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THURSDAY, 30 OCTOBER 2008

The Legislative Assembly met at 9.30 am.

Mr Speaker (Hon. MF Reynolds, Townsville) read prayers and took the chair.

Mr Speaker acknowledged the traditional owners of the land upon which this parliament is assembled and the custodians of the sacred lands of our state.

SPEAKER'S STATEMENTS

Volunteer Appreciation Ceremony

Mr SPEAKER: I remind honourable members that they are invited to attend the volunteer appreciation ceremony that will be held in the Community Engagement school briefing tent between 1 and 2 pm today. The ceremony will recognise the important work of students who have contributed to this regional sitting. They have done an absolutely magnificent job.

Honourable members: Hear, hear!

Mr SPEAKER: Her Excellency Ms Penelope Wensley and I will present students with certificates of appreciation and gifts. The volunteers include James Cook University student teachers who assisted with many school tour groups, as well as school students who have performed or displayed artwork around the precinct.

As I indicated yesterday, we have engaged in a tremendous degree of cultural appreciation as Aboriginal and Torres Strait Islanders have given some wonderful displays of dancing within and around the precinct and last night a multischool choir performed, which was absolutely fantastic. I am sure that the minister for education would have been very proud of their efforts last night. The volunteers have been significant in providing this regional sitting with a local flavour. I look forward to thanking them for their contribution. Once again I remind all members that they are welcome to attend.

Cairns Regional Parliament

Mr SPEAKER: Honourable members, I am delighted to advise the House that, contrary to Brisbane metropolitan media coverage, the people of far-north Queensland have enthusiastically embraced the regional sitting of state parliament in their thousands.

Opposition members interjected.

Mr SPEAKER: I note that some of the members of the opposition join with the Brisbane-centric coverage. Over the first two days of this sitting, a total of 3,820 members of the local community have watched proceedings from the public gallery. Last night's question time was attended by 755 people, which is about six times as many as one would get in question time in Parliament House in Brisbane. On behalf of the parliament, I thank the people of Cairns and far-north Queensland for their warm welcome. I also thank local media outlets for their positive and informative coverage of this historic regional sitting of state parliament.

Royal Flying Doctor Service

Mr SPEAKER: The Queensland parliament is very proud to have the Royal Flying Doctor Service as our charity partner for the far-north Queensland sitting of parliament in Cairns. As an indication of the work that the RFDS performs, it has provided me with a breakdown of its activities over the past 24 hours in Queensland. In the past 24 hours, RFDS doctors provided 66 patients with medical advice over the phone. Out of the 66 patient consultations, eight required an emergency medical response and were evacuated in an RFDS aircraft. A further 37 people were transferred by the RFDS from one hospital to another to receive the level of medical care required by their condition. In the past 24 hours, the RFDS conducted eight primary healthcare clinics in the regional locations of Camooweal, Urandangi, Mornington Island, Birdsville, Windorah, Aurukun, Pormpuraaw and Lockhart River. Clinics included child health, women's health and general practitioner clinics.

This is a typical day for the RFDS and when you multiply these numbers they add up. Last financial year the RFDS consulted a total of 88,000 patients. In doing so, it flew over six million kilometres and touched down 19,000 times on runways, roads and outback stations. It has been an absolute delight that the parliament as a whole has supported the Royal Flying Doctor Service as our charity at our regional parliament in Cairns.

TABLED PAPERS

SPEAKER'S PAPER Tabled BY THE CLERK

The following Speaker's paper was tabled by the Clerk—

Speaker of the Queensland Parliament (Mr Reynolds)—

- Overseas travel report—Report on an overseas visit by the Speaker (Mr Reynolds) to Vanuatu from 29 September to 2 October 2008—Report on an Official Visit to the National Parliament of the Republic of Vanuatu to formalise the CPA Parliamentary Twinning Arrangement and to participate in the inaugural Member Induction Program

MINISTERIAL PAPER Tabled BY THE CLERK—

The following ministerial paper was tabled by the Clerk—

Deputy Premier and Minister for Infrastructure and Planning (Mr Lucas)—

- Response from the Deputy Premier and Minister for Infrastructure and Planning (Mr Lucas) to a paper petition (1035-08) presented by Mr Gibson from 28 petitioners requesting that plans for the Traveston Crossing Dam be abandoned and alternative solutions be considered

MINISTERIAL STATEMENTS

Carbon Emissions

Hon. AM Blich (South Brisbane—ALP) (Premier) (9.36 am): A vital target in my government's Toward Q2 plan is to cut Queensland's carbon emissions by one-third over the next 12 years. One way we are working towards this target is by making much better use of our state's abundant sunshine in the form of solar energy to cut the use of fossil fuel generated electricity. Queensland state schools are leading the way through our government's \$60 million Solar and Energy Efficiency Program. Under this statewide program, a solar panel will be installed in every state school in Queensland during the next three years, along with other energy-saving devices. This will be rolled out across 1,250 schools and is expected to save almost 19 million kilowatts per hour every year. That is the equivalent of 3,500 average Queensland homes.

