensland concerning infectious and contagious diseases.

Although the Minister makes no reference to the fact in her speech, the need for these changes was brought about by the potential pandemic of the acquired immune deficiency syndrome, or AIDS. This disease was unknown before 1981, but is now feared in every country of the world. No-one knows the extent of the AIDS problem because no-one knows the number of people infected or likely to be infected in the world today. As recently as February, two different newspaper reports on the first global summit on AIDS showed how widely differing the figures can be. Those figures show that, even with the most conservative estimate, there are over 150 000 sufferers today, which will grow to about 1 million in 1991 and 25 million by the year 2001.

So far international efforts to combat the AIDS epidemic have been led largely by medical experts and health and welfare workers. One report states that political leaders, through neglect or sensitivity to unfavourable public reaction, have been slow to address the problem and still slower to co-ordinate their efforts against the spread of the disease. Some Governments, particularly in Africa, have even been reluctant to acknowledge the full extent of the crisis in their countries. Until the last few years, that was also true in Australia. These Governments feared the effects which publicity about widespread AIDS infection may have on tourism and foreign investment. These Governments have obstructed attempts to gather accurate statistics about the disease and have refused to co-operate in campaigns to combat the disease. The extent of the AIDS epidemic in Africa and the catastrophe that the disease potentially poses to developing countries can no longer be hidden or ignored.

True, two-thirds of the world's reliably reported AIDS cases have come from the USA, but that may simply reflect, and probably does, a greater public awareness of the disease in the United States and more accurate data collection. In any event, modern medical services, blood-screening facilities and more effective education and mass communication will provide developed countries with better opportunities to control the disease.

By contrast, developing countries typically lack the funding to counter widespread AIDS infection. They have insufficient skilled staff to treat the disease and are confronted by transport, communication and literacy problems that complicate attempts to slow the epidemic. Widespread infection among younger adults, especially in central Africa, threatens to debilitate further already fragile economies and may require a major diversion of resources from important development programs.

Some observers already suggest that AIDS in Africa will prove more disastrous than recent famines and they warn that the economic and social consequences of the epidemic could seriously destabilise some countries over time. I think we are all conscious that the average health care funding per capita in some of the developing countries is less than \$10. At present in Australia AZT treatment per person per year costs less than \$14,000—I understand there has recently been a decrease in the cost of AZT. How those

countries can combat AIDS and how they can start to try to alleviate some of the suffering is totally beyond us.

That is the world situation, but what of Australia? The first global AIDS conference, which I referred to earlier, heard from one Australian researcher who stated that by 1991 the national mortality rate among 25 to 34-year-old men in Australia and other western world areas such as western Europe and north America would increase dramatically due to the effects of AIDS. For Australia he predicted the increase would mean the number of deaths from AIDS among men in the specified age group, 25 to 34, would be greater than the total number of deaths now occurring from road accidents, suicides, heart disease and cancer. That is the scale of the problem that we are facing in Australia today.

The problem of AIDS is with us in Australia and Queensland. Currently more than 500 people in Queensland have been diagnosed as having AIDS and more than 50 have died. The total number of infected persons in Queensland is unknown, but the Health Minister's public briefing papers estimate that as many as 5 000 to 10 000 people in Queensland could be infected with AIDS. It is a terrible situation with no cure in sight. The *Medical Journal of Australia* gives the following increase in AIDS in seven segments: the first 50 cases took 25 months to appear; the second 50 cases, seven months; the third 50 cases, five months; the fourth and fifth 50 cases each took three months; the sixth 50 cases, two months; and the seventh, only some six weeks. So over a period of some five years, from 50 cases appearing in two years there are now 50 cases appearing in less than six weeks.

The death sequence is also similar: three died in 1983; 13 in 1984, including one friend of mine; 62 in 1985; and 114 in 1986. That emphasises the rapid explosion of the disease. In the beginning of the epidemic, most notifications were blood-transfusion related—blood-factor recipients. During 1986, homosexuals and bisexuals became the predominant group. However, patients infected by intravenous drug use have increased from some 5 per cent to 9 per cent. Recently several heterosexual transmissions have been detected. The major route of transmission into the heterosexual community is through bisexual men and intravenous drug use. Eventually, however, self-sustaining heterosexual transmissions will occur. Already more than 40 female sexual contacts of men subsequently diagnosed as infected cannot be traced. It is suggested that those 40 female contacts are normal heterosexuals. So the conduit from what was previously considered to be a limited disease has been established from that limited group out into the general community.

The Labor Party believes that in these times, faced with a major epidemic, we should be supportive of the Government as it moves along the right road. We offer the Minister, in every sincerity and in the same spirit that her predecessor gave us as ALP members an AIDS briefing, our support in a bipartisan approach to this problem.

As the Minister moves in the direction of world health trends, we will support her. That does not mean that we will not gently push, urge and cajole—perhaps even occasionally fairly robustly. Whilst the people of our State, individually and as a community, face a massive health threat, we will not oppose the Minister's moves along the current road—the proper road—even though we believe that they are slow and a little more moralistic than they should be for a health issue.

Essentially, for all of us, there is a balancing act to be followed, balancing the need to prevent the spread of AIDS without imposing unnecessary restrictions on personal liberty and privacy or presenting people with discrimination because of a health problem. We will not be part of a polarisation of our society over AIDS. AIDS is a health issue—nothing more or less. It is a problem of a high-risk behaviour, not of high-risk groups. We will not be in any way party to anything that targets certain groups only. We will, however, target behaviour and we will support the Minister's moves in that direction.

The compromise on those countervailing pressures between community protection and personal liberty is well expressed in the preamble to the Health Act general

amendments introduced in the Victorian Parliament recently. That particular preamble states—

“119. The following principles apply for the purposes of the application, operation and interpretation of this Part:

- (a) The spread of infectious diseases should be prevented or limited without imposing unnecessary restrictions on personal liberty and privacy;
- (b) A person at risk of contracting or being infected with an infectious disease must take all reasonable precautions to avoid contracting or being infected with the disease;
- (c) A person who suspects that he or she has an infectious disease must ascertain—
  - (i) whether he or she is infected; and
  - (ii) what precautions should be taken to prevent others being infected;
- (d) A person with an infectious disease must take necessary measures to ensure that others are not unknowingly placed at risk of becoming infected;
- (e) A person with an infectious disease or at risk of contracting or being infected with an infectious disease has a right—
  - (i) to be protected from unlawful discrimination; and
  - (ii) to have their privacy respected; and
  - (iii) to receive information about the medical and social consequences of the disease and any proposed treatment; and
  - (iv) to have access to available and appropriate treatment—

so long as those rights do not infringe on the well-being of others.”

I repeat: as long as those rights do not impinge on the rights of our community to good health and to protection from disease.

Those principles were arrived at after two years of discussion and eventual compromise by many different groups in Victoria. I confess that my personal view is that I would have preferred to see more personal privacy built into the provisions. However, that was one of the built-in compromises. That Bill still has more protection than the Queensland provisions. In Queensland, we have no anti-discrimination legislation and no privacy legislation, yet both those pieces of legislation are found in Victoria, and amendments to those pieces of legislation are contained in the Health Act and Another Act Amendment Act introduced in Victoria.

With the epidemic spreading and as an indication of our attitude to the present Government's policy and some guiding principles of approach to the AIDS problem, I will now turn to some specific concerns. Firstly, we believe that there is a need for a national strategy on AIDS. There are a number of considerations in that national strategy that we can discuss today. There should be three objectives to it: firstly, to minimise transmission of the HIV virus, which effectively brings about AIDS; secondly, to support, care for and treat people infected with the HIV virus; and, thirdly, to educate and prevent infection of workers in health-care settings.

The need for a national strategy is self-evident. When I did political science at Queensland University, we were told that criminals, teachers and cattle ticks had one thing in common: they were all able to go over State borders. The same can be said of the HIV virus, or AIDS, which flows from it.

**Mr FitzGerald:** Gee, that's a profound statement. Is that all you remembered from your studies?

**Mr COMBEN:** If I could digress for a moment to reply to the inane interjection which was made, I must confess that the only thing I ever remember about my course in government—because it has no relevance here at all—is that I learned about a Westminster system. The only time I use that is when I visit schools, where one can

talk about theory. I do not think that the university provides a good training ground for a theoretical introduction to the subject of government in this place.

Clearly, a national strategy is needed. We have to be certain that the programs in all States complement one another, that they are properly funded by State and Federal Governments and that the approaches are the same in every State.

To meet the first objective, a means of educating people is needed. Education on preventive measures is very important. A recent survey of 240 women at five 24-hour medical centres in Sydney's western suburbs has found that one-fifth of those women believe that AIDS can be contracted from a toilet seat, and 36 per cent believe that AIDS can be contracted by kissing.

The results of a survey conducted by researchers at the University of New South Wales and the Westmead Hospital were published in the *Medical Journal of Australia*. The age of women surveyed in that instance was between 15 and 60 years, with an average age of 37 years. Eighty per cent of those surveyed were Australian-born. Half of those women had had only one sexual partner in the last six years; one in five had had two or three sexual partners in the same period; 13 per cent had had between four and six partners; and 9 per cent had slept with more than six men. Despite their misconceptions, most of the women surveyed knew that AIDS is sexually transmitted and can be passed on by the sharing of hypodermic syringes. One has to hope that at least they will not indulge in those practices, even though it is fairly obvious from those statistics that they had probably stopped kissing their brothers and friends.

Almost half—49 per cent—of the women said that they believed that they were not at risk of contracting AIDS. That is still a fairly poor result for a group that is at high risk, a group that will be transferring the AIDS virus straight into the heterosexual community, the mainline community.

The need for education is there. There is a need for education to be targeted not only at the at-risk group of 24 to 35/40 years but also at young people who constitute a group that is most likely to behave in ways that put them at risk. They are, and should be, a priority target for education. They should be educated as early as possible, preferably before the onset of sexual activity and before they have adopted undesirable sexual practices. In addition, older children, some of whom have already become sexually active, should be educated in disease prevention. Parents require information, education and assistance to fulfil their responsibilities.

For identifiable groups among whom infection may have already occurred, screening, contact-tracing and counselling should be introduced and maintained across the board. A co-ordinated program directed at the entire community is required, with co-operation and support at every level, from the community to the Government and its departments.

Already a lot is being done in the matter of education. A few examples are the Statewide radio AIDS awareness campaign last year; material for the general public; AIDS newsletters for Aboriginal and Torres Strait Islander communities; production of an AIDS video for general public use; and AIDS education in senior classes in high schools. I do not believe that that is enough. I know that my colleague the Opposition Education spokesman will have more to say about the need for education about AIDS prevention schemes in Australia. When he was in the United States recently he saw some material at first hand and he has brought back some good ideas.

There is a tremendous need for education so that people know when they are at risk and what practices can be safely undertaken and what cannot. In a national strategy on AIDS there is a need for preventive measures to minimise the spread of the HIV virus into the general population, to homosexual men, intravenous drug users, bisexual men, children, adolescents, women, people in the sex industry, people in closed institutions and blood and blood product recipients. All of those people are at risk in some way or another, and specific education programs aimed at all of those groups are needed.

Education is needed to allay fears and to reduce discrimination in the general population and in schools. That message must go out. Education is needed to create the

required institutional and other responses to stem the epidemic. There is no better place to start with that education policy than in this place. I am not sure that the 89 members of this Assembly realise totally what is happening with the AIDS virus, the threat that it poses and the people who are at risk. We need to realise that no longer are we talking about a limited group in our society; rather, we are talking about AIDS breaking out and making its way into the heterosexual community very substantially.

Since I have taken over the role of Opposition spokesman on Health, I have been amazed at the education of community-leaders. I was briefed by people involved with AIDS. I was told about the problems of bisexual men and of people who will go quickly and discreetly into some public places——

**Mr FitzGerald** interjected.

**Mr COMBEN:** There are children in the gallery.

What I was told made me open my eyes. The problems with education for all members of the community are enormous. Public health measures are needed, as are screening and testing and monitoring of the epidemic in the general population and in particular groups. We need to obtain national statistics so that we know what is going on. It is one thing for the Government at this stage to release figures that show that more than 50 deaths have occurred from AIDS and that more than 500 people are known to be affected with AIDS in Queensland. We do not know how many people in Queensland are affected with AIDS. The number is between 5 000 and 10 000. That is not a criticism of the Minister; we just do not know how many people are affected.

How are statistics going to be obtained? The Minister would know better than I do the problems involved in obtaining accurate figures. However, statistics are needed. We need reporting requirements, confidentiality requirements and contact-tracing and we need to secure the supply of blood, blood products and human tissues, which is already being done in this State. The members of the media need to be told that they have a role to play. They also have a responsibility to educate people about AIDS. They should not put forward sensational issues concerning AIDS or broadcast on television day after day the problems of children going into pre-schools; rather, they should say to the community, "You have a responsibility to indulge in safe sexual practices."

A large number of legal issues need to be confronted in a national strategy. Problems with occupational health and safety need to be solved. International co-operation is needed. That is why a national approach to the whole issue is needed.

Data and research requirements need to be met. The role of community organisations needs to be spelt out specifically. Over a period of years the cost of AIDS to our society will be so massive that, in future, voluntary organisations and volunteers will be needed to help us nurse people with AIDS.

The second objective of a national program is to support, care for and treat people infected with the AIDS virus. Strategies relating to the health of infected individuals involve a duty of care, incorporating a social duty of care, and health-care professionals.

It is interesting to read the different opinions of doctors on this health problem. Some of them are very good and do not express in any way any moralistic view; yet others say, "I will not prescribe a syringe because I may be helping someone to commit an illegal act, and that is something that will affect his health." I do not believe that such moralising has a place in the medical profession.

An American surgeon-general once said that he was the surgeon to all people, not to one group, and that people should not moralise and make judgments on other people. That is the way that we should be going.

How we can provide the money for AZT? The provision of money for health care overall is a massive problem. We need to know what is going to happen to infected individuals who are part of our community. AIDS-sufferers need to continue to have access to employment. There is a need for anti-discrimination legislation. If somebody

is in a job that puts no-one else at risk, he should be guaranteed his employment and he should not be discriminated against.

It is not an easy matter to deal with. The Minister is probably aware of reports that at least one medical doctor on the north side of Brisbane is presently suffering from AIDS. As long as he or she is not taking part in any invasive surgery or is not in a position where he or she is likely to bleed into a patient, I do not believe that there is any problem. However, there are unforeseen problems in relation to that form of employment. I am sure that people drawing up an anti-discrimination package to ensure employment for AIDS-sufferers would not have thought of that sort of thing.

I raise a question that was asked of me largely anecdotally by a doctor who was quite appalled by the standard of sterilisation that is practised in many dental clinics. He said to me quite seriously—and I did not challenge him on it at all—that it is really quite amazing how poor some of the procedures in dental clinics are in relation to the necessity to protect against AIDS. That aspect might need to be considered.

Because many AIDS-sufferers will survive for a long period, those infected individuals need access to education and training. It is quite likely that a cure for AIDS will not be found for a number of years. However, it is likely that drugs related to AZT will result in remissions or allow people to return to the work-force, possibly for years. Those people may well require some form of retraining. We must decide what we can do in terms of the public interest in that regard.

It is also in the interests of our society to maintain the incomes of those affected people, because some of them will be able to pay for some of their very expensive health-care costs themselves. They must have access to the law and a right to privacy. Insurance is a major consideration.

Before I came into this House this morning, I was reading an article about the American experience. Approximately 35 of the 52 American States have passed laws of some sort which deal with the problem of AIDS. In actual fact, the majority of those laws deal with insurance. Many others deal with the privacy aspect, but the greatest bulk of them relate to the prevention of AIDS-sufferers from being discriminated against by insurance companies that tend to do too much prying into the personal lives of individuals.

Although it does not specifically name AIDS, this is probably the first piece of legislation in Queensland that deals specifically with AIDS. I suspect that, during the next few years, we will follow the example of the United States of America and will witness the introduction of a whole range of AIDS-related measures.

Health and community-service planning is an important part of the future planning of health care in Queensland, especially in terms of this epidemic. We must know what levels and range of expertise are required. If the epidemic continues to expand at the current rate, we must ascertain how we are going to nurse those people, where we are going to find the doctors and what percentage of our present billion-dollar health-care budget will be spent on AIDS in the future. If the epidemic does continue at its present rate, we will be talking about 25, 30 or 30-plus per cent of that health-care budget being spent on AIDS.

In relation to training requirements—perhaps we do not need fully trained nurses to look after AIDS-sufferers. At present, we seem to have trouble in this State employing sufficient numbers of nurses. Perhaps we do not have to fully train nurses to look after AIDS-sufferers and people in hospices. However, we still need time to obtain suitable people, train them and appoint them to those positions.