Ten schools across the state have already volunteered to be the first to pilot this program. These include Coombabah and Holland Park state high schools, and primary schools at Albany Creek, Annandale, Charleville, Dutton Park, Frenchville in north Rockhampton, Kimberley Park, Mount Isa central and Cairns' own Edge Hill State School. I am looking forward to visiting Edge Hill State School this afternoon to see the program's first two kilowatt solar panel being fitted at the school. This will be the school's second panel after it also received one under the federal government's National Solar Schools Program. Our close cooperation with the Rudd government means that we are working together to install the solar components of each program in unison and the combined four kilowatt solar system will reduce Edge Hill State School's electricity bill by almost \$1,400 a year.

Today I am also pleased to announce that five more schools will join the pilot to capitalise on these early savings. They are Eimeo Road State School in the Whitsundays, Pialba State School in Hervey Bay, Gumdale State School in Brisbane, Bribie Island State High School and Mudgeeraba Special School. All 15 schools will have the panels installed by the end of December. This is a great way not only to save energy but also for young Queenslanders to see firsthand and learn about how investing in energy-efficient technology can make a difference to our environment. Solar power and energy efficiency will be incorporated into the curriculum of schools and 480,000 Queensland schoolkids will take home this knowledge to their parents and families.

In addition to the Solar and Energy Efficiency Program, our new \$60 million ClimateSmart Home Service will begin in January 2009. Under this scheme a qualified tradesperson will visit Queensland homes to conduct an energy audit, provide energy advice and install energy-saving tools, such as energy-saving light bulbs, all for just a \$50 fee. My government's Toward Q2 vision for Queensland is framed around five ambitions for a strong, green, smart, healthy and fair Queensland. The programs that I have outlined here this morning will encourage all Queenslanders to become both greener and smarter in their energy use.

Great Barrier Reef International Marine College

Hon. AM Blich (South Brisbane—ALP) (Premier) (9.40 am): I am very pleased to announce that Cairns is destined to become an international marine training centre and has the Asia-Pacific region in its sights. Consistent with my government's strong and smart Q2 ambitions for Queensland, the Department of Tourism, Regional Development and Industry, the Department of Education, Training and the Arts and Cairns Ports Ltd have endorsed the development of the Great Barrier Reef International Marine College here in Cairns. The \$4 million college will be established within the Cairns Ports Ltd precinct in the Tingira Street area. Construction is planned to start in the next 12 months. This will put Cairns on the map as the region's premier marine training centre.

Thousands of FNQ residents are employed in marine tourism, marine services, commercial fishing and coastal shipping, and this new facility will give them the skills they need to build careers in this industry—and they can do it right here in Cairns. We are establishing this international standard college to both educate young people in local marine industry and educate current workers in the latest techniques.

The college will attract students from across the Asia-Pacific. It will be a one-stop shop for marine industry training—from entry level right through to higher qualifications. It will train people in everything marine related, from outboard mechanics through to master and skipper courses. I commend the Australian Marine Training Network in Cairns whose hard work has helped get this off the ground.

The college will have a positive impact on the superyacht industry, providing more skilled workers for vessel refit and maintenance. Cairns is already a recognised international hub for these large yachts to get refitted and have maintenance done, and this college will add to its reputation in this regard.

However, the region's marine potential is not just restricted to Cairns. Weipa has also been identified as having great potential for marine development. A study will soon get underway to identify the most suitable site for a marina and associated onshore facilities. The study will look at the viability of a range of facilities including walk-on, walk-off berthing facilities, hardstand and dry boat storage facilities, maintenance and refit services and a public boat ramp. My government is building a smarter Queensland by delivering world-class education and training.

Water Supply

Hon. AM BLIGH (South Brisbane—ALP) (Premier) (9.42 am): Securing the future water supply of south-east Queensland is serious business. Queensland's worst drought on record showed all of us how quickly this very precious resource can disappear. It has changed the way south-east Queenslanders use water and it has changed it forever. Despite south-east Queenslanders now being amongst the most efficient water users in the world, as Premier I am determined to ensure we never again face running out of water. The \$9 billion water grid is delivering this assurance by connecting south-east Queensland's water supplies and using world-class technology to deliver desalinated and purified recycled water into a grid system.

I note that this morning there have been a number of individuals featured in media reports scaremongering with unsubstantiated claims about water safety. While I welcome educated and genuine contributions to this important debate, irresponsible and untrue claims do nothing to assist in this debate. To the best of my knowledge, these academics have not raised their concerns with the government. I table a letter from Professor Paul Greenfield in which he invites those concerned to make contact with him, as chair of the expert advisory panel, to discuss their concerns with the Queensland Water Commission. I encourage Professor Troy to do that, because I think it is important that we hear all sides of this debate and that people actually raise their concerns.

Tabled paper: Letter, dated 29 October 2008, from Professor Paul Greenfield AO on behalf of the Queensland Water Commission's independent expert advisory panel to Professor Patrick Troy regarding statements in the *Australian* of that date.

Some of the claims that have been made this morning are simply not true. The first claim is that there is no real-time monitoring of water quality. Real-time monitoring is integrated absolutely into the process. There is in fact real-time monitoring at each of the advanced water plants, providing on-time information. If any issue is identified, there is a system in place to immediately divert the water or shut down the plant. As part of the process, after the water passes that test it then will enter the dam system. *E. coli* is already tested for in Queensland's and south-east Queensland's water system. Every single day it is being tested for in our existing water treatment plants. It is not only tested for but also treated at all of the distribution points for water before it enters the potable water system. And have we had an outbreak of *E. coli* in south-east Queensland's water system with those tests in place? No.

The second claim is that Queensland is the only place in the world where recycled water is added to the water system. Across the world recycled water has been used to supplement the system. Orange County since 1976, for more than 30 years, has supplemented its drinking water. In Northern Virginia in the USA, supplying Washington DC, it has been in operation since 1978. Torreele in Belgium produces 2,500 million litres a year that is fed into the local water supply. Essex in the United Kingdom in 1997 began a recycling scheme, producing up to 28 million litres of water per day, mixed with river water and put into the Hanningfield reservoir. All systems have been operating successfully, yet we have the biggest and the best and a world-winning system. Even today's critics acknowledge that Queensland has the best technology in the world.

Mr Lucas interjected.

Ms BLIGH: I take the interjection from the Deputy Premier. This project has won the 2008 International World Water Project of the Year—something that Queenslanders can be very proud of. People from around the world are coming to look at it.

Miss Simpson: An \$800 million blowout.

Mr Lucas: You don't want to start talking about your water policies. Quit while you're behind.

Mr SPEAKER: Order! Deputy Premier and member for Maroochydore.

Ms BLIGH: I note the interjection from the member for Maroochydore, who never wants to see money spent on water infrastructure.

The third claim is that viruses will get through the system. Let me take a moment to explain the system again so that people understand just how rigorous it is. During the advanced water treatment process, firstly, filters remove anything larger than a water molecule. A water molecule is made up of just three atoms. All other elements contain far greater numbers of atoms and, as such, are too large to pass through. These include chemical contaminants and micro-organisms such as viruses and bacteria.

At barrier 3 water undergoes microfiltration by passing through bundles of tiny plastic straws. Water is forced through microscopic holes thinner than one-300th of a human hair. This step removes micro-organisms and most bacteria and viruses.

An honourable member interjected.

Ms BLIGH: Because that is only step 3. Just wait; there's more. This process is commonly used in the production of bottled water, beer and soft drink and to sterilise medicines.

Barrier 4 is where reverse osmosis takes place. Here water is filtered through dozens of membranes like sheets of plastic. Water is squeezed under very high pressure through holes so small that bacteria, viruses and virtually all chemicals cannot get through. On the rare occasion that a minuscule amount of some organic material may go through, it is destroyed at the next barrier. Reverse osmosis is used in desalination and in many home water filtration units.

At barrier 5 advanced oxidation provides additional layers of protection. Water passes through a chamber where UV light, hundreds of times stronger than the sun's rays, reacts with an additive—hydrogen peroxide—and breaks down and destroys any remaining organic chemicals or impurities.

We have a good understanding of the range of pathogens that can cause health risk. We know how to achieve the appropriate log reductions of these pathogens, and we know how to ensure by monitoring and management that they are achieved on a routine basis to produce purified recycled water that meets the standards specified in the Australian guidelines. In fact, all testing on the western corridor scheme is showing that it will effectively remove such contaminants to meet the stringent standards of the Australian recycled water guidelines. For example, the standards for virus removal—these are the Australian recycled water guidelines—require a further reduction beyond treated effluent of 99.9999999 per cent. Our plant performance will not just do that; it will take it out at 99.9999999999 per cent.

As I said, I welcome debate on this issue—informed debate as opposed to the rubbish we hear from the member opposite would be very good. I notice that one of the complainants, Professor Troy from Canberra, is complaining that the people of south-east Queensland did not get an opportunity to vote on this in a referendum. After being in politics for some time, I can tell Professor Troy that one of the single most popular things this government ever did was cancel the referendum on recycled water. I have never had so many letters and emails to my electorate office thanking me for cancelling the referendum. If people remember, everybody said, 'Get on with the job. We just want you to build it. Just do it.' And that's what we did. Professor Troy, I have to say, knows very little about the people of south-east Queensland. They did not want to keep talking about it. They wanted to do it. And that is what we have delivered.

Mr SPEAKER: Honourable members, I welcome in the public gallery today staff and teachers from Redlynch State College in the electorate of Barron River, which is represented in this House by Mr Steven Wettenhall. I also welcome staff and students from the Trinity Bay State High School in the electorate of Cairns, which is represented in this House by the Hon. Desley Boyle.

Coal Seam Gas Water Management Policy

Hon. PT LUCAS (Lytton—ALP) (Deputy Premier and Minister for Infrastructure and Planning) (9.51 am): Today I can announce an initiative that not only is good for the environment but also will potentially provide a new source of water in the Surat and Bowen basins. Cabinet has endorsed a plan for tighter rules around the disposal of water generated when mining companies extract gas from underground coal seams. When the gas is extracted, it is often accompanied by brackish water high in minerals and salt content. The majority of CSG water produced is currently disposed of in large evaporation ponds of up to 100 hectares in size. I and many Queenslanders think this is potentially damaging to the environment and also a waste of what could, in the right circumstances, be a valuable resource.