The role of unpaid workers is very important, and one that every Government will have to come to grips with. More and more we will be asking the community to do the same for AIDS-sufferers as we ask it to do for the people in our respite-care centres—to come and help.

As I have already said, the education of infected people will be important. We must also educate them to prevent infection of people who care for infected individuals. There

can be no greater need than to educate those people who are giving up their time and working in positions where they are potentially at risk—and I say that they are no more at risk than are other health-care workers. We will be asking larger numbers of people to enter situations that will not always be easy and in which there will be a degree of danger. Those people need to be properly educated, properly briefed and properly counselled. A role has to be played in the setting-up of research requirements and the responsibility of employers, etc.

If all of those aspects relating to AIDS are considered in a national strategy, some sort of feeling of what is required will start to become evident. It is no good any State, whether it be Queensland, Victoria or any other, trying to fight the AIDS problem on its own. The resources are not there and the expertise is not there. There needs to be an overall control or at least co-ordination.

I will now deal with some of the specific concerns about AIDS in Queensland. Firstly, the AIDS virus can move into the heterosexual community in two ways. Earlier I made some reference—and then I stopped because children were in the gallery—to bisexual men. I find it incredible that some apparently happily married men who live in nice brick homes in Brisbane, with mum and two kids at home, will call into public toilets on their way home and have anonymous, quick, discreet sex. Those people constitute one of the largest groups that somehow have to be educated to prevent their aiding the breaking out of the AIDS virus into our community. How to do that is something that I know is taxing the mind of the Minister and her advisers and every other Health Minister. As I understand it, most bisexuals will not acknowledge any feeling of homosexuality. If one was shown a pamphlet linking AIDS and homosexuality, he would say, "I am not a homosexual." Bisexuals will not even acknowledge that they are participating in the dangerous forms of behaviour in which they are in actual fact participating. Such people then go back to a happy family life and the AIDS virus goes with them.

This State needs to examine its homosexuality laws. At present voluntary counsellors cannot be appointed to counsel anonymous bisexual men. At the Roma Street Transit Centre police officers are entrapping people who are engaging in homosexual acts. I do not know how that entrapment is done, but police officers are going there, entering the toilets and walking out with someone who they have arrested for an offence under the *Criminal Code* related to homosexuality. I have no doubt at all that that is positive and deliberate entrapment by the police. All that achieves is that more bisexual people are sent underground and contact cannot be made with them. Unless the whole approach to homosexuality is changed, that major problem will continue.

The charging of two young Gold Coast men with homosexuality is, I think, as much a crime as any crime under the *Criminal Code*. The law in other States says that consenting adults can do what they like in private. How we in this modern day can say that consenting adults in private are going to corrupt our morals and our young people—I do not know. I do not see any massive problems with homosexuality or sexual orgies in South Australia. The young people in that State are the same as the young people in Queensland, and yet we can get the message to the bisexual men and we can properly get to the homosexual community.

In that context I would like to give a vote of thanks to the Queensland AIDS council, a Commonwealth-funded organisation which provides information and services in the fight against AIDS. The network of that council is doing a marvellous job of being able to trace people, of being able to counsel people to get treatment; to get those people who are infected to say, "Yes. I have had relations with X number of people and here are their names and addresses because I want to help in the fight against AIDS. I don't want to pass it on and be responsible for a death sentence on other people." This State has the double standard of one level saying that homosexuality will not be tolerated and that the *Criminal Code* will be used to fight it. Another level is saying, "Hang on. We have to talk to you because you are the conduit by which we the Government can get into your network." That double standard should not be permitted,

yet the Government is maintaining it. I do not know how the Government can justify such a conservative law in this State when a great need for counselling exists.

I turn now to discuss the implications of the spread of the AIDS virus in the heterosexual community. Clearly, intravenous drug users must receive special consideration. I had the view that intravenous drug users who were using and passing on dirty syringes and bringing the AIDS virus into the heterosexual community were people who were down-and-out in the gutter, covered in running sores and were really the poor drug addicts of our society because they had little means of support. I imagined that they relied on drugs, prostitution and various other criminal activities to get money to support their drug habit. However, it is not that group that creates the problems of dirty needles. It is the group in society who are not addicted, as I—a lay person— understand addiction to heroin or some other drug. They are the people who every so often will go to parties, perhaps months in between. They will have a few drinks and see someone shooting up with anything from heroin to coffee, apparently. There is a whole range of substances that people can shoot up with that will bring about various non-lethal responses. Some of the substances surprised me because I would have thought that shooting up with them would have been a death sentence. A person who goes to parties occasionally will see someone shooting up and say himself, "Righto, I think it is about time I shot up again." He will not be carrying a syringe tucked into his sock; he will not have a syringe behind a loose brick in the wall somewhere to be used when he can get drugs; he will not be buying drugs with money he has obtained in return for sexual favours.

The people I am referring to are eminently respectable, apparently, in the community. They will simply sit down in a circle and the needle will be passed around. They will shoot up with that needle. I find it amazing that people would do that. A whole new world opened up to me when I was informed of this, yet I thought I was a man of the world and had knocked around. I think that the Minister would probably take the same view as I did. I suspect that her eyes were also opened when she was informed about some of these practices. I notice that the Minister makes no admission whatsoever.

The people who run the risk of being infected by dirty needles are the people I have described. Potentially, one needle can infect a whole range of people. Again the problem is how to get to those people because they will not accept that they are regular ID users. They will not participate in a needle exchange program; nor will they go to a doctor to obtain a prescription to take to a chemist. To get through to those people is a massive problem. Although the problem is being addressed, the Opposition can offer the Minister no solutions.

The Government should continue to try to make syringes readily available in the hope that, as the epidemic increases, more people will begin to say, "No, I am not going to shoot up at this party with that dirty needle. If I feel like shooting up, I'll wait until I am home by myself on a Saturday night and I will use the syringe I obtained from the syringe exchange program or from the local GP." The Government's policy on syringes at present does not go far enough and it is not in line with policies in other States.

The Minister should get rid of the double system of requiring potential drug-users to obtain a prescription from a doctor and then go to a pharmacist to receive the syringes. That policy is not working. The people have to pay for the syringes, anyway. I suggest to the Minister that if in a few years the problem reaches epidemic proportions that will use up to a third of the Health budget, the Government should probably now fork out the \$5 for syringes as a preventive measure. It would probably be a good investment—just a few dollars instead of a third of a billion-dollar Health budget.

The Government should introduce a system to enable people to more readily exchange needles. The *Courier-Mail* published a suggestion from NACAIDS last week. The installation of vending machines dispensing clean syringes in public toilets was suggested by Professor Penington as a possible strategy to contain the spread of acquired immune deficiency syndrome. He then put forward what I believe to be a totally unacceptable proposition, which was to issue hardened drug addicts with heroin-filled

syringes. I do not believe that those people are the problem. The hardened drug addicts have their own syringes and we do not have to worry about someone being able to casually get hold of a syringe for that purpose. These areas have to be looked at.

I commend the Government's initiative for establishing at least one place in Queensland with a doctor and pharmacist, where members of the drug community, drug-users, can pick up syringes reasonably discreetly and anonymously. This is a good initiative, but it is not being practised anywhere near enough. There is only one place for the whole of Queensland and that is not acceptable. I had a phone call yesterday from a person in Cairns who asked what the Government was doing about the fight against AIDS in Cairns. He said that there is a place in Brisbane where syringes can be picked up, but there is nowhere in any of the provincial cities. The Government has no real strategy for Queensland's provincial cities and that problem needs to be addressed. Cairns is a place where many young people—and I am not carpeting every young person in Cairns—who are there for a holiday and are free for the first time, are likely to experiment with syringes and drugs. The Government is not telling the House what the regional figures for—

**Mr Sherlock:** Wouldn't you agree that they could choose not to experiment, and that that is one of the things we should be pressing?

**Mr COMBEN:** I certainly think so and that point was covered by me when I referred to education before the honourable member for Ashgrove came into the Chamber.

All honourable members are supportive of that proposition and no member would advocate that someone should start shooting up with heroin or even with something less dangerous than heroin. There is a need for education to stop these people, but not enough is being spent on education. The Government is not going into schools in a massive way in a full-throttle attack on the AIDS strategy which would include the use of intravenous drugs. This is one of the differences in conservative politics in this State and the honourable member for Ashgrove probably takes the view that all drug use has to be stopped. The Opposition accepts that, but would go one step further and say that if people are going to use drugs, then there should be a realistic approach so that the damage done is limited. I know that the Opposition is often criticised for being liberal in its policies about human behaviour, whether it be in relation to families, marriages, drug-using, etc. I have always regarded the Opposition's policies as being no more degrading than the policies of this Government. I do not believe they are degrading at all, but are policies which accept that people have human frailties. Young people will experiment and marriages will break down, so why does there have to be a very conservative view which allows people to go through some kind of hell?

**Mr Sherlock:** Wouldn't you agree that while members of Parliament recognise that people are going to experiment, we are just encouraging them? Wouldn't it be better to say that we should try to educate them to stop?

**Mr COMBEN:** This is a matter of degree between the honourable member for Ashgrove and me. I will go all the way with him to educate people and say that they should not be experimenting, but there will still be some who will experiment whether the educational process has got to them or not. Unfortunately, there will be a young person who will have a few too many drinks and be offered a drug by irresponsible older people who, for their own vile motives, will suggest that the person just tries a bit of the drug because it will give him a good feeling. The young person gets hooked on heroin. Even if it affects only one person, I still say that there is a need for a strategy to allow them to obtain syringes. He has gone down a long way by becoming a drug addict and I will not support something that will amount to a death sentence if he is not supplied with uncontaminated syringes, etc.

To that extent I am advocating that the Government go a bit further. That is why I am saying to the Minister that she has gone part way down the road. The initiative to have a doctor and a pharmacist in one place is to be commended, but I would certainly be putting that sort of initiative everywhere that there was an identifiable need

for syringes to be available. If that is not done, that conduit from the people who are already infected right into the heterosexual community will be there straight away.

The lead-time for infection, etc., means that a lot of people who already suffer from AIDS have no idea that they suffer from AIDS and will still be participating as young, sexually active people and spreading the disease. Incredible as it is, we all know that a number of young people have so many partners that, even if they are forced to provide their contacts so that they can be traced, they will not be able to provide names and addresses of all their contacts.

There has to be a strategy that is realistic about those things. All I am asking for is realism. Do not let us be confused or frightened that we are in some way condoning procedures when our morals are condemning someone to death. I am no theologian, but I am fairly certain that even Sir Thomas Aquinas would have said that a sin of omission that would lead to murder is far worse than in some way giving an indication, or maybe even tacit approval. I do not think that indication is even there, but effectively that is the Government's argument. I just will not accept that. It is a matter of where is the worst result likely to come from. If we do nothing, we will as a society effectively be murdering some of our young people. So we have to get out there; we have to have a syringe strategy.

The use of condoms has to be considered further. In early February this year the Federal Minister for Health, Dr Blewett, made an emotional plea for prison officers to co-operate in the distribution of condoms in gaols. I accept the argument from the other side that that in some way condones criminality. But, again, which is the bigger sin? Are we to condone criminality but protect people from dying? No human life is such that we can just say, "Because you are in gaol you are liable to get the AIDS virus; if you get it through a homosexual rape or through some sort of experimentation, that is fine." That will cost our society anything up to a quarter of a million dollars. There is no cure. The social disruption that comes from the death of someone is, in many cases, traumatic.

**Mr Sherlock:** Could you summarise that by saying we must not confuse the moral issues with public health issues?

**Mr Shaw:** Whose speech is this?

**Mr COMBEN:** He is helping.

There is indeed the dilemma. I have been saying all along that it is a public health issue. When I initially offered a bipartisan approach to the Health Minister I said that we on this side would not be a party to any suggestion that this was some moralistic problem for the homosexual community and to what is effectively seen by many people as pooker-bashing. The sooner the word gets out into our society that AIDS is no longer a disease, an infection and a problem for the homosexual community, but that it is a health problem for our society, particularly as it breaks out from its traditional area into the heterosexual community so that no person in the future will be safe, the better it will be for our society and for our young people, particularly those sexually active people from the early twenties to the mid-thirties.

I again plead with the Minister to speak to her colleague the Minister for Corrective Services about putting condoms into gaols. If that prevents one person from contacting AIDS, one person otherwise coming out of that place and infecting others unknowingly for a number of years, that will have been a good service. Maybe I am too liberal, although in actual fact I have never thought of myself as being fairly liberal on moral issues, but I just cannot understand what argument is put——

**Mr Sherlock:** That is your third reference this morning to being liberal. You are improving. My estimation of you is going up all the time.

**Mr COMBEN:** I ask the honourable member not to say that to the members of my party.

I cannot understand why the Minister is able to leave this situation that will bring the AIDS virus out from the prisons. That is another matter that should be examined.

I turn now to the Bill. I refer to the clause that provides that a person must not knowingly or recklessly infect another person with an infectious disease. That is a provision that is found in similar legislation of most of the other States. However, it is interesting that under this Bill it is a defence to any prosecution to prove that the person infected with the infectious disease knew of and voluntarily accepted the risk of being infected with that infectious disease. That provision is common to most Australian legislatures. However, in Queensland we have the very moralistic view that the person also must be the spouse. If a person infects anyone else——

**Mrs Harvey:** We took that to our legal people and they felt it was covered right the way through.

**Mr COMBEN:** I took legal advice over the week-end because I found the clause confusing. The barrister to whom I showed it said that it should be “and”, “and”. It is difficult to read. I would be interested to hear the Minister’s response to that. If necessary, I will mention the matter when the clause is debated.

However, to our reading it seemed that, because it was (a), (b) and (c), it had to be “and”, “and”. If (c) was not there, it could have been (a) or (b).

**Mrs Harvey** interjected.

**Mr COMBEN:** So all three elements are needed? The person needs to be a spouse, he or she needs to know about the risk and to voluntarily accept the risk?

**Mrs Harvey:** Yes.

**Mr COMBEN:** That is a very conservative view. The Minister is saying to someone who is a casual acquaintance of the AIDS-sufferer who consents to intercourse by whatever means, whether it be seduction or for payment, “You will be rendering the AIDS-sufferer liable to two years in gaol.” The only person who can voluntarily accept the risk and not subject the sufferer potentially to two years goal is the spouse of the person.

In our society there are a lot of people who are not a spouse or a de facto spouse. There are many long-term relationships. All honourable members know people who have been going out together for years and who are having a sexual relationship—not to the degree that they are de facto partners. They may well go out a couple of times a week, and occasionally one of them stays over at the other person’s place. Suppose the first person contracts AIDS and says to the long-term partner, “I have got AIDS. What do you think?” and he or she says, “Look, I love you. I’ll die with you.” The Minister is saying in that provision that, even though that person has voluntarily accepted the risk, the AIDS-sufferer who knowingly is likely to pass it on will be subject to two years’ goal. That occurs even though there is a voluntary acceptance of the risk and the person knew it. However, because the lover is not a spouse, those persons will not be covered by the provisions of the Bill. I would be interested in the Minister’s comments on that matter.

It is also of interest that the Victorian legislation to which I have referred has a similar provision but without the spouse element. However, in Victoria the person is only liable to a fine; he is not liable to imprisonment. In a case of homosexual rape, when a person may well deserve to go to gaol, other provisions of the *Criminal Code* deal with that. That matter does not have to be incorporated into the Health Act amendments.

I turn to the notification provisions of the Bill. There is provision for a code to be used by medical practitioners to hide the identity of the person who is being notified as a carrier or a person infected with a notifiable disease, or a controlled notifiable disease.

However, it is interesting to see the draft forms suggested in the regulations. They have no place for the provision of the code to be put.

If doctors wish to preserve a patient's anonymity, to ensure confidentiality, there should be provision on the form. The average doctor will not read the fine print of the Health Act Amendment Act. He will look at the form and say, "We used to be able to put a code there so we did not have to identify anyone." That provision is not contained on the draft form.

It seems to me that the Government is trying to lessen the importance of the code; that it is effectively saying, "We want notification of the person's name, age, sex, occupation and ethnic background.", which is what is contained in the Bill. The Government is saying, "We will not be content with a code." I think that that causes a problem.

A problem also arises in relation to the request that pathologists notify the State Health Department of any disease that is a controlled notifiable disease. I have been very easy on the Minister so far, but perhaps I can be permitted to make a small criticism. In her second-reading speech, the Minister did not state which diseases will be controlled notifiable diseases and which will be notifiable diseases.

As I understand it, the only controlled notifiable disease at this stage will be AIDS. I also understand that genital warts have been deleted as a notifiable disease because there is such a high incidence of genital warts among the community that it is apparently no longer considered to be of benefit to keep it as a notifiable disease.

According to the latest research, genital warts are a precursor to cervical cancer. Many people believe that genital warts should be retained in the proclamations that the Minister will make at a later stage in the *Government Gazette*. It would have been a nice gesture if the Minister had informed honourable members during her second-reading speech, "These are things which will be included later by administrative arrangement."

Measles is another interesting one. Many doctors will not notify measles on the basis that they believe that it is not important. However, in an answer to a question this morning, the Minister emphasised the importance of measles. That is a good example of instances in which the average general practitioner has not been notifying diseases. Especially is that so of sexually transmitted diseases.

I understand that at present in Queensland there is a general reporting rate of less than 11 per cent of sexually transmitted diseases, excluding AIDS. Although other diseases have a higher reporting rate, a major problem is that most doctors, whether they are afraid of losing patients or just do not think it is a matter for the Health Department, will not notify diseases. Those are matters that would be of concern to anyone interested in the provisions of this Bill.

Those are the major points that I wish to raise. Again I offer to the Minister in all good faith the Opposition's support as she goes down the AIDS road. The Opposition has already seen in this Bill the successful adoption of one policy, that is, condom vending machines. Should the Opposition again witness a fiasco as a result of conservative policy, it will of course oppose the Government, as I have robustly stated.

If the Government goes down the same track as other countries and the southern States of Australia, if it adopts the proposed Green Paper on the national strategy for AIDS in its general format—attuned to the individual circumstances in Queensland, of course—the Opposition will be supportive. However, the Opposition will not support ultraconservative policies which the Opposition believes can lead to the further spreading of AIDS.

The Opposition will support any policy that will result in a reduction in the incidence of AIDS and halt its spread. The Opposition will support any policy that will in fact reduce the risk of AIDS to our young people and to our most productive groups—people aged from 16 to the mid-thirties—who are greatly at risk. The Opposition believes that those people should be protected.

To the Opposition, the moral issue of protecting people from AIDS supercedes all other moral issues. To that extent the Opposition will support the Government all the way. I will address some specific matters at the Committee stage.

Mr HINTON (Broadsound) (12.21 p.m.): I rise to support the passage of this excellent Bill, which is a realistic response to our times, when the greatest health threat since the great plague of the Middle Ages hangs over our community.

I congratulate the Minister on introducing the Bill and on the conduct of her portfolio, which, from my personal experience and from what I have observed throughout the State, has been excellent. She deserves the congratulations of the people of Queensland.

I listened with some interest to the speech by the member for Windsor. I was pleased to hear his support for the Bill. I agree with many of the excellent points that he made in his speech, particularly those on education about AIDS. Like the honourable member, I support the introduction of AIDS education into schools. I was somewhat perturbed about his comments on the apparent encouragement of experimentation with drugs on young people. That is something that I would not support. The public education program in that area should be—and I believe that it is—to encourage children and young people to say, “No.” That should be the major emphasis and thrust of education about AIDS. I do not believe that we should be as liberal as the honourable member for Windsor suggested.

I welcome the honourable member’s support for balance and judgment between the philosophical question of civil liberties, the very real and stark realities of the spread of notifiable diseases, particularly AIDS, and the need to adopt realistic and hard-headed measures to control and stop the spread of that disease.

The Bill gives the medical authorities powers to trace the spread of infection by AIDS and makes it an offence for a person to knowingly transmit the disease. In the event of a major outbreak, it allows the Minister for Health to requisition premises as temporary isolation places should the need arise.

The member for Windsor noted, as I did, the absence of the word “and” between the elements of the provision making it an offence for people to knowingly transmit the disease. When I raised that matter, I was told that, having looked at the matter, the parliamentary draftsman considers that there is no need for the word “and” for the clauses to be effective. However, that matter was of concern to me.

The Bill will also free up at the discretion of the Minister the availability of vending machines for drugs, poisons and contraceptives. The issue of condom vending machines has, of course, received wide publicity, with the former Government prohibiting the sale or supply of those machines. It is proposed now that regulations made under the Act can adopt the use of those machines subject to the authority of the Minister and licensing by local authorities. It is a freeing-up that will be welcomed by the majority of the community. I might add that this change does not make a tremendous degree of practical change, as condoms are available at every chemist shop, but it is a symbol of recognition that condoms are a measure of protection against the spread of AIDS, and that recognition of the threat is vital to the containment of that horrific disease. As I have said previously, I am particularly impressed by the measures taken to prevent the spread of notifiable diseases by making the knowing spread an offence under this Act.

There is a tremendous fear in the community that people are knowingly spreading AIDS in both the homosexual and the heterosexual communities. As the member for Windsor said, it is occurring in the bisexual area, as well, which must be a matter of great concern. It is a great threat to the heterosexual community.

I have heard many people express the view that carriers of AIDS should be isolated in ghettos to prevent its spread either knowingly or otherwise and that as a society we should not permit such a risk to be taken. However, the matter of reasonableness of civil liberties must be taken into account. All sufferers of AIDS eventually die, and who would wish families to suffer the agony of their loved ones dying away from their families?

This Bill recognises that AIDS and other notifiable diseases are the responsibility not of local authorities but of the State. If the disease persists at its present rate of escalation, what an awesome responsibility it will be, both in the need to educate the community—particularly young people—on the risks of multiple sex partners, and the huge financial responsibility of providing medical and hospital care for a large percentage of the population. There is no way of knowing what level of infection will be developed. It will depend on the education and the preventive measures that are taken.

The objective of this Bill is to curtail the further spread of AIDS by notification to State health authorities, by tracking down the path and source of infection and by making available as freely as desirable preventive equipment such as condoms.

This Bill is really all about recognition of the size of the problem, particularly in health terms. In the United States, the cost has been measured effectively at approximately \$US150,000 per person. The first 10 000 AIDS patients in the United States stayed in hospital for an average of 167 days each, which is a very long period and represents an enormous cost per person to the community. By the end of 1986, 3.5 million Americans were infected, with the infection rate doubling. It is estimated that, by 1991, 64 million Americans could be infected with the disease. Honourable members can imagine the enormity of the cost in both human terms and public health terms. Queensland runs the very same risk as the United States. In this Bill we are moving towards reducing that risk.

AIDS is largely spread by homosexuals and bisexuals. As those people have traversed the world, the disease has spread worldwide. I have no hesitation in saying that homosexual acts are quite disgusting. As such, they are a menace to the heterosexual community. I have taken a note from history, namely that in ancient times, Alexander the Great and also the Roman army, had a strict rule that if a man had a venereal disease he was put to death by his fellow soldiers so that he could not bring that disease back home. At present, because of their promiscuity worldwide, homosexuals and infected men are literally travelling the world—or perhaps I should say scavenging the world—ingesting the virus from faeces, urine and semen. Those disgusting acts occur in homosexual practices. When considering this particular disease, that is one aspect that we have to face and take into account.

Many homosexuals claim to have had hundreds and even thousands of sexual partners in their life-times. In facilities such as bathhouses, they may have several partners a night. Therefore, they are an enormous risk to the community.

**Mr Comben:** You won't find that any more. Sexual practices have changed with education. Now we have got to change the other groups.

**Mr HINTON:** The honourable member for Windsor is quite right. These are facts of life that relate to people who are still ignoring the risks. Sexual practices are changing. If they were not changing, we would be close to being wiped out as a human race.

Sexual practices will change and we will control the disease. That must be done through education and the various measures that have been taken in this particular Bill.

Homosexuality and bisexuality are the No. 1 threat to the health of mankind. AIDS is their most modern weapon and agent, because AIDS is the black plague of the twentieth century.

This is a reasonable Bill that is designed to limit the spread of AIDS while retaining reasonable civil liberties. The public can have no quarrel with it. As I have said, I am pleased that the Opposition appears to have no quarrel with it. If anything, the public is entitled to ask whether or not this Government is going far enough.

I agree with the honourable member for Windsor, who said that a national strategy is needed in this regard. One could very well ask: should there be mandatory blood-testing of our entire population and AIDS screenings of all persons entering this country? There is a compelling case for that. In fact, some countries have already considered it. Before entering China, one must undergo an AIDS test. Should there be mandatory

blood-testing before marriage licences are issued? There is a compelling case for that, too. After all, an infected mother means an infected child who is virtually condemned to death at birth. Should life insurance companies be able to demand blood-testing of applicants? I believe that there is also a compelling case for that. Should schoolchildren also be tested?

Many issues have to be considered. However, this Bill suits the mood of the people and it suits the present needs of this State. It is a great step forward. I suggest to this House that even greater steps may very well need to be taken, both at a State and national level.

I commend the Minister for her foresight in introducing this Bill. I believe it should be passed without opposition.

**Mr SHERLOCK (Ashgrove) (12.32 p.m.):** I welcome the opportunity to join in this debate. In her second-reading speech, the Minister said that one of the objectives was to simplify this legislation and to produce a more clearly drafted Act. I certainly welcome that, as I welcome that aspect in all legislation. I believe it is important that people understand what is written in Acts of Parliament.

I want to speak about a number of issues and a number of important changes that the Bill makes in relation to notifiable diseases and the lifting of the prohibition on vending machines for certain drugs and, of course, condoms. Firstly, I will speak about notifiable diseases and controlled notifiable diseases. When the Health Act was introduced in 1937, the notifiable diseases of note at the time were diphtheria and tuberculosis. Later, hookworm and smallpox were diseases that required notification and major campaigns were mounted to control them. At that time, some 50 years ago, it was appropriate that very specific provisions be put into the Act. Those specific provisions are no longer required and more general provisions are now provided in, as I said, a much more simply drafted Act.

The proposed amendments provide for two categories: notifiable diseases and controlled notifiable diseases. I hope that included in that latter group are sexually transmitted diseases that may cause serious illness or death, such as AIDS, as was mentioned this morning; hepatitis B, which of course is potentially a bigger killer; and diseases such as gonorrhoea and syphilis, which have existed for some time. With the introduction of this legislation, the term "venereal disease" disappears. Perhaps in the fullness of time that is a good thing. I notice that other venereal diseases are notifiable, but are not classified as controlled. I guess one good example of that would be genital herpes.

If control of the diseases is not necessary, certainly the Health Department needs to keep track of them and provide statistics. The new provision in the Act relating to controlled notifiable diseases gives power to notify by Order in Council, which saves frequent amendment to the Act. I guess that the best feature of this legislation is that it allows the Director-General and the Health Department to react quickly to any given crisis as it develops. The new legislation does provide for a prohibition on transmitting these sexually transmitted diseases other than in a married or de facto relationship where the parties are aware of and accept certain risks.

**Mr Comben:** Are you sure that's what it says? How do we know they are aware of it?

**Mr SHERLOCK:** I read that part of the Act, too, and I was satisfied with it. When the Minister replies she will probably give that assurance.

The control of the spread of controllable venereal diseases requires efficient tracing. That needs to be carried out by practitioners. The best example of that concerns AIDS and hepatitis B.

Clause 9 of the Bill creates a new section 32B which empowers the Director-General to require a person suspected of suffering from a notifiable disease to provide information for the purpose of contacting and tracing other individuals infected with the disease.

That is also important for the treatment of those people as well as preventing further spread of the infection. That is a humanitarian approach.

Another major change in the legislation concerns local authorities which, in the past, were required to provide isolation facilities for the care of patients and the control of their sanitation. However, in practice those facilities have usually been provided by the State in a hospital or a house. This legislation tidies that up so that the State now has the power to take over those responsibilities. I guess that is no different from the Commonwealth's practice of using the Fairfield Hospital, which is a Commonwealth facility used to quarantine and contain people with notifiable diseases, such as those entering from countries such as Africa, and I cite Lassa's disease and Marburg disease as examples. In modern times, the provision of in-patient care should rest with hospitals boards rather than with local authorities. Accordingly, clause 11 and the proposed section 34 empower the Director-General to require that the public hospitals provide facilities for the isolation and treatment of persons suffering from these notifiable diseases. It also empowers the Director-General to requisition premises as places of temporary isolation if that is necessary and pay compensation to the owner/occupier.

The legislation recognises the long-standing role of the local authority in maintaining public health. I am sure that the Minister recognises that throughout Queensland local authorities do an extremely good job. The department complements the responsibility of the local authority under the provisions of clause 11 that include a proposed section 34A. That part of the clause empowers the Director-General to direct a local authority to take steps to prevent or to suppress the outbreak of any notifiable disease in the local authority area.

I draw the attention of the House to clause 21. When the legislation is passed, section 48 of Division III will retain the offence of knowingly infecting a person with a disease but widens the offence from its application to venereal diseases to any "controlled notifiable disease". That is a good feature of this simple amending legislation. The clause also provides for proceedings in any court relating to offences committed in respect of a controlled notifiable disease to be held in camera. The honourable member for Windsor outlined cases of a sensitive nature that incline one to regard this amendment as a good thing. Provision is also made to regulate reports of those proceedings. Those provisions are entirely desirable and are worthy of the support of all honourable members.

The original Act called for joint notification of controlled notifiable disease to both the local authority and the Director-General. That procedure has now been reversed so that notification is only required to be given to the Director-General of the Department of Health, who will feed information and statistics back to the general practitioner and the local authority. Such a procedure is important because high technology can speed the process up. More importantly, it allows the GP and the local authority to obtain advice on how to control possible outbreaks where appropriate.

The incidence of notifiable diseases is not high, but the legislation introduces an obligation on both the medical practitioner and the pathologist to inform the department. The requirement placed upon the pathologist to give notification has always existed, but this legislation merely underscores that obligation and makes it clear.

Confidentiality can be maintained by medicos and laboratories reporting cases by using identification codes. If disease-carriers have to be identified, the Department of Health can approach the general practitioner for follow-up information. The provision of information is useful in compiling statistics that will help to maintain long-term public health. That is an important aspect of a local authority's responsibilities. A good example is the control of mosquito-borne diseases. In recent times, I understand that in Townsville a dengue fever outbreak was pulled up very quickly. Its spread was confined to approximately 3 000 sufferers, whereas a previous outbreak in Townsville a few decades ago infected 40 per cent of the population who were diagnosed as carriers.

Ross River fever—polyarthritis—is a notifiable disease. Approximately 500 to 700 cases are reported each year in Queensland. The disease is endemic in this State and epidemic in the Pacific islands and in some southern States of Australia. It is important

to monitor the statistics of that disease. The requirements of the legislation are therefore very necessary.

I draw the attention of honourable members to the specifics of the Bill. Clause 5 omits the existing definition of a "Drug addict"—a term which has acquired a degree of opprobrium—and introduces the definition of a "Drug dependent person" instead. That definition brings the legislation into line with provisions of the Drugs Misuse Act 1986-1987.

Clause 8 amends the regulation-making power to supply a head of power and enable promulgation of regulations for the purposes of prevention and control of disease. In addition to swimming-pools, it will now apply to spa pools, water-slides, hydrotherapy pools and similar recreational and therapeutic facilities. Research is showing that the bacterial counts in these areas are alarmingly high in some cases, particularly in spa pools where the temperature encourages the growth of bacteria and organisms. It is high time that the legislation covered these areas as well and I am pleased to see them covered by the present Bill.

Clause 21 of the Bill deals with the repeal of subsections 48 and 49 and the introduction of a new section 48. It removes the separate legislation for smallpox, a disease that has now been eradicated worldwide. Whenever a disease is important enough to require invoking the necessary statutory powers and notification for prevention and treatment of the disease, the provision of Division III in the new Act as a notifiable disease will be entirely adequate for that purpose. This is again an example of the simplification.

Clause 25 repeals the old section 50 and separate legislation is no longer required for hookworm. Similarly, clause 27 repeals section 52 of the Act and a separate provision for tuberculosis.

Clause 29 repeals a number of subsections of the existing Act. The comprehensive nature of the proposed Division III will result in separate legislation for venereal diseases no longer being required and thus that classification of disease has been repealed by this amendment.

Many of the existing provisions are archaic and no longer in accordance with current practices. Existing provisions which are still appropriate for retention have been revised and incorporated into Division III and, where appropriate to do so, those provisions have been made in relation to controlled notifiable diseases.

Members should be assured that this amendment in no way waters down the control of venereal disease, but rather the Bill provides very adequate public health cover. The Government should assure the House and the people of Queensland that the removal of the term "venereal disease" is a reasonable act, is in line with modern practice and in itself should not be misconstrued.

I turn now to that part of the legislation which lifts the prohibition on vending machines for certain drugs and condoms. I wish to make reference to AIDS and I draw the attention of honourable members to my maiden speech in this House a few days after I entered Parliament. At that time I directed a large part of my speech towards the topic of AIDS. You, Mr Speaker, honourable members and students of *Hansard* will know that as the Liberal Party's Health spokesman I carried the debate. I do not believe I am being immodest in claiming this, but last year I carried the debate on AIDS in this House and *Hansard* records it all.