The current estimate of water extracted as a result of CSG production is 8,500 megalitres per year. However, this volume is expected to increase rapidly and exceed 30,000 megalitres a year within five years. The government wants to see this water turned into a valuable resource for environmental, agricultural, industrial and, possibly, domestic benefit rather than being discarded or evaporated away. The new policy will mean from now on that ponds will only be approved if they are required as part of a water treatment facility. If they are used, ponds must be lined to prevent soil contamination from salt and minerals. I am a firm believer that using modern technology such as reverse osmosis treatment plants to clean the CSG water will allow for more environmentally friendly disposal and provide a valuable new source of water.

We do not expect that this policy will fix water supply issues in central and western Queensland, because supplying CSG water to towns could involve substantial costs due to the long distances involved. But we should make the most of any water we have, not simply waste it. I appreciate there is a cost to producers but there is a cost to any business to treat its output. The opportunity to turn unwanted salt water into treated water that can actually be sold is a win-win: it is good for the environment and it makes good business sense. Already some Queensland CSG producers have moved towards treating their water or putting it to beneficial use—for example, Origin Energy and Arrow Energy. This is just one aspect of a comprehensive policy to guide the future growth of the LNG industry which the government will consider early next year.

By doing the right planning now, we can make sure that Queensland not only reaps the huge economic benefits on offer here but also properly manages this industry's impacts on the environment and communities. Sustainable resources communities are about win-wins for everybody.

World Teachers Day

Hon. RJ WELFORD (Everton—ALP) (Minister for Education and Training and Minister for the Arts) (9.53 am): I would like to draw to the attention of the House and the people of Queensland that tomorrow is our chance to thank 42,600 Queenslanders who are working every day to secure the Smart State's future. They are our teachers in schools right around the state. Tomorrow is the day we celebrate World Teachers Day, when we recognise our teachers for their efforts in, in effect, shaping our future leaders. Our government wants to deliver world-class education and training—something we frankly can never achieve without the commitment, dedication and passion of quality professional educators. That is why each year our government honours our most outstanding teachers through the minister's awards for school leader and teacher excellence.

These awards are about recognising Queensland teachers and school leaders who go that extra mile to deliver the very best education possible to our students. World Teachers Day is the perfect opportunity to show teachers how much we appreciate them. The awards provide financial support for teachers to pursue professional development in an area of interest or innovation, and a range of professional development opportunities are made available through these awards. One school leader excelling in this area is Innisfail State High School principal, Julie Pozzoli. Julie is helping to drive the state's amalgamation—sorry, the school's amalgamation with the local TAFE in Innisfail—not the state.

Ms Bligh interjected.

Mr WELFORD: We're not amalgamating the state with anyone, are we, Premier?

Ms Bligh interjected.

Mr WELFORD: We're keeping the place to ourselves. Julie is helping to drive the school's amalgamation with the local TAFE as part of the State Schools of Tomorrow initiative, and is being awarded one of the five Minister's Awards for Education Futures valued at up to \$15,000. These awards for education futures are available to high-performing teachers, associate administrators and school leaders to complete a four-unit independent research study focusing on breaking new ground and proposing innovative ideas and solutions for education into the future, especially where they focus on building high-performing classrooms and schools.

Julie Pozzoli is therefore among those teachers who are putting Toward Q2 into action, helping our government deliver world-class education and training, and ensuring that every student is skilled, creative and clever. Julie will use her award to learn what other innovative or future focused schools in Australia are doing, particularly what is required of a principal to lead a high-performing school. She will have the chance to visit schools around the country to gain hands-on knowledge about operating a forward-thinking school and to learn of the practical realities of moving from a traditional model to one with an eye over the horizon. I am sure that all members of the House join me in congratulating Julie Pozzoli, the Principal of Innisfail State High School, and all the other teachers who will be recognised in the Minister's Awards for Teacher Excellence on World Teachers Day.

Police Service, Rural Locality Incentive Scheme

Hon. JC SPENCE (Mount Gravatt—ALP) (Minister for Police, Corrective Services and Sport) (9.57 am): I have very good news for our police today, because today I am announcing a new Rural Locality Incentive Scheme that will benefit over 330 police statewide. The attraction and retention of police officers who want to settle with their families in rural and remote locations has always been a challenge for the Queensland Police Service, as it is for other government agencies. To assist in overcoming this challenge, we are instigating a rural local incentive payment. This is separate to the new area allowance of \$10,000 per year we launched on 1 July this year for 105 police officers in places such as Aurukun, Bamaga, Kowanyama, Lockhart, Pormpuraaw, Yarrabah, Doomadgee, Mornington, Palm Island, Woorabinda, Cherbourg, Wujal Wujal and Hope Vale.

This is a new scheme. It will cost \$1.5 million and it is seen as integral to the attraction and retention of police in these remote locations. The incentive involves an annual taxable payment of \$2,000 for one year's service in a designated location, \$3,000 for two years service in a designated location and \$5,000 for three years and subsequent years in designated locations. The locations are in various remote and rural centres in far-northern, northern, central, and southern police regions. I table a list of the police officers and stations who will receive this new incentive bonus.

Tabled paper: Table detailing the locations and number of police who will qualify for the Rural Locality Incentive Scheme.