**Mr Lee:** You did it well, too.

**Mr SHERLOCK:** I thank the honourable member for Yeronga.

I made my maiden speech on 24 February 1987 and on 21 March I spoke on the subject of AIDS and sex education in schools in the Matters of Public Interest debate. On 2 April I mentioned AIDS during the debate on the Health Act Amendment Bill and again on 2 April I brought up the same topic during the debate on the Medical Act

Amendment Bill. On 18 March I mentioned the topic of AIDS again during the debate on the Mental Health Services Act Amendment Bill and again on 15 September in the Matters of Public Interest debate I raised the matter of AIDS. On 10 September I raised the topic during the debate on the Drugs Misuse Act Amendment Bill and, on 16 October, during the debate on the Health Estimates, I drew the attention of the Minister and the former Premier to the fact that the Health budget in this State could double by the end of this decade, and certainly by the end of this century, unless the matter of AIDS was addressed and some of the matters raised during that time were taken on board.

**Mr Lee:** Had it not been for you, this Bill might not have come forward.

**Mr SHERLOCK:** I would like to think that, but I am not sure that the honourable member is correct. I know that the Department of Health has been talking about AIDS for a long period and has had this particular piece of legislation on the drawing-board for more than a year or two. If I had any criticism of the Government it would be that it was very slow out of the blocks in bringing this legislation before the House.

During the year that I spoke about AIDS in this place—and, to a lesser extent, others spoke about it as well—I felt a little like a voice crying in the wilderness. There is no doubt that some members will agree that at some time this place is like a wilderness. In fact, I notice that the Chamber is not very well populated at the moment. In that short year the number of cases of AIDS in this country doubled. Whilst we have been talking about the topic and talking about introducing legislation such as this very practical Bill, the number of AIDS cases in this country has almost doubled. I will not bore the House by going through statistics, because I have done that before—produced the statistics, that is, not, I hope, bored the House.

I wish to alert the House to some of the dangers of claiming that the introduction of condom vending machines will be a panacea for slowing down the spread of AIDS. It is merely one of the safeguards for AIDS and other sexually transmitted diseases. I am pleased that the calls that I have consistently made in this place, in other forums and in the media are now being heard and that this legislation has come forward. I am also pleased that legislation will be coming forward and that moves are being made within the Government's ranks, within the Health Department and within the Education Department for the introduction of human relationships courses in schools and—dare I say the words—for sex education classes within State schools in this State. For a long, long time church schools have had sex education classes in their curriculums and we in the Government sector have been behind.

**Mr Burreket:** We have AIDS programs.

**Mr SHERLOCK:** The State now has AIDS awareness programs and I am pleased that those programs are escalating as the Government now takes responsibility for them.

On the AIDS question, the truth is that Queensland is not doing as well as we would like to think. Of course, the authorities in this country disagree on how well we are doing. A lot of literature shows how well Queensland is doing with AIDS and how well it is not doing. I draw honourable member's attention to that.

As I have said, I wish to highlight some of the problems with the use of condoms. Some people tout that the condom is a way to turn unsafe homosexual sex into safe sex. There is no way of doing that. There is an alarmingly high break-down rate in the use of condoms. I draw to members' attention an article in the *Bulletin* of 22 March. I suggest members read the article, which is entitled, "The AIDS backlash Was the panic premature?". A number of authors trace the facts as they relate to AIDS.

I wish to read the following from the article—

"According to one Australian study, 27 percent of homosexuals using condoms reported 'a few' or 'many' breaks, with an additional four percent indicating 'other problems' with condom strength.

Discussing the sexual transmission of AIDS without mentioning homosexual behaviour in general and anal sex in particular is like discussing syphilis without mentioning intercourse. But this is precisely what the media and other responsible authorities do."

Indeed, in its school programs and awareness programs, that is what the Government has done.

The article continues—

"Most articles and wire-service stories on AIDS do not so much as mention the words 'anal sex', much less indicate that it is the overwhelming risk factor.

The prevalence of AIDS among homosexuals is traceable to other considerations as well. Chief among these is the degree of promiscuity characteristic of many homosexuals. Lately, thanks to AIDS, the word 'promiscuity' has started to acquire an unfavourable connotation among homosexuals, but not so long ago it was carried as a badge of honor, if not a defining condition of homosexuality itself. It is certainly a defining characteristic of AIDS sufferers. Thus, a 1981 CDC study of homosexual AIDS victims whose median age was 35 found that they had an average of 61 sexual partners a year. On the assumption that sexual relations start at age seventeen"—

that is probably conservative—

"this means that the average lifetime number of partners (up to age 35) would have amounted to 1098. If each partner was equally promiscuous, the size of the pool of partners and partners-once-removed comes to a staggering 1,205,604."

I am not just picking on the homosexual; I am drawing attention to at-risk behaviour in general. I believe that the AIDS debate should be brought into perspective.

It is difficult to catch AIDS. A person can choose to put himself at risk or not. It is a proven fact that we must educate the members of the community—young people in particular—to choose a life-style that does not put them at risk. We need to educate them to build strong personal relationships and relationships that will be ongoing.

The facts are irrefutable that in faithful, monogamous sexual relationships between non-infected partners, those partners have nothing to fear. I believe that history will judge that the break-down in families—certainly in marriage—will cost us dearly in many ways, as we are seeing in the provision of welfare throughout the country, and certainly in the matter of diseases such as those that are sexually transmitted, and I speak of AIDS in particular.

I wish to speak now about amendments to the Act concerning vending machines. The condom is now a public-health device, of course, as well as a contraceptive device. Prior to the introduction of this Bill, there was a general prohibition on condom vending machines; they were not allowed. That prohibition is lifted by this Bill, and the Director-General may rule on specific locations, which is perhaps more appropriate. It is absolutely right that city councils and shires should have the first and the major say by issuing licences for condom vending machines in local places.

We need to underscore the point that it is the local residents in the local area, who are sensitive to the areas, the issues, the sites and the locations and their classifications, who should have the major say. I congratulate the Minister and her department, in particular, on putting this emphasis in the Bill. The decision will be made by the people who are in the business of having to deal perhaps with the moral dilemma of whether to put a condom vending machine into a public toilet or a public place, or indeed a school, a tertiary institution or other place. That decision will be made by local residents who will issue a licence. I see the Minister shaking her head. However, I recognise that the Director-General has the power to prohibit the installation of condom vending machines. One would hope that he would prohibit their installation in places such as schools. I make the point clearly that condom vending machines should not be installed in schools in this State.

I stress that the local authorities—the local residents, the people in Queensland to whom we need to get closer—will have the final say. It is a sensitive issue as to whether to introduce those machines or not. Some people believe that promiscuity will be increased if we do introduce those machines. No doubt that is true. Many criticisms can be correctly and clearly put to us on that score. I guess that we just have to take those on the chin when we look at the public health dilemma created by this disease which is growing at an alarming rate.

In the latest issue of the *Bulletin* that I opened last night just prior to falling asleep, I noticed a NACAIDS report. That has been around since January or February of this year. That magazine contains a very good table that sets out reported cases and predicted cases of AIDS in Australia. It contains a graph that covers the period from 1982 to 1990. Of course, *Hansard* is not visual, so I cannot illustrate that; but honourable members can see that the line on the graph goes up at an angle of about 45 degrees. If we consider how that line might go up in the next three years until the end of this decade, we see that it makes an angle of about 75 degrees.

**Mr Comben:** A good example of exponential growth.

**Mr SHERLOCK:** The honourable member is correct. It is a very good example of exponential growth.

In defence of the Queensland Health Department, I must say that when one considers the exponential growth in other countries—certainly in the United States of America—and in cities such as New York, one sees that the curve is a lot steeper. Of course, the reality is that the United States of America and, indeed, cities such as Sydney, are in the very high part of that curve at present. Queensland is very fortunate to be in the lower part of it.

The introduction of AIDS awareness programs, sex education programs in schools, condom vending machines and other procedures that have already been outlined will slow down the spread of AIDS and help to contain it.

That brings me to some of the drugs that are now available to treat this disease. Of course, it has been said by others—and I have said it before in this Chamber—that there is no cure for AIDS. The member for Windsor mentioned AZT and the real possibility that that drug alone could slow down the spread of that disease. That is an important point because those honourable members who can see the graph that I am holding will note that Queensland is down on the lower part of the curve. If we can treat the disease and slow down the rate at which it spreads, we will really be coming to grips with this problem in Queensland.

One of the problems with that drug, of course, is the cost of treating people with it. It costs about \$10,000 a year per patient. The member for Windsor also mentioned that fact. I might say that his brief on this topic was much better than his brief last night on the topic of chiropractors and manipulative therapists. It is obvious that the member for Windsor has boned up on AIDS. I welcomed his comments, as I welcomed the comments from the members on the Government side, because I would hope that this is a non-party issue. It raises a very serious health dilemma.

**Mr Ardill:** It has not been up till now.

**Mr SHERLOCK:** The honourable member is correct. It has not been up till now.

In fact, last year an attempt was made to debate the topic of AIDS on a non-party basis as a matter of public importance. That opportunity was not provided because the Government at that time moved the gag and forestalled a wide debate on this issue. That takes me back to the point that I made earlier, that is, that the Government has been very slow out of the blocks indeed in introducing this legislation.

I return to the matter of condom vending machines. I believe that it is very appropriate that the local authority has the first say not only in deciding whether to

issue licences but also where these machines should be located. Of course, the Director-General has the power to prohibit vending machines in specified locations in the public interest.

Although the condom is currently a public-health device for protection against sexually transmitted diseases, including the scourge of AIDS, most people would agree that it would be improper to install condom vending machines in our State schools, for example, as I have already said. I want that clearly recorded in *Hansard*.

It is difficult to regulate on the morals of this question in any one area or at any one point of time. I believe that it is important and a good thing that there be local knowledge and input. Although the prohibition of certain classifications of sites can be made by the Director-General via the medium introduced in this Bill, in the future tedious change to legislation will not be required. The bottom line is that there are two checks in the system of introducing these machines to vend condoms. The local authority, the people and the Health Department will be protecting public health and the rights of individual citizens.

The legislation has been coming from the department for some time. I congratulate the department on its consistent stance. During all the time that I have been talking to the department and others have been talking to the department, the department has said consistently that public health measures such as the introduction of condom vending machines are necessary. Cabinet, in particular, must be held culpable.

Time expired.

Sitting suspended from 1.02 to 2.30 p.m.

**Mr BURREKET** (Townsville) (2.30 p.m.): I rise to join in the second-reading debate on the Health Act Amendment Bill and support the Bill. I feel that not enough attention has been placed by members of the Opposition upon the Bill's most significant purpose, that is, the rationalisation and modernisation of the Queensland disease notification system.

There is a significant change to the number and type of categories of notifiable disease. To date, there have been four categories of notifiable diseases, namely, notifiable, infectious, communicable and venereal. Under this legislation, the number of categories will be simplified to two, and their categorisation will have a more functional nature as opposed to the broader types of categories that have existed previously. The two new categories will be notifiable and controlled notifiable diseases. I have received a number of inquiries from members of the medical profession who ask which disease will be placed in which categories. Although it is obvious that this is a decision yet to be made by the Governor in Council, I am assured by the Director-General of Health and Medical Services, Dr Peter Livingstone, that an indicative break-up would be as follows: controlled notifiable diseases would include current sexually transmitted diseases and diseases spread by humans where control is difficult, and notifiable diseases would include other currently notifiable diseases.

The debate on the Bill raises an issue that Governments must constantly review. It is an issue through which the people can clearly see the make-up of the party in Government. That question is: what is the correct balance between the rights of the individual to live freely in society without persecution of his medical condition, and the rights of the States to know the existence of certain diseases, the control or enumeration of which is in the interests of all its people? I will deal with that shortly.

It is an issue on which the Federal Health Minister, Dr Neal Blewett, has made clear the position of his Government. He has said, "The right of privacy is a bourgeois right." The ALP, or at least Dr Blewett's faction, does not recognise that the individual retains or should retain a confidentiality in terms of his medical condition. That is clearly a demonstration of socialism.

On the other hand, we see the stance of a conservative Government before us on this point in the Bill. The Bill recognises that there does exist some proper role for

Government in enumerating and controlling certain diseases. The Bill recognises that these diseases may from time to time change and that, in the interest of speed, such declarations are best made by Orders in Council. It therefore also recognises that, in the interests of limiting the power of the Executive, those Orders in Council must be brought to this place. On the other hand, the Bill certainly does not place in the hands of the Executive a pool of information so large and so detailed that the Executive may, without recourse to the Legislature, endeavour to control the lives of its citizens. Clearly a system such as that would exist under the proposed tax file number system of Prime Minister elect, Mr Keating, and clearly would have existed in the proposed ID card legislation, which has now come to grief. Clearly it already exists in the Federal Government's Medicare system.

Last Tuesday week, in a ministerial statement, the Minister clearly set out the misuse of the Medicare system of exploitation of the tax-payers in the State of Queensland. I here lay down for the record the other misuse of this function of Government: its use for both collecting information and enumerating the citizens of Australia.

As I said before, the Bill contains a balance between privacy and the right of the State to know at a level that is most appropriate for a conservative Government. Some great victories have been achieved in the State of Queensland through the proper use of the disease notification system.

Some issues that concern me on the subject of notification. One of the dilemmas that we face in our society is the moral issue of notifying diseases. I have had communication with and personal representation from doctors who say that they have a moral understanding with their patients that they will not disclose confidential information when reporting notifiable diseases.

**Mr Comben:** It is not a moral question; it is an ethical question.

**Mr BURREKET:** It is both a moral and an ethical question. One understands the dilemma that doctors can face. However, one has to judge the importance of the community need, which, in relation to notifiable diseases, is more important than the individual relationship between a patient and a doctor. As a Government, we have to think of the community. Mr Prest will notice that I am not referring to notes; I am now speaking as he prefers.

If one made the assumption that every person with a notifiable disease could establish a personal relationship with his medical adviser and be guided by the advice given, one could say the possibility existed for controls to be exercised. Honourable members are aware of the frailty of human nature. They know that people want to have a night on the town, a few drinks, to meet a girl or a guy, and the things that follow. Those people tend to be influenced by the attractions of society.

People with notifiable diseases may go interstate or away from their normal places of residence and indulge in certain practices, with the result that innocent people in the community suffer. That is the major concern. It must be decided whether the relationship between a patient and his doctor should be kept private or whether the notification of diseases to the State authorities is more important.

Another matter that concerns me is access to records. All honourable members witnessed the debacle over the Australia Card and the debacle in Canberra where the Health Department was able to issue information on patients.

Let us not kid ourselves. That is not the end of it. There are two avenues by which personal information on patients can be disclosed. In particular, I refer to recent incidents that occurred at the Townsville General Hospital in relation to problems associated with ward 10B, which is a psychiatric ward. One file which is kept at the hospital in relation to that psychiatric ward is known as the McElligott file. I am not suggesting that the honourable member for Thuringowa is a patient of that psychiatric ward; I am simply referring to the fact that a file by that name is held at that hospital. Perhaps that file was named after Mr McElligott because he is a politician. Perhaps I should express—I

will not say "concern"—that there is not a Burreket file. If that is the trend that the hospital is adopting for naming its files, that might eventuate.

In relation to the McElligott file—I was disturbed to learn that, when certain allegations about past activities of that psychiatric ward were made in the press, the personal records of patients, communications between the board and patients and communications within the hospital were made public.

Honourable members talk about Governments and departments leaking information or making personal records of patients available to the public. I was very upset to learn that, within the present system, it is very simple for a person to get hold of personal confidential letters relating to people's illnesses and freely bandy them around the public arena.

The leaking of information occurs not only at the top end of the scale; it occurs all the way down. Frequently, documents that have fallen off the back of trucks appear in this House in the hands of Labor Party members. Most of the information contained in those documents turns out to be fairly irrelevant, but the fact is that these things happen.

I turn now to the comments that have been made about local government and about communicable diseases. Because I spent some time on the Townsville City Council and have been a member of the health committee in Townsville, I am well aware of the weakness of councils in relation to health matters. I firmly support the thrust of this Bill, which will make the Health Department responsible for the accumulation of all of that information. I also congratulate the Minister on including in the Bill a provision that the information that comes from the Health Department can then be taken back to the local councils so that they can be informed of the outbreaks that may occur in their areas. The important thing is that in this State when there is an outbreak of disease, the Health Department of Queensland is the department best able to cope with it.