I note in the list that I am tabling today there are quite a number of one-officer stations. Places like Forsayth, Georgetown, Laura, Mount Surprise, Bedourie, Birdsville, Kyuna, McKinlay, Prairie, Ilfracombe, Isisford, Jericho, Yaraka—and the list goes on—are one-officer police stations. These are the stations that the opposition plans to close down. The accessibility remoteness index of Australia, a geographic methodology used by the Australian Bureau of Statistics and federal government departments, was used as a guide in determining the designated locations. A number of locations such as Mount Isa, Cloncurry and Alpha were also included on special case considerations.

This scheme will commence from 1 January next year. The Bligh government values its police officers, particularly those who choose to devote large amounts of their careers to working in remote locations. This new scheme I know will be welcomed by those 330 officers and their families. I thank the Queensland Police Union of Employees for its assistance with these negotiations.

Chronic Disease

Hon. S ROBERTSON (Stretton—ALP) (Minister for Health) (9.59 am): Chronic disease is a major health issue facing our community, particularly our Indigenous population. Each year 4,300 die prematurely from chronic diseases which are largely preventable. That is why the Bligh government is helping Indigenous communities tackle chronic disease by establishing the Thursday Island Chronic Disease Centre to be opened by mid-2010.

The government investment in this project is over \$39 million and will also include a hostel at the Mura Mudh Centre on the island. Also tackling chronic disease in the region is the Diabetes Centre in Cairns, which I recently visited with the member for Barron River. The centre does wonderful work in helping people with the management, education and treatment of their diabetes. Their high-risk foot service is used by hundreds of people who have been provided with protective footwear resulting in an estimated 30 per cent reduction in foot amputations.

I am pleased to announce to the House today that Queensland Health and Diabetes Australia Queensland have contributed a further \$30,000 to the footwear program. This is a simple yet effective measure which has very important health benefits for people living with diabetes. However, the Bligh government is not just committed to helping people when they are ill; we want to prevent people from becoming ill by supporting them in leading healthier lifestyles. That is why earlier this year the Premier announced as part of Q2 Advancing Health Action, a new statewide competition to find Queensland's healthiest communities, schools and workplaces. Winners will share in a prize pool totalling some \$1.6 million to be used towards healthy infrastructure such as swimming pools, a basketball court or a bike and a walking path.

There are simple checks we can all have to assess our risk of developing heart disease, diabetes and other associated health problems. The pit stop health checks that are being done just outside the chamber are an opportunity not just for MPs but for all visitors to the parliament to find out whether their body is roadworthy. Run by a hardworking team of nurses, allied health professionals and community health workers, the pit stop takes less than 10 minutes to identify whether someone passes or needs a tune-up. There are six quick checks—oil pressure for blood pressure; mileage for physical activity; chassis check, a waistline check; exhaust, smoking; fuel additives, alcohol; and shockies, stress management. The pit stop health checks have been enormously well received by the people of Cairns over the past week. Most importantly, two out of three participants surveyed said the program helped them to become more aware of specialist health services in their area.

Now for the bad news. Over 50 per cent of pit stop participants do not do enough physical exercise and have a waist circumference over the healthy weight range. Over a third identified as being stressed. A third were smokers. A third were high-risk drinkers. In addition, over 25 per cent had high blood pressure. These worrying statistics are not isolated to Cairns. They reflect the chronic disease statistics nationwide. But the real benefit of the pit stop checks is the support, advice, intervention and direction provided by our professional Queensland Health staff. I would like to thank them for being here this week. I challenge everyone here today to check whether their body is roadworthy or in need of a tune-up and some serious panel work.

Indigenous Housing

Hon. RE SCHWARTEN (Rockhampton—ALP) (Minister for Public Works, Housing and Information and Communication Technology) (10.03 am): The Bligh government has taken decisive action to improve housing in all communities across Queensland, including Indigenous ones, particularly in far-north Queensland. Since 2006, the Department of Housing has provided tenancy management in Kubin, Lockhart River, Napranum and Wujal Wujal, with Hope Vale and Doomadgee signing up in March and July this year respectively. Since taking over tenancy management in these communities, the department has improved rental processes significantly.

Tenancies are now managed under a structured and accountable process which has led to improved recording of tenancy information and payments, a significant achievement. Given the success of this program, it is no surprise that the Australian government has asked the Department of Housing to provide tenancy management of the Yarrabah, Aurukun and Palm Island communities.

Overall there are currently 822 tenancy agreements signed with the department. It is anticipated that an additional 800 tenancy agreements will be signed once tenancy management for Yarrabah, Aurukun and Palm Island is in place. Additionally, negotiations have commenced on a new tenancy management model that has been designed for the Torres Strait Island Regional Council and the Northern Peninsula Area Regional Council. This will include sign-up, rent collection and remittance processes for 1,400 tenancy agreements and a referral based allocations process which is in line with the department's One Social Housing System.

The Bligh government's housing improvement program in Indigenous communities is also paying dividends. Since the program started in 2006, more than 58,000 work orders have been issued for maintenance projects, of which more than 48,000 have been completed at a cost of \$44.4 million. The program's strong focus on housing upgrades and new constructions has seen 79 existing dwellings replaced and 78 new houses built. This is Q2 in action! It is enhancing fairness, through better tenancy management of housing in Indigenous communities. The Queensland government is committed to continuing to work closely with Indigenous communities and councils to improve housing conditions and services for Queensland's Indigenous people.