I will now refer briefly to the problems that exist in Townsville in relation to the various mosquito-carrying diseases. Whilst a member of that council's health committee, I tried to actuate the chairman to do something about that problem. That committee's policy was to go to all the pools of water and other areas where, because of king tides, water flowed onto certain land and treat those areas for mosquito larvae. In the meantime, particularly after rain periods, people in suburbs such as Pallarenda, Rowes Bay, Belgian Gardens and Hermit Park spent half the night slapping away mosquitoes. I told the committee, "Look, for God's sake, if the mosquitoes are out there biting the people, it is more important to put the fogging machine in and go and help those poor people and help kill the mosquitoes." From time to time remarks were made to me that, "The mosquitoes will only last for a week or so. Let's go out and tackle the breeding areas." I think that philosophy is wrong.

During the war, 40 years ago, the army undertook a scheme to eradicate mosquitoes in Townsville. The Opposition Health spokesman would be interested to learn that within a radius of 40 miles of Townsville there were no mosquitoes. The army mosquito unit's control was such that it was able to eradicate mosquitoes from the Townsville area. Yet now, because that program stopped, Townsville is again being plagued by mosquitoes. They are some of the problems that are faced. That is the reason why last night I attacked the Federal Government, because it took away the funding for the vector control in Townsville. It is no good having stop-start operations. If mosquitoes are to be controlled, procedures have to be continued.

This Bill is a step in the right direction. It must also be remembered that not all councils are capable of responding to outbreaks of, for example, Ross River fever and some of the other diseases, particularly those that are contracted from mosquitoes. Those councils do not have the resources or the expertise.

I would now like to refer briefly to condom vending machines. I have listened to the comments made by honourable members opposite. I appreciate the recognition that condoms are not the be-all and end-all. Condoms are what they were meant to be, that

is, a medium only of preventing the spread of diseases, in particular AIDS. They are certainly no guarantee. They burst. They fall off. They do all sorts of things. If people intend to indulge in free sex, they should be encouraged in every way possible to use condoms to stop the spread of disease. I certainly agree that the use of condoms is only a means—a method—of stopping the spread of disease. The proper way to stop it, of course, is to prevent that obnoxious habit of people indulging in anal sex. I have no time for people who indulge in that activity. I can accept that it is their personal choice; that they have a need or a desire to indulge in it. What concerns me is not the practices of homosexuals one with the other but the young 17, 18 and 19-year-old people who will become fodder for such homosexual activities.

**Mr Comben:** You don't know what you are talking about.

**Mr BURREKET:** The honourable member obviously does not know what he is talking about.

**Mr Comben** interjected.

**Mr SPEAKER:** Order! The honourable member for Windsor!

**Mr BURREKET:** Apart from the San Francisco area, Sydney has the largest homosexual community the members of which have AIDS. One would have to assume that people do not just fall into homosexual practices at the age of 25 or 30. Homosexuality, in common with prostitution, is introduced at a young age. Homosexuals try to get young boys and girls at an early age and seduce them. They set young people onto a path that they follow later in life. I am disgusted with and have no time for those types of activities.

I feel that the State Government is doing the right thing in taking AIDS education into the schools. The Government must not only tell the young people about the disease but also encourage them not to become involved. Sex education serves many purposes. Sufficient sex education could never be provided. I wonder at some comments made by members of the Opposition who regard sex education as being the be-all and end-all.

**Mr De Lacy:** Who said that?

**Mr BURREKET:** That was said earlier in the debate.

**Mr Lingard:** Probably by the honourable member for Windsor.

**Mr BURREKET:** Yes, it was the honourable member for Windsor, in fact.

**Mr COMBEN:** I rise to a point of order. I am the only Opposition member to have spoken so far. I certainly did not say anything along the lines of sex education being the be-all and end-all. I totally dissociate the Opposition from the comments being made about homosexuality by this extremely conservative member.

**Mr SPEAKER:** Order!

**Mr COMBEN:** Well, I can't interject.

**Mr SPEAKER:** Order! That is correct; the honourable member cannot. The member for Windsor takes exception to his name being attached to the remarks made by the honourable member for Townsville. I ask him to withdraw them.

**Mr BURREKET:** Yes. At your request, Mr Speaker, I will withdraw them. I will be interested, though, to see the record of the debate.

**Mr SPEAKER:** Order! The member will continue with his speech.

**Mr BURREKET:** I have no doubt that there is a great deal of value in sex education. The Government ought to continue its moves towards sex education in schools. However, it must be remembered that there are other responsibilities to carry out in the schoolroom and that there is a limit to what a young person can accumulate mentally. If too much

time is devoted to sex education, the subjects that are vital and essential to the future development of young people as members of society will suffer. The Government should try to establish a balance.

I am informed that the State Minister for Health has implemented a program. For some time, parents have been coming to school after hours with their students to undertake sex education courses that have been made available. The Government has taken sex education into the school arena, which is a positive step and the right direction in which to proceed.

I support members of the Opposition who said that the vital stages are in the early development of a child. If the information can get through to children at that level, they stand a fairly good chance of gaining direction and support in the years during which they are susceptible to change, namely, the late teens and early twenties.

**Mr Lingard:** Do you think you are going to get through to the member for Windsor?

**Mr SPEAKER:** Order! The honourable member will come back to the Bill, please.

**Mr BURREKET:** Mr Speaker, I was talking about the Bill.

**Mr SPEAKER:** Order! It is my understanding that nothing about sex education is mentioned in the Health Act Amendment Bill.

**Mr BURREKET:** Yes, Mr Speaker. I interpreted “notifiable disease” literally and I was speaking about the root causes of notifiable diseases. They occur because of temptations that arise in the younger years of a person’s development. May I proceed along those lines, Mr Speaker?

**Mr SPEAKER:** Order! I will listen with interest.

**Mr BURREKET:** Mr Speaker, you will notice that I am not using my copious notes on this occasion.

I commend the State Government for its initiative. I support all of the drives that are being undertaken at both State and Federal level to make people aware of the implications of diseases, in particular the AIDS virus. If this Government does not continue with the education of not only young people, but also older people and look at the trends developing in the Western World, the situation will be reached where parents become so concerned that their child might finish up with the AIDS virus that they insist, before young people get married, that they produce some kind of a certificate from a doctor to say that they are free from the virus. It is terrible to consider that that is the way society is heading. This virus is one of the simplest but it is one of the hardest to counteract. People in today’s society are dying daily because of the AIDS virus. Society must do everything it can to make people aware of the disease and to stop, where possible, the homosexual or other activities that spread the disease. The worst feature of the virus—because it is not like some of the better known venereal diseases, where after 10 days there is a physical indication to show that a person has developed a disease—is that the disease may not appear until months after the physical contact. If a blood sample is taken today, the AIDS virus will not show up the following day in the results of that blood sample—unless the virus has already developed from an earlier contact—because it takes nearly three months for the virus to develop. This is one of the problems. We cannot look at today or tomorrow. We have to look months and months ahead.

I support the Bill and congratulate the Minister for the changes that are being made. I also congratulate her for keeping in mind the importance of local government and the role it plays in counteracting these diseases. I urge the Minister to continue to strive to take preventative measures wherever possible.

**Mr De LACY (Cairns) (2.54 p.m.):** At the outset I wish to say that I agree with all the previous speakers. I welcome this legislation and compliment the Minister on the approach that she has taken. By way of criticism, I should say that this amendment is

probably too little, too late. Nevertheless, it goes some way along the road to addressing what is—as everyone in this Chamber agrees—the greatest health challenge to be faced in this day and age, if not this century.

I take up the point made by the previous speaker, the honourable member for Townsville. Perhaps he meant to be flippant, or it might have been his natural predilection to point-scoring, when he said that the Opposition believes that sex education in schools is the be-all and end-all solution to the AIDS crisis. No-one on this side of the House has ever said that. The Opposition Health spokesman, the honourable member for Windsor, certainly did not say that. I listened to his speech. The Opposition regards sex education in schools as one important element in what must be a wide-ranging approach towards solving this problem. Likewise, the Opposition does not see condom vending machines as the be-all and end-all, or an exchange program for hypodermic needles as the be-all and end-all. With a problem as serious as this one obviously is, the response has to be multidimensional. The problem cannot be solved by a single means or by moralising or fulminating against the sorts of behaviour that most people accept have caused the rapid spread of this disease.

In fact, very often moralising about it is counter-productive in that the people against whom that moralising is directed very quickly turn off and those who do the moralising lose sight of the health issues that are at stake. That means that we are not, as a Parliament and as a community, in a position to be able to take whatever measures that we think are appropriate to combat the disease. I believe that that is very important.

When discussing the problem of AIDS, I wish to make some remarks that relate to Cairns, but before I do so I shall use the opportunity afforded by the debate on the Health Act Amendment Bill to raise some other health problems that exist in Cairns and that particularly relate to the Cairns Base Hospital. I think the Minister is aware of some of the points, as she has been to north Queensland on two occasions and visited the Cairns Base Hospital since her elevation to the Ministry. I hope that she has been apprised of the problems there. I believe that the problems at the Cairns Base Hospital are probably more acute than those in any other hospital in Queensland. To a certain extent, they are symptomatic of the problems of the free health system throughout Queensland, but Cairns is at that edge, which leads me to believe that it is just a little bit worse off.

I say that because the Cairns community is developing very quickly. Its population growth has been great, but there has been no increase in staffing at the Cairns Base Hospital since 1978—that is in the last 10 years. I will cite the raw numbers: the staffing levels have not increased; the population has increased by about 50 per cent; and the number of patient visits to the hospital has increased enormously. Cairns now is widely accepted as being a community that is based on the tourism industry. The many visitors to Cairns mean that its real population is very much greater than its statistical resident population. Of course, tourists in an area cannot be denied health care and services.

So I shall use this opportunity to point out the very serious problems in Cairns. There was a particular problem with anaesthetists. A chart was produced that showed that the Cairns Base Hospital is very much worse off than any other Queensland hospital of a similar size. The statistics were forwarded by the specialists' association in Cairns to the Minister. With 450 beds, the Cairns Base Hospital has a total of eight people who work as anaesthetists in one form or another. With 500 beds, the Townsville Base Hospital has something like 20; Rockhampton, with 390 beds has 11; Nambour, with 160 beds, compared to the 450 of Cairns, has 11; the Gold Coast, with 440—the same number of beds—has 19 compared with the eight in Cairns; Toowoomba, with 480 beds—virtually the same size hospital—has 10, which makes it not much better off than Cairns.

**Mr Comben:** Did the Minister give much hope to the people of Cairns when she was up there recently?

**Mr De LACY:** Not as much hope as we would have liked, but I understand that she has taken action to ensure that Cairns gets at least one more anaesthetist; is that right?

**Mrs Harvey:** Yes.

**Mr De LACY:** The Cairns Base Hospital has four theatres, only one of which is working. That means that three theatres with their equipment and so forth are standing idle. They can and ought to be used, but they are not being used. Virtually all elective and non-urgent surgery has ceased. The Cairns Base Hospital has lost accreditation as an anaesthetist-teaching hospital. If the hospital keeps having staff problems, a further erosion of standards could cause it to lose its accreditation as a surgical hospital. We would not want that to happen.

**Mr McElligott:** That's a disgrace.

**Mr De LACY:** As the honourable member for Thuringowa said, that is a disgrace. It is not only a disgrace; it is a problem for the people of Cairns. It is not good enough for the Minister to fob off all the problems with the Queensland health system by blaming the Federal Government. Her predecessor, Mr Austin, saw blaming the Federal Government and attacking the Queensland Nurses Union as the solution to all of Queensland's health problems. I am pleased that the present Health Minister has not adopted that tactic.

I constantly receive calls from people in the community who are upset about conditions at the out-patients' department at the Cairns Base Hospital. People inform me that they arrive at the hospital at 8 a.m. and wait for seven or eight hours before they are treated. Some people wait all day and leave without being attended to. I was told that on one occasion only one doctor was rostered—special circumstances may have been applying at the time—to be responsible for out-patients, for casualty and for administering the methadone program. By any standards, that is not good enough.

**Mr Stephan:** Were there more doctors available to go to Cairns?

**Mr De LACY:** I do not know. I cannot understand why doctors would not want to live in Cairns.

When a hospital has problems with staffing and doctors and other staff are working under pressure, working conditions consequently deteriorate and the problem snowballs. That is occurring in Cairns. I would not like to be a doctor at the Cairns Base Hospital at this stage. They are working more hours than they are being paid for. They are working under pressure. Because of their commitment to their vocation, doctors do not want to walk out and leave the problems behind them. Working conditions are very difficult, which is one of the problems that has to be faced.

I issued a statement about the radium clinic's being downgraded. Because I was informed that the service at the Cairns Base Hospital had been downgraded, I took exception to the Minister's advising the people of north Queensland not to expose themselves to the sun because of the high incidence of skin cancer. The Minister replied to my statement by saying that that was not true. However, I regret to say that it is true. There were three doctors rostered for eight hours; now there is one doctor rostered for two hours. The only service that the doctors are carrying out is the treatment of serious malignancies and urgent cases. Ever since I can remember, the so-called radium clinic at the Cairns Base Hospital was a place to which anybody who had susceptible skin could go at regular intervals to be tested for spots which were suspected of becoming malignant. That was a great preventative service which was widely accepted in the Cairns region. However, it no longer exists. Despite what the Minister said, since her statement I have received a number of calls from people, who had visited the clinic regularly on that basis, saying that service is no longer available to them. If they have a malignant growth, they can receive treatment. However, as far as prevention is concerned, that does not exist.

I do not want to prolong the debate, but I want to say a few words about the incidence of AIDS in the Cairns region. Much has been said about AIDS this afternoon. Not much has been said that I do not agree with. This disease extracts an enormous financial and emotional cost from the individuals who contract it, their relatives and friends and, of course, society. For that reason the Government's response, as I said earlier, is probably a bit too little and too late. It is on the right track, but I think that it has to go a lot further yet.

I appeal to the Minister to treat Cairns as a special case in relation to AIDS. The information that I have received—and I believe it to be from a very good source—is that in Cairns 45 people have been confirmed antibody positive, 20 of whom are in the advanced stages, and there are probably hundreds more carriers in the Cairns region who have not yet been confirmed.

It gives me no pleasure to state in this place that Cairns probably has the highest incidence of AIDS cases in Queensland. To what do we attribute that? Probably the fact that Cairns has a large drug-taking population. It is something that we have got to come to grips with. It is something that many of the city fathers do not like me saying. However, there is no doubt in my mind that there is a section of society in Cairns that does indulge in drug-taking. Much of it is related to the people who operate the trawlers and to people who hang around the waterfront area. There is a whole culture of drug-taking there—and I mean hard drug taking. Of course, as other honourable members have already said, this is one of the high-risk groups.

Another factor is the increasing tourist trade in Cairns, which it shares with a few other areas, such as the Gold Coast. Cairns probably has a higher number of itinerant people and society drop-outs than many other parts of Queensland. These are the kinds of people who are most at risk in the contracting of AIDS. So from that point of view also, Cairns is a particularly vulnerable region.

Another reason is that Cairns is now a growing international tourist destination. It is the first port of call for tourists arriving from the west coast of America. As is well known, the west coast of America—places such as San Francisco and Los Angeles—are areas that have a very high incidence of AIDS.

I believe that the Cairns region is most vulnerable to the spread of the AIDS virus. I did say at one stage that Cairns runs the risk of being called the Kings Cross of Queensland in that respect, and it is something that worries me greatly.

Obviously we do not know which is the best way to respond to and deal with the AIDS problem. Pilot programs will be needed in Queensland in a number of areas, just as there are pilot programs in New South Wales, particularly at Kings Cross.

What I am asking the Minister to do is to establish an AIDS clinic in Cairns. For the reasons that I have enumerated, I think that Cairns would be a good place to open such a clinic. It would be worth while having a pilot AIDS clinic, a clinic which is dedicated to the treatment and counselling of AIDS-sufferers. I would like to see such a clinic set up in Cairns.

Mention was made earlier today of the drug AZT, the anti-viral drug, which of course does not cure AIDS but, I am led to believe, alleviates the worst effects of the disease in the advanced stages and slows down the spread of AIDS. I ask the Minister to see if it is possible to release that drug in Queensland and to appoint a doctor who is capable of administering it.

I also ask the Minister to establish a pilot needle-exchange program in Cairns. I believe that the needle-exchange program as it is presently structured does not work at all. Users need to be able to go to a location where they can get needles from people who do not make judgments about them, otherwise it simply will not work.

As some other speakers today have said in a most persuasive way when referring to those people who are into shooting drugs into themselves with needles, if there is a hassle in obtaining needles, and if those people are going to be lectured when they obtain

their needles, they will not stop using needles and taking drugs; it will only mean that they will continue to use infected needles.

The third request I make of the Minister is to provide free condoms for distribution by youth and health workers in Cairns and its outlying Aboriginal areas. Perhaps more funds could be provided for health extension work in those high-risk areas.

The fourth thing I would ask the Minister to do is get doctors or teachers in the schools to go back into the schools to reinforce the AIDS message that was delivered to those schools last year. So far, only one visit has been made to schools. That visit was made by overworked doctors. They addressed only Year 11 and Year 12 students. As the member for Townsville said, it is probably more important to educate young people of formative age than those in Years 11 and 12. There is an urgent need for doctors and teachers to get back into those schools to reinforce the message that was delivered last year. I think that exercise did some good, but we really need to get to those young people and explain to them the risks that they are taking or will be taking in the future.

Today, there has been some attempt at point-scoring, although I would not say that there was a great deal of it. A couple of members seemed to suggest that the Labor Party is somehow responsible for the AIDS problem and that its welfare policies have caused the break-down in society and its moral values. The Opposition rejects that absolutely. If, as has been identified, the break-down in the family unit has contributed towards the break-down in moral standards—I believe that is what has happened—it is a question of what factor can be attributed to the break-down of the family unit. I would say that it is not the advent of the welfare society or the involvement by Government in trying to pick up the pieces when society breaks down. I believe that it has more to do with the materialistic society—Western capitalism, if one prefers to use that term—because the family unit has broken down more in the United States, in Australia and in the advanced Western capitalist societies than it has in other types of societies. I will never accept that the Labor Party's social welfare policies have contributed to that. Members of the Labor Party believe that Governments have a responsibility and an obligation to endeavour to pick up the pieces to help those people who, for one reason or another, have dropped out of society or those who do not accept the standards and the values that most members in this House accept.

I conclude on that note and request the Minister to respond, if not now, at a later stage, to my request for special consideration to be given to addressing the AIDS problem in Cairns.

**Mr HAMILL (Ipswich) (3.15 p.m.):** Had this debate been conducted in this place maybe two years ago, I am sure that we would have had quite an hysterical display—I do not mean “hysterical” in the funny sense—from honourable members in this House. Perhaps an illustration of the change in community awareness of AIDS itself is that the debate today can be approached with a far more mature attitude by honourable members on both sides of the Chamber. It probably demonstrates that the hysteria that occurred with the AIDS issue has died down, but I trust that it does not mean that society, or indeed members of this House, have become complacent about the real threat to public health posed by the AIDS epidemic.

Fortunately, we have progressed from the farce that was being played out in this State last year, when police took into custody condom vending machines at campuses, and recognise that there are very good public health reasons why condom vending machines ought to be accepted into Queensland society and not seen as the thin end of the wedge to public promiscuity.

Those people who opposed measures such as those which are now permissible under this legislation argued that it was a moral issue. Because the incidence of AIDS to date has been among groups that have indulged in activities that are not socially acceptable, one of the major difficulties that has been encountered is the very question of individuals' morals.

In common with other sexually transmitted diseases, AIDS is a public health issue. It would be immoral if this Government failed to act upon a public health issue. In dealing with the AIDS issue as part of public health policy, the reluctance of legislators—not only in Queensland but in other places as well—to recognise the serious threat that AIDS poses and the public's ignorance of it is the real immorality.

In his speech to this House earlier this afternoon, the honourable member for Ashgrove correctly stated that the availability of condoms is no solution to the AIDS epidemic. The Opposition readily recognises that fact. Health authorities have recognised that the use of condoms can militate against the spread of the disease. In response to the serious challenge that is posed by the AIDS virus, we should not confine ourselves to being totally dependent upon the availability of condoms.

One of the major concerns that has been recognised both in Australia and overseas is the incidence of the spread of the AIDS virus through intravenous drug-users. Although the brunt of the initial impact of the AIDS virus has been borne by the homosexual community, intravenous drug-users now present a major extension to the threat of the spread of AIDS into the wider community.

AIDS education in the community is absolutely necessary. Although some AIDS education has occurred in Australia through NACAIDS, it must extend throughout society. One of the great debates that has focused on the minds of honourable members in this House has been the appropriateness or inappropriateness—depending on the standpoint—of sex education in schools. If this Government is fair dinkum in ensuring that the community is prepared to confront the spread of AIDS head on, it is absolutely essential that the community as a whole has access to that information. What would be a better way of providing information on the AIDS virus and the dangers that it holds for individuals and society as a whole than through the school curriculum in conjunction with other aspects of health education? The age profile of the vast majority of AIDS-sufferers reveals that it is essentially the young population that is suffering from the disease.

I recently had the good fortune to visit the United States. During that visit I took the opportunity to visit a number of agencies in San Francisco which are working towards containing the very serious health problem that has developed in that city through the spread of AIDS. I visited an organisation called Shanti, which was essentially a support group working to alleviate the human trauma presented by AIDS. I also visited the San Francisco AIDS Foundation, whose work concentrates primarily on public health and public awareness aspects. Indeed, at the time of my visit a major conference was being held in San Francisco with representatives from throughout the world including, I might add, an officer of the Commonwealth Department of Health.

At that conference entitled "Health Department Leadership and Community Response", a speech was made by Dr George Rutherford, the medical director of the AIDS office in San Francisco's Department of Public Health. He pointed out that the incidence of AIDS was being observed in a series of waves. The first wave that had been identified related to the incidence of AIDS among homosexual and bisexual men in particular. It is certainly that wave that has attracted most attention in Australia. Perhaps what it indicates is that Australia and Queensland in particular are seeing the very early stages of the impact of the AIDS epidemic.

The second wave that was identified by Dr Rutherford was the incidence of AIDS through IV drug users. The third wave—and in many respects I see this as the most serious wave—is the incidence of AIDS occurring among the sex partners and children of those affected in the first two waves of the epidemic. What is seen in that third wave is not AIDS as a minority issue in the community but AIDS as an epidemic that is striking at the broader community and indirectly at people who obviously have no direct responsibility in the acquisition of the virus.

Dr Rutherford added also that by 1991 in the United States, 77 per cent of AIDS cases would be reported outside of the current major centres of crisis, which he identified as New York, San Francisco, Los Angeles and Miami. I suggest that maybe the same

pattern will be followed in Australia. Again this emphasises the point that I am making about the need for community education right throughout our society. Whilst it is difficult enough, obviously, to make the public aware of the dangers presented by AIDS in a community which is aware of the AIDS issue and perhaps a little more tolerant of dealing with it, perish the predicament of the person who may find himself at risk or a carrier in a community which not only is intelligently intolerant of the life-style which may have led to the acquisition or the contraction of the virus, but also lacks the medical and social infrastructure which can assist in containing the spread of the virus and assisting that human being.

I believe that is a real challenge that is being handed down to us in Australia, where we at least have had the benefit of observing the spread of the virus in similar societies overseas. But thankfully we are a little bit further down the track in terms of the recognised spread of that virus.

At that same conference the United States Surgeon-General, Dr Koop, emphasised the need for changed community attitudes in order to properly confront the virus. He also underlined the absolute lethal nature of AIDS. In fact, he pointed out that 89 per cent of those who had contracted the disease in 1983 were dead four years later. The Surgeon-General also advocated the distribution of clean needles in order to prevent the further spread of the virus into the second and third waves that I mentioned before. As the Surgeon-General put it, if the availability and distribution of clean needles prevented one person from contracting AIDS, that in itself was worth while.

Obviously the community has to confront this issue because certainly IV drug use cannot and must not be encouraged. Likewise, we run a very grave risk indeed if we close our eyes to the awful fact that through IV drug use the AIDS virus has been spreading.

In an article published only recently in the *Courier-Mail*, Professor Penny stated—

“There is no evidence that by providing needles or syringes or providing drugs, at least in a pilot program, it would increase drug usage.”

Professor Penny went on to state—

“Our point is that AIDS is a bigger problem than the problem of drugs, which is already a big problem. Drug users are the major mode of spread of the disease to the general community. We have to use every possible strategy we can.”

The report continued—

“In Italy and Spain, 70 per cent of AIDS-infected people were now intravenous drug users.”

The article mentioned the incidence of contamination in Australia, according to the experience obtained from the pilot program in Darlinghurst. Whereas five years ago, 4 per cent of AIDS infections were drug-related, after the needle-exchange program began operating, one in 10 of the returned needles was contaminated by AIDS. That result indicates the seriousness of the problem as it relates to IV drug use and the threat that IV drug use presents of spreading AIDS to the wider community.

In New York, and to a lesser extent in San Francisco, voluntary agencies have been endeavouring to promote the use of bleach as a means of sanitising syringes so that they may be used again. As any health authority would point out, that is a very dangerous practice. As I said earlier, it is essential that the community understands the nature of the threat presented by AIDS. After all, 748 confirmed cases of AIDS have been reported in Queensland and 400 deaths have already occurred as a result of AIDS in Australia.

If the Government is to embark upon proper community education, it must recognise that some major difficulties must be faced. The groups that have to get the message are not the most communicative groups in society. Explicit and blatant cartoon strips were being used interstate and in some overseas countries in order to get a very blunt message across to those groups most at risk. In Queensland, public authorities deemed it inappropriate that that medium for getting the message across should be used; it could

not be tolerated. It is a rather sad fact because the groups who were most likely to obtain the message through such a medium are the very same groups who will not obtain the message through television, school and other forms through which that type of community education can be conveyed.

I believe that it is absolutely essential to employ every means to get the message across to the community. I am not using a hackneyed term when I say that it is a life-and-death matter, because AIDS is all about life and death.

I compliment the Minister on bringing the legislation before the House this afternoon. Perhaps, at last, the Government is broaching a more mature attitude towards the AIDS debate in the community; it certainly has in this House. I believe that the Bill is a step in the right direction and a recognition of the inappropriateness of the nonsense that the Government engaged in when it pursued this issue in fairly recent times. The previous attitude adopted by the Government was a handicap to the efforts being made by public health authorities that were endeavouring to cope with the problems presented by the spread of AIDS.

I hope that the Government's belated acknowledgment of the threat to public health presented by AIDS is illustrative of its more enlightened attitude. I trust that the measures canvassed by me and the honourable member for Cairns, such as needle-exchange programs and community health education that broach the question of AIDS, its incidence and groups who are at risk, will be fully embraced by this Government and conveyed to the schools and members of the general community. I hope that through those efforts, a very constructive approach will emerge in Queensland to arrest the spread of AIDS before it reaches epidemic proportions, which has been the fate of overseas countries.

**Hon. L. T. HARVEY** (Greenslopes—Minister for Health) (3.31 p.m.), in reply: This Health Act Amendment Bill represents the third and final set of strategies for which I, in my statement to this House on 15 March, indicated continued support and completes the legislative program of Her Majesty's Government with respect to health before the prorogation of this first session. I tentatively advise honourable members that a new Health Act Amendment Bill, once again dealing with miscellaneous provisions, may well be brought before the second session of this Parliament. While that is a matter for the Government, I nonetheless wish to indicate to honourable members that the continued evaluation and reformation of public health remains the policy of this Government.

I thank honourable members for their contributions to this debate. The Bill, whilst principally a matter of legal house-keeping, will represent an effective rationalisation of this State's disease notification system. I hope that practitioners everywhere will give this system due support as I believe no members of this place, and very few others, would question the essential nature of such a system.

I feel that a number of issues have been raised which ought to be addressed. Primary among these is the issue of conjunctions in one clause of the Bill. During the debate I have had time to seek clarification of advice from the Parliamentary Counsel, and, citing *Pearce's Statutory Interpretation in Australia*, page 11, I am pleased to advise the House that—

“... where a series of paragraphs within a section are either all cumulative or all alternatives, the conjunction ‘and’ or ‘or’ is included only at the end of the penultimate paragraph.”

I think that satisfies the query from the Opposition spokesman. The authority for this is *Finance Facilities Pty Ltd v The Commissioner for Taxation* (1971) 45 ALJR 615, in the High Court. I hope this is sufficient to calm the concerns expressed by honourable members.

Some other matters were raised, notably knowing transmission of a disease to a knowing, consenting spouse. It is the view of the Government that to knowingly infect any other person with AIDS is a very serious crime deserving of severe punishment. The view of the Government is that in a stable heterosexual relationship, where the

other partner accepts the risk of infection, there exists the only circumstance in which such transmission can with reluctance be condoned.

The acquired immune deficiency syndrome has raised a medico-ethical question which affects not only practitioners but all of us; that age-old question of finding the correct balance between the right to know and the need for privacy. If it can be said that this terrible syndrome has brought any good, then it is probably that society has become more attuned to ethical issues of this nature. Good government is the politics of compassion. Good administration is administration with compassion. If any good should come of AIDS it should be a realisation that compassion with firmness is, far from being the antithesis of modern politics, its vital ingredient.

The acquired immune deficiency syndrome will have social, political and economic ramifications at all levels of government, the private sector and the community for the next decade and beyond. A vaccine will not be available for general use for many years, if at all. A cure is not yet on the horizon, although treatment is becoming possible. The treatment is expensive and toxic and may have substantial side-effects. I bring this fact to the attention of those members in the House who were asking for an increased use of the drug AZT. It is toxic and has some serious side-effects. It can be a problem if overused or provided for those people who have not reached a terminal stage of the disease. It can actually prove to be a bigger problem when improperly applied, which could occur if it was widely distributed, as has been requested in the House today. The results of the treatment to date do not appear to have been sustained and prevention of the spread of the disease therefore remains the most cost-effective approach to the control of AIDS. If adequate resources are not allocated now, the disease will break out into the general community. This will be disastrously expensive in the long term.

As the number of AIDS cases increases, it will be difficult to resist the diversion of all available resources away from the intangible benefits of prevention towards the all-too-tangible problem of sick and dying people. Prevention programs must remain a priority.

AIDS, cancers and dementia are the result of infection with the human immunodeficiency virus—HIV. HIV is a fragile virus that is transmitted by three main routes: sexual intercourse with an infected partner, sharing contaminated needles and syringes, and from infected mother to infant. It is not transmitted by ordinary social contact.

I point out that this is not an AIDS Bill as such, but because so many members expressed such an interest in the AIDS aspect of the Bill, I felt it might be desirable to point out a few of the facts and give a brief summary of the entire issue.

The direct hospital and related costs of AIDS are estimated at around \$50,000 per victim. The loss to Queensland society in morbidity and lost productivity is estimated at \$800,000 per AIDS victim. It is estimated that between 2 000 and 5 000—perhaps it is up to 10 000—people are infected with HIV in Queensland.

Now that I have given a bit of background to the AIDS issue, I will move to the points raised by members. I want to stress that condom vending machines should not be seen as the answer to the AIDS problem. I think that has been appreciated by members who have contributed to the debate. Condom vending machines are merely one perhaps very small, very minor aspect of the prevention program. Of recent times far too much has been made of that aspect.

I shall now answer some of the questions asked by the Opposition spokesman. Queensland leads in many AIDS developments in Australia.

**Mr DEPUTY SPEAKER (Mr Booth):** Order! The honourable member for Windsor is now having his questions answered by the Minister. I think he should listen.

**Mrs HARVEY:** The member for Windsor asked a series of questions during his speech, so he might be interested in listening to the answers.

As I was saying, Queensland leads the way in Australia in developments in AIDS control and initiatives. I mention the legislation to control the spread of the virus, including the spread in prisons; the education of the community, health and other workers; and education by medical practitioners in high schools.

I say to the member for Cairns, Mr De Lacy, that education on AIDS in high schools is not proposed only for Year 12 students; Year 9 students will also be included. There are also the matters of advice, the follow-up of patients with the virus and those with the fully developed disease.

Confidentiality has been of the highest degree—so high in fact that I make it a point not to be informed by my department as to who is suffering from AIDS and where the AIDS infected people in our community are. I have taken that course to ensure that that information is not accidentally slipped out by me when I am answering questions in the House. I assure the House that the confidentiality aspects flow through my department, from the bottom to the top. I was unaware of the medical practitioner mentioned by the member for Windsor. I prefer not to know the specific details of individual patients. Blood products in Australia are as safe as those anywhere in the world.

I say to the member for Cairns that the Cairns AIDS service depends very much on the hospital employing a physician on the full-time staff. Applications have been received and a qualified medical officer will soon take up duties there. That might be of some assistance to Cairns. I am very much aware of the concerns of the member for Cairns and I can assure him that my department is no less aware of those concerns. Once that person commences duty, the AIDS program in Cairns can be developed further.

The needle-exchange program will be extended when the outcome of the pilot program has been assessed. We have always anticipated that we will solve any hiccups or problems in the pilot scheme and then look at whether we will establish permanent bases in the regional centres or proceed with a caravan scheme. That is yet to be determined. Before we move to that stage, local conditions will have to be assessed.

If testing and separation of HIV-positive prisoners is carried out in prisons, condoms are not required. That is the system used in Queensland.