Volunteers

Hon. NS ROBERTS (Nudgee—ALP) (Minister for Emergency Services) (10.05 am): Earlier this year the Premier outlined the government's *Toward Q2: Tomorrow's Queensland* agenda. Part of this vision is to increase by 50 per cent the proportion of Queenslanders involved in their communities as volunteers. Almost four in 10 Queenslanders volunteer their time, which is higher than the national average. While this is a great achievement there is always much more to be done.

It is timely therefore to update the House on what the government is already doing to attract more emergency services volunteers. Yesterday I launched the far-north Queensland SES recruitment campaign as part of a statewide initiative. The launch showcased some of the more daring capabilities of SES volunteers such as the retrieval of an injured patient from a damaged building. However, there is a place for everyone within the SES with some just as important behind-the-scenes roles such as administrative and welfare support roles.

Far-north Queensland is susceptible to extreme weather events, which is why it is important to encourage members of the community to join the SES in this region. Currently, there are over 6,400 SES volunteers in 340 groups across the state. Here in the far north there are 1,029 registered SES volunteers, with 230 in the Cairns area alone.

Recruitment campaign materials have been distributed to allow SES groups to localise their recruitment activities to suit their local needs. I can advise that regional SES groups have already noted a positive response to this campaign, with increased interest from the community. The Bligh government is also playing its role by providing financial support to the SES at levels which have almost doubled over the past three financial years to \$12.464 million in 2008-09.

While we have not heard a peep from the opposition on its volunteering policy, this government has been busy taking action towards our Q2 target. Our long-term major partner, NRMA Insurance, has helped us develop a range of materials, including postage paid postcards, posters, T-shirts and information booklets which are available for SES groups to distribute. The campaign focuses on the values and satisfaction of belonging to such a committed network of people. I encourage all members of the House to get behind the campaign in their local areas.

QTropics

Hon. D BOYLE (Cairns—ALP) (Minister for Tourism, Regional Development and Industry) (10.07 am): Today I am happy to announce a new \$20 million QTropics project—the Queensland tropical expertise strategy. This is designed to help make Queensland compete for new international business in science and technology, with a particular focus on all the knowledge that we have already in tropics. Industrial giants India and China and high economic growth right across South-East Asia has increased demand for products and services to make living in the tropics easier.

Tropical developing countries currently produce approximately \$US12 trillion or around one-fifth of the gross world product. By 2025 this is expected to rise to around \$US40 trillion. There are more than 3.3 billion people, almost half the world's population, living in the tropics. There is a \$US12 trillion international tropics market out there. I want to see north Queensland, based around Townsville and Cairns, get a big share of it. Queensland's expertise in tropical living, science and development could represent a goldmine of opportunities for north Queensland regions.

We are one of the most developed economies in the tropics. We are already the international focus of research into cures and vaccines for tropical diseases such as malaria and dengue fever and we have expertise in designing houses, roads and environmental infrastructure for living in the tropics and living energy-wise without air conditioning. Our management and recovery procedures for tropical cyclones such as Larry have also become the blueprint for many other cyclone-prone regions. But we have only just scratched the surface.

QTropics is our plan to capture a big slice of this growing market—today's plan but for one of tomorrow's key green industries. It is our blueprint for growing our tropical expertise, commercialising that knowledge into products and services and exporting it to the rest of the tropical world. As we work towards tomorrow's Queensland, it is new industries such as this that will secure the state's economic and environmental future.

Some \$19.45 million will be used for the establishment of a Queensland Tropical Health Alliance to be based at James Cook University in Townsville and Cairns with connections to the University of Queensland, Griffith University and the Queensland Institute of Medical Research. The project includes two new multimillion-dollar facilities in both Cairns and Townsville. While tourism is an industry of great substance in the tropical zone—and we hope it continues to be so—it is also essential that we work to grow knowledge based industries to ensure a future for our children and their children, to ensure Cairns and Townsville can take their place alongside Brisbane in the world of international science and technology.

Fruit Fly Traps

Hon. TS MULHERIN (Mackay—ALP) (Minister for Primary Industries and Fisheries) (10.10 am): Cairns is playing a crucial role in the ongoing fight to stop exotic fruit flies taking hold in Queensland and devastating local industries. There is a lot at stake. Exotic fruit flies can be much more damaging than the local varieties. If they establish here, other countries may close markets to Queensland fruit and vegetables or insist on costly treatments to our produce. In the mid-nineties, when papaya fruit fly was discovered, it cost producers an estimated \$100 million in extra production costs and we spent another \$34 million to eradicate the pest.

Biosecurity Queensland has 51 fruit fly traps at 17 risk sites throughout Cairns. These traps are a front-line force to protect against fruit fly and allow Biosecurity Queensland inspectors to quickly detect any exotic fruit flies that may have snuck in from nearby Papua New Guinea on prevailing winds or via illegal fruit movements into the state. The traps contain synthetic hormones that are irresistible to male fruit flies of the exotic species we are most concerned about such as the ocean papaya fruit fly, the Mediterranean fruit fly and the melon fruit fly. The traps are checked every fortnight. Any flies caught are removed and sent to a laboratory for identification by DPIF scientists.

The Biosecurity Queensland fruit fly network runs throughout the state and consists of strategically placed traps in locations that are likely to be initially infested with exotic fruit flies should they gain entry into Australia. Results from each fortnight's trap run are recorded in a computer database and reported to the Office of the Chief Plant Protection Officer in Canberra. If we ever detect an exotic fruit fly in one of the traps, Queensland has a plan to move to immediately contain the

incursion and, if possible, eradicate the species. This includes placing dozens of traps in a strategic grid around the detection site to delimit the extent of the outbreak and help plan further response actions. This early-warning surveillance program has been in place since the papaya fruit fly outbreak in the mid-nineties.

Local Government Reform, Member for Warrego

Hon. FW PITT (Mulgrave—ALP) (Minister for Main Roads and Local Government) (10.13 am): Yesterday in this chamber during private members' statements the member for Warrego gave a very disappointing contribution in which he engaged in a nasty personal attack upon my integrity. He is up to his old tricks again, making up unsubstantiated allegations without a shred of proof. He will say anything to appear to be relevant in the reform debate and he is well and truly into the conspiracy theories that best lie with One Nation. The member for Warrego is true to his form on local government issues. He and his LNP colleagues have no policies, no vision for the future except nebulous deamalgamation policies and no respect for the truth. They make it up as they go along.

I have now visited 40 councils, including all 31 amalgamated councils, and have had a substantial discussion with them. It is little wonder the member for Warrego is considered by most of those councils to be a genuine policy lightweight. No-one is buying his narrow and backward-thinking approach that smacks of politics rather than policy. Anyone in Queensland who believes the member for Warrego also believes in the tooth fairy. In respect of the future of local government, I call upon him and his Liberal National Party colleagues to drag themselves out of the darkness of the Bjelke-Petersen era and into the light of the 21st century. I ask them to join us in making our local governments stronger, more sustainable and more capable of meeting the challenges of the future.

Mr SPEAKER: Honourable members, I welcome to the public gallery today students and staff from Yorkeys Knob State School in the electorate of Barron River, which is represented in this House by Mr Stephen Wettenhall. I also welcome students and staff from Aloomba State School in the electorate of Mulgrave, which is represented in this House by the Hon. Warren Pitt.

Volunteering

Hon. LH NELSON-CARR (Mundingburra—ALP) (Minister for Communities, Minister for Disability Services, Minister for Aboriginal and Torres Strait Islander Partnerships, Minister for Multicultural Affairs, Seniors and Youth) (10.15 am): I am very pleased to announce that the inaugural Queensland Young Volunteer award winners' speaking tour is about to get underway. This new initiative is Q2 in action and it is helping to create a fair Queensland for the future with our 2020 target of increasing by 50 per cent the number of Queenslanders who are taking part in volunteering. The new speaking tour will have eight of Queensland's best young volunteers going out to 12 high schools during November to talk to students about volunteering and also to share their personal stories. In Townsville, Queensland Young Volunteer award recipients Wesley Stubbings and Fiona Saxby will talk to students from Heatley Secondary College and Thuringowa State High School.

At 22 years of age, Wesley has given his time and energy to be part of the International Indigenous Flames 'Hand to the Community' initiative, which helps establish programs and activities with Indigenous young people in the Townsville region. Wesley has been active in mentoring, providing support to young Indigenous men on a one-to-one basis, supporting Indigenous elders in the community to develop good relationships with young people, and promoting a major youth conference targeting Indigenous youth in north Queensland. Fiona, aged 24, has helped pioneer an important method of connecting with youth called Youth Street. Youth Street uses peer based mentoring to reach out to 12- to 17-year-olds. Fiona has also started a not-for-profit design company called Moses Street Ware. Profits from this uniquely designed clothing range go to people in need. These inspiring young Queensland volunteers hope to encourage other young people to take up volunteering and to help build tomorrow's Queensland.

I was also really impressed last week with the recipients of the Premier's awards for seniors, who also showed us how valuable volunteering can be. They rank up some 500 years of service between them. Volunteering provides so many benefits to the individual and of course to the community, and meeting these inspirational people, both young and young at heart, makes me truly glad to be a Queenslanders.

Child Protection

Hon. MM KEECH (Albert—ALP) (Minister for Child Safety and Minister for Women) (10.17 am): The Bligh government is committed to protecting children and ensuring their safety and wellbeing. When a court decides that a child needs to be removed from their home due to being harmed or at risk of harm, my Department of Child Safety has a duty to act, and we do. Wherever possible we keep families together, but the child's safety must always come first.

The Bligh government remains committed to addressing the overrepresentation of Indigenous children in the child protection system and providing culturally sensitive and appropriate services to these families. Around six per cent of children in the population are of Aboriginal and/or Islander descent, yet around 28 per cent of all children placed in out-of-home care are of Indigenous descent. This number has increased greatly in recent years. In response, as well as building safe houses in remote Indigenous communities, the Bligh government has allocated more than \$1.6 million to seven Indigenous non-government family intervention service providers such as Wuchopperen here in Cairns to assist families.