The member for Windsor asked about controlled notifiable diseases. Controlled notifiable diseases are sexually transmitted diseases. For the honourable member's information, I point out that notifiable diseases are currently listed in the Act.

I thank the member for Broadsound, Mr Hinton, for his vote of confidence in the running of the Health portfolio and for his kind remarks. As a member of my ministerial committee, he has shown a determination to address the serious health problems that face the community. I agree with his point on a national strategy and wish to assure him that steps are well under way towards organising that. At the national health conference in Alice Springs, from which I have recently returned, there was considerable discussion on the matter. In time, I believe that an effective national strategy will be put in place.

The member for Ashgrove, Mr Sherlock, spoke at some length about sex education classes. I point out that, as Minister for Health, I have never advocated sex education classes. I have a theory of my own that goes way beyond sex education classes. It basically involves the principle of life-skills education in schools, starting from the lower grades—even pre-school—through to Year 12. The concept provides that children are given some basic knowledge of the fact that they have choices in life, that everything involves a choice and that there is a range of choices—some good and some bad—available to them. From that range of choices, they have the opportunity of making a decision. They learn that what happens to them is not fate, an accident or anybody else's fault; it is usually the result of a decision that they have made based on the choices available to them. They then wear the consequences of that decision.

In the four years that I have been in this Parliament, that is what I have been espousing. That concept embraces far more than sex education, drugs education, alcohol education or tobacco education. It embraces the lot. The person learns how to deal with the information available. I assure honourable members that children are bombarded with that information. They learn to deal with the information. They learn to take into account advice from parents, teachers and from all sorts of pamphlets and literature that they read. They see the pressure exerted on their peers and then make their own decisions. Sometimes they will make wrong decisions, but at least they know that they have made a decision. They will get to the crux of the matter; not negative programs that come into the schools which brainwash students not to do certain things. That approach has been tried in schools for years and it does not work.

**Mr SHERLOCK:** I rise to a point of order. I appreciate the Minister's comments and I support the general thrust of what she is saying. In order to clarify the situation for the House——

**Mr DEPUTY SPEAKER:** Order! That is not a point of order.

**Mr SHERLOCK:** If I might say, I think that the Minister has misled the House in what she had said about my comments.

**Mr DEPUTY SPEAKER:** Order! The Minister is on her feet.

**Mrs HARVEY:** I was not attacking or criticising the member for Ashgrove. I was merely taking the opportunity to clarify, at least from the point of view of the health stance on AIDS, sex education and related issues, that that is the way I believe we should proceed. I would appreciate the support of honourable members for following that task rather than adopting a narrow perspective.

The member for Ashgrove made a very educated and informed contribution to the debate. I thank him for his contribution. The honourable member mentioned condoms. I take this opportunity to state that condoms are not to be considered by the community as a safe method of AIDS prevention. My information is that, based on statistics in America, condoms are still only 70 per cent safe, and in the case of homosexual use, because they were not designed for that particular use, they are only 30 per cent safe. It is important that the community understands that condoms are not a totally safe item. I emphasise that and I encourage people to make other members of the community aware of it.

I turn to the contribution by the member for Townsville, Mr Burreket. I take on board his concerns in relation to confidentiality. Some of his experiences in Townsville have indeed highlighted the problems that can arise in relation to confidentiality. I shall be taking those problems very much into account in any deliberations about the confidentiality of systems that are implemented by the department.

I also take on board the honourable member's concerns in relation to vector control. The honourable member has a special interest in mosquito-borne diseases, and so he should as the member for Townsville. I share his concerns. I have endeavoured to impress very heavily upon the Federal Health Minister, Dr Blewett, that the problem of mosquito-control in this country will be a serious one if it is treated too lightly. At the national health conference in Alice Springs, in this regard I argued for assistance from the Commonwealth Government. The response from the other States—particularly Victoria and South Australia—was, "It is not a problem in our area, so why should we worry about it?" When mosquito-related diseases become rampant in those States, they will realise that Queensland was talking a lot sense based on past experience.

I thank the member for Townsville for his genuine concerns. I am sure that time will prove correct his statements in relation to vector control.

I turn to the contribution by the member for Cairns. I am very mindful of the problems being experienced in Cairns. The honourable member mentioned the staffing of the Cairns hospital. Really the Cairns hospital puts forward the same argument that

the Townsville, Gold Coast and Hervey Bay hospitals have put forward. There is no difference in the argument.

The honourable member mentioned that Cairns is a growing tourist destination. The argument is the same. That does not mean that I take lightly the concerns of those hospitals. I am endeavouring to do what I can for them, bearing in mind the economic constraints that the department is faced with.

As I have pointed out, AZT is a highly toxic drug and therefore cannot be made widely available to the community at this stage, as was sought by Mr De Lacy. If it were made widely available, it would probably do more harm than good.

My department has recently undertaken an AIDS survey. Cairns is involved in that survey. The survey is being conducted in an effort to find out where the Government should be targeting the specific education and treatment programs to maximise the prevention of AIDS.

In recent years additional staff have been approved for the Cairns hospital; for example, in the renal unit, the coronary care unit, the rehabilitation centre and the geriatric unit.

The member for Cairns also mentioned skin cancer. The radium clinic in Cairns has had two doctors available for six hours per week since April 1987. A third doctor left. The QRI doctor visits once per month.

As to skin cancer—I think that it would be much better if Mr De Lacy could convince his Federal colleagues to put back on the Medicare claim list the item of skin cancer treatment. That would help people in the far north, where skin cancer is definitely a problem.

I have figures for deaths in Cairns and the Shires of Mulgrave, Douglas and Johnstone. In Cairns, two deaths have occurred; one death has occurred in Mulgrave Shire; and no deaths have occurred in the Shires of Douglas and Johnstone. As to the number of live AIDS patients—there are none in Cairns or the Shires of Douglas and Johnstone, but there is one in Mulgrave Shire. There are 11 patients with the virus in Cairns, none in Mulgrave Shire, one in Douglas Shire and one in Johnstone Shire.

The member for Ipswich, Mr Hamill, expressed concern about the disposal of syringes. I will take into account those concerns. The disposal of syringes is a problem that must be addressed still further. I am trying to address the problem through the pilot program in the Valley, but I have encountered a few problems with legislation on that matter. I am still working on that problem and I hope to resolve it in the very near future.

I think that I have completed a summary of members' contributions to the debate. I thank them very much for their genuine concern and for their extensive efforts to address the AIDS problem.

I note the support of honourable members and I commend the Bill to the House.  
Motion agreed to.

#### Committee

Hon. L. T. Harvey (Greenslopes—Minister for Health) in charge of the Bill.

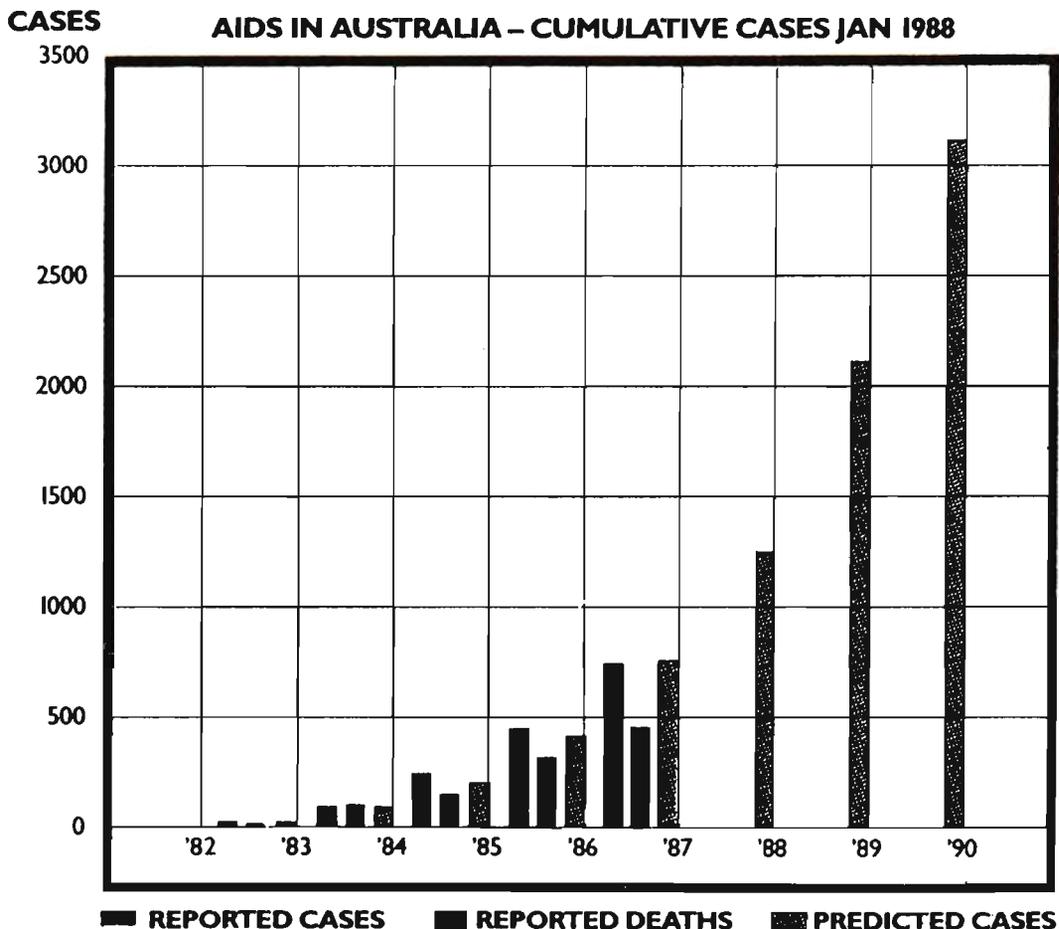
Clause 1—

Mr SHERLOCK (3.54 p.m.) In the second-reading debate I referred to a graph in a NACAIDS-produced leaflet entitled *The AIDS Report*. I have had an opportunity to show that graph to Mr Speaker. I seek leave to incorporate that material in *Hansard*. In so doing, I realise that, when reproduced in black and white, the graph, which as members can see is in colour, will lose some of its detail. Nevertheless, the graph indicates the exponential growth of AIDS in Australia at present. Of course, in my speech I referred also to Australia's place in that exponential curve as demonstrated in

the graph. I believe that it is important. I seek leave of the Committee to have it incorporated in *Hansard*.

Leave granted.

Whereupon the honourable member laid on the table the following document—



*Compiled by the National Health and Medical Research Council.*

Clause 1, as read, agreed to.

Clauses 2 to 8, as read, agreed to.

Clause 9—

**Mr COMBEN (3.55 p.m.):** Clause 9 deals substantially with notifiable diseases, aspects of the Hospitals Act and public hospitals in general in Queensland. I wish to respond briefly to a comment made by the Minister during her reply. She said, “If we can get more Medicare funds, then I’ll fix it.” The truth is that, if the Minister was to increase Queensland’s spending per capita to the level of the average of all the Australian States, she would have something like \$100m more.

**Mrs Harvey:** You can’t spend it if you haven’t got it.

**Mr COMBEN:** No, because the Minister will not get it.

**Mrs Harvey:** We are not getting enough tax money from the Federal Government. If they would give us the same per capita return on Medicare, then we would spend it.

**Mr Austin:** You know and everybody else knows that they robbed us.

**Mr COMBEN:** I do not know that the Federal Government robbed the Queensland Government. The Federal Government did not rob the Queensland Government. Queensland had a free hospital system that the Queensland Government was funding previously.

**Mr Sherrin:** Are you a Queenslander or not? Stick up for your State.

**Mr COMBEN:** I will. If this Government would spend the same per capita on health-funding as the other States do, the Opposition would go with it to Canberra and try to obtain additional funds. If this Government intends to short-change the people of Queensland and give them second-class facilities, staff etc., the Opposition will not support it.

**Mrs Harvey:** I went to Sydney and gave those figures to Dr Blewett, which showed that Queensland was short-changed \$1,222,000 in the last five years. He admitted to me that they were personally and completely embarrassing to him.

**Mr COMBEN:** I will ask Neal Blewett if that is his view of it. I know that the Minister was sent down there by her departmental officers and told to be nice to the Minister.

**Mrs Harvey:** Nobody sends me anywhere.

**Mr COMBEN:** I do not believe that that is quite true. The Minister is the token person over there who is replacing Ma.

The Minister was given the Health portfolio because the Health Department is the most competent department to look after a Minister, not because she had expertise in the field or because the Premier trusted her. The Health Department looked after the former Minister for Health, and it said, "We will look after this one, too."

At present, the Minister is not doing too good a job. There are fly-blown patients and staff losses are everywhere.

**Mrs Harvey:** You have indicated that name-calling happened at the Health Ministers' conference.

**Mr COMBEN:** I have not called the Minister one name.

**Mrs Harvey:** When you present people with figures that they cannot refute, they then go into silly arguments, which is what is happening now.

**Mr COMBEN:** There are no silly arguments. I notice that the Minister turned to Mr Austin and said, "Wasn't that good?" That is about the level of the Minister, and she has a grin from ear to ear.

Three years ago, the State Grants Commission examined the Medicare funding arrangement to this State and said that Queensland deserved \$45m extra, which was given to it. This figure of \$1 billion—

**Mrs Harvey:** That was for surplus by our State on a previous arrangement, which was back money. It had nothing to do with the original money owed.

**Mr COMBEN:** I do not believe that the Minister and I will be able to agree on Medicare funding.

Queensland has had a free-hospital system for 40 years. Until now, the State Government was content to fund that system. Now, suddenly, it wants to go to the Federal Government and say, "Give us some more money for something that we were previously funding." That is the State Government's argument, and the Opposition will not accept it. The Government should increase spending on health, education and welfare to bring it up to the Australian average so that Queensland can benefit from some decent services. If that occurs, the Opposition will be prepared to go to Canberra with the Government so that it can raise its percentage of the Budget that already comes from Canberra from 49 per cent to something a bit higher. Until this Government starts spending what it should be spending in this State and gets its priorities right—so that Queensland does not have a mass of warped priorities such as awarding development projects to big business, helping the white-shoe brigade, etc.—it will not have the money. It should get the money for the real things that people want.

**Mr SHERLOCK:** Under the heading of "Notifiable diseases", this legislation provides that notifiable diseases may be limited to a certain area of the State that is described in the notification. In a State as vast as Queensland, that is a very good thing.

In relation to new section 32A—a provision is included for pathologists, in addition to medical practitioners, to notify the department about a notifiable disease. Although that provision has always existed in the legislation, to date a very low percentage of diseases was reported to the department. I understand that it could have been as low as 10 per cent. In the future, under the amended legislation, that provision will be tightened up.

Clause 9, as read, agreed to.

Clause 10, as read, agreed to.

Clause 11—

**Mr COMBEN (4.01 p.m.):** The matters raised in clause 11 concern the duties of local authorities to prevent notifiable diseases. It is a matter of common knowledge that a week or 10 days ago the Brisbane City Council refused to place in its buses and other public transport posters campaigning for an increased awareness of AIDS and poster messages that had been research tested for communication effectiveness in the fight against AIDS. Although the posters had been accepted on 11 February by the Federal Minister for Health, Dr Neal Blewett, the city council took the attitude of saying that the posters were inappropriate and that it would not display them on its buses. What it effectively was saying was that it would limit AIDS education. Posters which are considered to be proper and successful elsewhere were not displayed.

**Mr Burreket:** Which council?

**Mr COMBEN:** The Brisbane City Council.

There were four interior posters. The first contained the message, "He didn't really think of himself as a gay", targeting bisexual men, a group which has already been spoken about. The second contained the words, "Jane was surprised to find she was pregnant", targeting women of child-bearing age, which is one of the potential problem groups. The third poster contained the words, "One night, Eve went to bed with Adam", targeting all sexually active males and females, again a young and important group. The fourth poster stated, "Mick was scared he'd become a Drug addict", targeting intravenous drug users and experimenters, again a section of the community about which comments have been made here this afternoon.

The first of the exterior posters stated, "Will you be dying for it this weekend?", targeting promiscuity, something which all honourable members have said is now inappropriate because of the epidemic spread of AIDS. The second poster stated, "AIDS. Sharing needles is just asking for it", targeting intravenous drug users and experimenters. Another four posters targeted different categories of people.

The messages on the posters were selected because they performed specific activities. Concepts one to four provided information as well as allowing people to reappraise their own behaviour and the risk associated with that behaviour. The last concepts were intended to provoke a re-evaluation of risk and reappraisal of behaviour and intended to encourage the use of condoms as a safer sex practice. Once again note should be taken of the word "safer" and not the word "sex", which Government members have used to try to misrepresent the Opposition's view.

The telephone number of the Queensland AIDS Council would have been listed on the poster as a contact point for further information. The AIDS Council was asked to help in the distribution of AIDS information brochures during that bus poster campaign. The campaign was intended to begin on 2 April and run for a period of three months. It was to cover 25 per cent of the bus fleet and rotate during the three-month period. The letter that I have with me and to which I am referring states—

"Whether the campaign eventuates in your State will, however, depend on the co-operation of the Transport Authorities."

The Brisbane City Council said, "No." The Labor Party appeals to the Minister to ask the council if in fact it will specifically co-operate in that campaign, because it is a very appropriate campaign. The people of Queensland are no different from those elsewhere. The sooner that that sort of educational campaign begins, the better. At the time when the city council knocked back the displaying of the posters, I remember Janine Walker saying on a radio program that the Brisbane City Council already had posters on the buses carrying a message along the lines of, "Are you playing hide the sausage tonight?" I do not know what that was about, but it obviously has a sexual connotation.

**Mr Ardill:** And they have underwear ads, too.

**Mr COMBEN:** They also carry underwear ads. On occasions when I have been standing on a bus I have been too embarrassed to look up because all around me are ads for bits of underwear, and even I am embarrassed by that. If those sorts of things can be displayed, why cannot AIDS education posters also be displayed?

I appeal to the Minister to do everything in her power to use her good offices and, if, necessary, introduce regulations, to make sure that the Brisbane City Council fits in with an overall AIDS campaign. It is no good talking about a campaign at State level if local authorities will not also comply with it.

**Mrs HARVEY:** I take the honourable member's requests into account. However, the Department of Health does not have power to control advertising on Brisbane City Council buses. I am afraid that it is entirely the council's domain.

Clause 11, as read, agreed to.

Clauses 12 to 20, as read, agreed to.

Clause 21—

**Mr COMBEN (4.07 p.m.):** This clause relates to controlled notifiable diseases. At least three previous speakers referred to this clause earlier.

There appeared to be some ambiguity in the clause. The Minister conceded that officers in her department had raised questions about it and that the clause had been referred to legal advisers. No-one will dispute the interpretation that the Minister has been given. It was merely a case of finding out what the interpretation was.

Under this clause, proposed section 48 (2) will read—

"Any person who knowingly infects another person with a controlled notifiable disease commits an offence against this Act unless, at the time the disease was transmitted to that other person, that other person—

- (a) was the spouse of or was de facto the spouse of the firstmentioned person;
- (b) knew that the firstmentioned person was infected with the controlled notifiable disease;
- and
- (c) voluntarily accepted the risk of being infected."

I understand that the interpretation given by the Minister is that all three of those elements have to be present as a defence; so that the elements are (a) and (b) and (c).

I accept the Minister's interpretation. In that case, the Opposition makes the strongest possible protest because of the inappropriateness of the first defence. Legislation passed by other State Parliaments contains only two elements to the defence: that a person has or is likely to have transmitted a disease to another person who is aware that the firstmentioned person is infected; secondly, that the person who is likely to contract the disease voluntarily accepted the risk. Why the Minister has to put in a third element nominating a spouse or a de facto is totally beyond me.

It is a conservative piece of legislation. It does not properly reflect modern mores or modern morality. I do not think that the Minister has to concentrate on promiscuous

young people or homosexually promiscuous people to envisage many situations in respect of which this legislation would be inappropriate.

The Minister will be subjecting an AIDS-sufferer to the possibility of a two-year term of imprisonment in circumstances in which his or her lover is not a spouse or a de facto but is someone with whom he or she regularly goes out, which may have been the case for years. The person's partner may decide on a regular basis to stay with him or her at week-ends or on Saturday nights. The partner who is liable to be infected knows that the person is infected with a controlled notifiable disease but has voluntarily accepted the risk; yet if it is discovered that that partner has effectively contracted the disease, the person is liable to two years' imprisonment. That is totally unacceptable. The Minister is being very inhumane. I would have thought it was sufficient to have included the element of a person's knowing that his or her partner has an infectious disease and also the element of accepting the risk of contracting the disease.

If the Minister wishes to mention incidents of rape in which AIDS has been passed on and similarly brutal situations, I point out that those elements are already covered by the *Criminal Code*. The Minister is merely raising a very conservative, antiquated third element that will not protect very many people but will subject a number of people to the possibility of imprisonment, which is totally inappropriate.

**Mrs HARVEY:** We disagree on philosophical grounds. I will leave it at that.

**Mr COMBEN:** Can I ask the Minister—

**Mr Burreket:** Oh, come on!

**Mr COMBEN:** I cannot understand how any member of this Committee could accept this proposition. I cannot understand how a member could happily allow a spouse to contract AIDS knowingly and accept that risk, under the misapprehension that spouses are the only people who can get AIDS.

The rest of Australian society says that that person does not have to be the spouse. Effectively the Minister is saying that she wants those three elements in the legislation, without any consideration at all, and the old provision under the previous Health Act will continue when every other State is wiping that element out of its legislation. That element is appropriate to the 1890s and perhaps the first half of this century.

**Mr Ardill** interjected.

**Mr COMBEN:** Perhaps it was not appropriate even at that time, but this kind of provision was found in the legislation. At that time one was either a spouse or a de facto; no-one had extra-marital sex or anything of that kind. Today this kind of provision is no longer appropriate, and the Minister is subjecting a large number of people—who live in very tragic circumstances and are saying to each other, "Till death do us part I will happily give you all the comforts of life whilst you have got AIDS"—to the threat of being chucked into prison for two years. I have often wondered about the Minister's heart.

Clause 21, as read, agreed to.

Clauses 22 to 42, as read, agreed to.

Bill reported, without amendment.

### Third Reading

Bill, on motion of Mrs Harvey, by leave, read a third time.

### EXPO '88 (MODIFICATION OF LAWS) BILL

**Hon. B. D. AUSTIN** (Nicklin—Leader of the House) (4.14 p.m.), by leave, without notice: I move—

"That leave be granted to bring in a Bill to modify the Liquor Act 1912-1987 so as to facilitate the holding of an international exposition at Brisbane in the year 1988."

Motion agreed to.

### First Reading

Bill presented and, on motion of Mr Austin, read a first time.

### Second Reading

**Hon. B. D. AUSTIN** (Nicklin—Leader of the House) (4.15 p.m.): I move—

“That the Bill be now read a second time.”

Honourable members of this House will all be aware that Queensland is to play host to one of the major international events of 1988 and an event which is also a centre-piece of the nation's bicentennial celebrations. I refer, of course, to World Expo 88, which is taking shape immediately across the river from this House. It will be a great event, an exciting event and one which will see visitors from all parts of the world flocking to this State.

This Bill, the Expo '88 (Modification of Laws) Bill 1988, deals with one particular aspect of catering for such a major occasion. It allows for extended retail liquor-trading hours during World Expo. It is not the first time that such amending legislation has come before this House. This piece of legislation, in fact, is modelled generally on the Commonwealth Games (Modification of Laws) Act, which was enacted here in 1982. That legislation was effective in regulating extended liquor-retailing during the Commonwealth Games when there was also a large influx of visitors to Queensland. Honourable members will remember the success of that venture for the State. I am sure, also, that World Expo will be even more successful as a venue for promoting Queensland and this nation to the world.

The proposed legislation permits applications to the Licensing Commission for extended trading hours. Such applications can be made by the holders of victualler's, tavern, limited hotel, club, restaurant, cultural centre, theatre, tourist park, bistro, packet and cabaret licences.

Additionally, the holders of limited hotel, club, bistro and packet licences can make application to the commission for variation in the conditions applying to their classes of licence. Each application attracts a fee of \$100.

Provision is made for the commission to make an order for extended hours during the Expo period or for such shorter period as is specified in the order. The commission is also given the power to vary or rescind an order and it retains the absolute discretion to determine the terms and conditions applying to orders issued.

The Bill further defines the Expo period as commencing one week before the event is officially opened and terminating at midnight on 6 November 1988, a week after Expo concludes. This effectively provides for visitors who extend their stay before or after the event as well as the administrative needs of the Licensing Commission.

Honourable members should be aware that the legislation provides only for modification. It does not amend the Liquor Act. The Bill provides merely a temporary waiving of certain provisions in respect of a strictly limited period during which World Expo 88 and related activities will take place.

While it is proposed to allow clubs extended trading hours, it is not intended that these establishments be given take-away sales; nor will unlicensed persons be able to apply for authorisation to sell liquor.

I commend the Bill to the House.

Debate, on motion of Mr Shaw, adjourned.

**QUEENSLAND GRAIN HANDLING ACT AMENDMENT BILL**

**Hon. N. J. HARPER** (Auburn—Minister for Primary Industries) (4.17 p.m.), by leave, without notice: I move—

“That leave be granted to bring in a Bill to amend the Queensland Grain Handling Act 1983-1986 in certain particulars.”

Motion agreed to.

**First Reading**

Bill presented and, on motion of Mr Harper, read a first time.

**Second Reading**

**Hon. N. J. HARPER** (Auburn—Minister for Primary Industries) (4.18 p.m.): I move—

“That the Bill be now read a second time.”

I present to the House a Bill to amend the Queensland Grain Handling Act 1983-1986 under which is constituted the Queensland Grain Handling Authority, which trades as Bulk Grains Queensland. The proposed amendments are designed primarily to allow the authority to achieve a more effective utilisation of its facilities and resources in order to contain costs and moderate the need for increases in charges by increasing revenue.

I want to stress that there is no intention, nor is there any provision in the proposed amendments, to allow the authority to enter into marketing in its own right. The authority will remain a grain-handling and storage organisation. This was the intention when the authority was established in 1983 under the provisions of the Queensland Grain Handling Act 1983 to provide a bulk storage and handling service for declared grains in Queensland. The establishment of the authority to take over and expand the grain-handling functions of the State Wheat Board was a recommendation by the Queensland grain planning committee, which reported in 1981. The objective was to have a grain-handling organisation, completely separate from any grain-marketing body, responsible for the storage and handling of all types of grains.

Since its establishment, the authority has made major investments, primarily in port facilities at Brisbane and Gladstone, to provide an efficient and effective service to the grain industry and to cater for its expected continued expansion. Important developments include the deep-water port facilities at Fisherman Islands and Gladstone. These enable the authority to load large ships with minimum delay in port.

The authority currently has a debt of \$87m, the servicing cost being \$17.1m this year. The burden of this debt on the industry has increased substantially during the last two years, following greatly reduced intakes of grain caused mainly by low levels of production owing to drought and low grain prices.

Although the authority has been able to contain charges during the last two years through the use of funds held in the handling charges equalisation reserve, it has also adopted a number of other initiatives to reduce costs and increase revenue. The authority has promoted the use of its country storage facilities for the warehousing of non-statutory grain by growers. Provision for this was included in amendments to the Act in 1986. The authority has also been examining the possibilities of handling and storing other declared commodities, a power provided also by the 1986 amendments. It has additionally sought to attract more grain from northern New South Wales into the Queensland system.

To further assist the authority to achieve a more effective utilisation of its facilities it is now proposed to amend the Act to allow the authority to make an advance to growers for grain taken into storage under its warehouse arrangements and to allow the authority to obtain proper security in respect of such advances. It is also proposed to provide the authority with the power to apply these provisions to declared commodities

other than grain, although at present the authority has no plans to provide advances for commodities other than grain.

The provision of an advance to grain-growers using the warehousing system, which currently is only available to sorghum-growers in southern Queensland, will provide growers with greater marketing flexibility and will have the potential to attract more sorghum into the authority's country storages. A commercial rate of interest will be charged on the advances which will be repaid before or soon after the sorghum is taken out of storage. It should be noted that this is intended to be a commercial operation by the grower owned and controlled board.

To ensure that the authority is given adequate security for any advance made, the Act will be amended to provide it with priority over any lien, mortgage, charge or other encumbrance which is not registered with the authority before the cash advance is made. Similar provisions exist in the Wheat Marketing Act 1984-1986. This provision is required as the authority has no power to acquire grain or commodities for resale, and thus obtain title, and the taking of other effective security would be expensive and unattractive to growers.

To allow the authority to operate an advance scheme for warehoused sorghum during the current season it is proposed that any amendments relating to advances shall apply from 1 December 1987. That fact was published last year to ensure that the Government's intention was clearly understood.

At present the authority is only empowered to provide or operate grain storage and handling facilities within Queensland. To further assist the authority in gaining maximum advantage from its modern facilities by attracting grain from northern New South Wales it is proposed to amend the Act to allow the authority to plan, design, purchase, construct, lease or otherwise provide grain storage and handling facilities at locations outside Queensland.

This provision will allow the authority to enter into arrangements for the handling of interstate grain if that is the wish of the industry. The movement of northern New South Wales grain through the Queensland storage and handling system can make a significant contribution towards the authority's high fixed costs. As indicated in the recent report of the Royal Commission into Grain Storage, Handling and Transport, the port of Brisbane is the natural export outlet for considerable quantities of grain from northern New South Wales.

Also to assist the authority to increase revenue and to achieve a more effective use of its facilities and resources, amendments to the Act will clearly allow the authority to use temporarily surplus facilities, resources or property for activities not associated with the storage and handling of grain or commodities on a fee-for-service basis or, with the prior approval of the Minister, to engage in business undertakings. The authority would be required to make charges for its services at least equal to their cost.

This provision is designed to allow the authority to use surplus resources. It is not to be used for new capital investment to provide new services. It is expected that the authority will use the power initially to produce equipment at its workshops and to provide consulting services. Given the seasonal variation in grain production, it makes sound commercial sense for the authority to make maximum use of its facilities and resources.

I am pleased with the discussions which have been taking place between the grain and cotton industries exploring the possibilities for co-operation in the use of facilities and staff.

I repeat that it is the Government's firm view that the authority shall not be a marketer of grain or commodities. This is reflected in the proposed specific reference in the amendment to the exclusion of the business of marketing of grain or commodities from the proposed additional powers.

Proposed amendments to the Act also provide for the appointment of a deputy chairman. There is also a provision to remove reference to the way in which financial

reserves are held and banked, given that this is now adequately covered by the Financial Administration and Audit Act. In line with Government policy, a new provision will require the Act to be subject to comprehensive review by the Minister for Primary Industries at least once every 10 years and for the review to be laid before this Parliament.

The Queensland Grain Handling Authority has demonstrated clearly a capacity to respond progressively and flexibly to changing industry circumstances and its dedication to the provision of an effective and efficient service to Queensland grain-growers. Indeed, I believe that the Royal Commission into Grain Storage, Handling and Transport formed the view that our authority is one of the most efficient and best managed grain-handling organisations in Australia.

The grain industry in Australia is now at the crossroads following the publication of the reports of the royal commission and the Industries Assistance Commission into wheat-marketing. Both reports are being considered by the Government but their very broad deregulation approach does not appear to be in the best long-term interests of the Queensland grain industry.

I am particularly concerned about the IAC's report on wheat-marketing which has based its recommendations entirely on abstract economic theory rather than on what is in the best interests of Queensland and Australian wheat-growers.

The recommendation that the export wheat market be effectively deregulated will place Queensland wheat-growers in the hands of the multinational traders, who would be primarily interested in maximising their own incomes rather than those of growers. The Australian Wheat Board has served Queensland and Australian wheat-growers well over the years and has been our main strength in countering the Government-sponsored subsidies of the European Economic Community, the United States of America and Canada in the last three years. To remove this major strength in the face of corrupted world markets is to invite disaster.

The report of the grain-handling royal commission is most notable for the issues it did not address. The Queensland Government and the Queensland grain industry identified the issues of importance to the Queensland grain industry, but these were largely ignored or glossed over by the commission. Issues such as the indebtedness of Bulk Grains Queensland, the interstate movement of grain from northern New South Wales, work practices at the waterfront, grain hygiene and the capital requirements of Queensland Railways were all given less than satisfactory consideration by the commission. Obviously the commission was preoccupied with the problems which have developed, and will develop, in other States.

Critical decisions will have to be made on both reports during the next few months. These could result in the need for further amendments to the Queensland Grain Handling Act. However, the amendments proposed in this Bill are required now to allow the authority to respond to changing circumstances.

The amendments to the Act proposed in this Bill will further assist the authority to respond progressively and flexibly to changing industry circumstances. They will assist it to obtain a more effective use of its facilities and resources during a period of reduced throughput and considerable industry uncertainty regarding production levels and marketing arrangements.

I commend the Bill to the House.

Debate, on motion of Mr Casey, adjourned.

#### SPECIAL ADJOURNMENT

Hon. B. D. AUSTIN (Nicklin—Leader of the House) (4.29 p.m.): I move—

“That the House, at its rising, do adjourn until Tuesday, 12 April 1988.”

Motion agreed to.

The House adjourned at 4.30 p.m.