The Indigenous child placement principle was enshrined in legislation to emphasise the importance of maintaining cultural and community connection for Aboriginal and Torres Strait Islander children when they come into the care of the department. However, a child's safety is always the most important consideration, irrespective of whether they are Indigenous or not. Currently, fewer than 15 per cent of approved carers are of Indigenous descent, although 28 per cent of children in care are Indigenous. Indigenous carers do absolutely outstanding work, but we need more of them. We hope to be able to recruit more Indigenous carers through the Bligh government's highly successful \$15 million foster and kinship carer campaign.

Whether the child lives in Ascot or Aurukun, Cairns or Kowanyama, as a government we have the responsibility to provide the best possible care to that child. Sometimes the best option for an Indigenous child, when no Indigenous family member or carer can be found, is for that child to be placed with a non-Indigenous carer, providing the child's links with the community and their culture are maintained.

As part of our commitment to providing improved services to Indigenous children in care, this year alone we will invest \$15.6 million into recognised entity services. These services play a vital role in the decision-making process of the placement of Indigenous children. My department recently released a child placement principle discussion paper and has started a series of workshops aimed at identifying areas for improvement in the placements of Indigenous children. The Bligh government will use this feedback to further build on the solid platform of existing initiatives to deliver culturally relevant and sensitive services to vulnerable Indigenous children and their families.

Office of State Revenue, Red Tape Reduction Program

Hon. AP FRASER (Mount Coot-tha—ALP) (Treasurer) (10.21 am): The Office of State Revenue is engaged in a red tape reduction program. Its objective is to reduce administrative costs for Queensland taxpayers by 20 per cent by the end of this financial year. As we all know, red tape is a hindrance to business. By cutting red tape, we will be fostering productivity and improving the competitiveness of Queensland business.

The Office of State Revenue has already started rolling out red tape reduction initiatives. These include the redevelopment of the OSR web site, the COAG-endorsed payroll tax harmonisation and a review of the interest and penalties regime to simplify the calculations and to improve efficiency. The Office of State Revenue is also expanding its online services to enable more transactions to be lodged and paid online. OSR is also considering expanding its e-business. This includes removing the June payroll tax return to reduce the number of returns from 13 to 12 per year, the removal of the fixed periodic deduction requirement for payroll tax, the use of Adobe technology to enable e-registration for payroll tax and duties, and allowing online applications for instalment payment arrangements. The initial focus is on improving and simplifying the method by which taxpayers can comply with the requirements, such as completing and lodging documents and returns and obtaining the information they need to comply with their legal obligations. By providing an opportunity for clients to comply with the requirement by electronic means, substantial cost savings can be achieved.

The red tape reduction program will produce significant savings for Queensland businesses. But we are not just targeting businesses. The government has developed an easy to follow web site for Queensland first home owners wanting to find out about first home owner grants, the enhanced First Home Owner Grant and our new stamp duty concessions. This web site is in an easy to read format and answers the frequently asked questions. For the benefit of anyone looking to get into the Queensland housing market, the web site is www.firsthomebuyers.qld.gov.au.

Ergon Energy, Hydrogen Fuel Cell

Hon. GJ WILSON (Ferry Grove—ALP) (Minister for Mines and Energy) (10.23 am): Today I will be heading out to Trinity Park where Ergon Energy is about to embark upon an Australian first: hooking up a hydrogen fuel cell in a display home to generate electricity into the supply network. It is appropriate that this trial is taking place at Trinity Park in the electorate of Barron River, because the member for Barron River is a passionate advocate for tackling climate change through developing alternative energy sources. This groundbreaking, million-dollar trial has real potential to be used in remote communities that are on the fringes of the electricity network where it could help flatten out the demand spikes in peak times.

Hydrogen fuel cells are an exciting, new generation concept. They combine compressed hydrogen and oxygen from the air to produce electricity, water and heat with no greenhouse gas emissions. Ergon Energy will install a residential sized hydrogen fuel cell into the display home. It will run for about two hours a day to demonstrate the supply of electricity direct to the customer's premises. On-site generation means that instead of drawing from the main electricity grid, a household will be able to generate its own power and reduce the use of coal-fired electricity. It is an instant start. It does not have to warm up and it is not dependent on sun or wind to generate power.

Fuel cells are designed so that power can be available on demand 24 hours a day. There is real potential for this type of cutting-edge technology to be used elsewhere in the network, particularly in more remote regions. If successful, it could reduce the need to build bigger powerlines and infrastructure, with huge savings, and meet relatively short periods of high demand.

The use of hydrogen fuel cells to generate electricity in a large network is a first for Australia and will be happening right here in far-north Queensland. The project is part of Ergon Energy's foray into new alternative energy sources, including geothermal and large-scale solar generation projects. This is Q2 at its smartest. It is about looking beyond the horizon and delivering a cleaner, greener energy future for Queensland.

ClimateSmart Adaption 2007-12

Hon. Al McNAMARA (Hervey Bay—ALP) (Minister for Sustainability, Climate Change and Innovation) (10.25 am): As part of the Bligh government's comprehensive planning for the effects of global warming, 12 months ago we released ClimateSmart Adaption 2007-12—an action plan for managing the impacts of climate change. I am proud to inform the House that since that time this government has made substantial progress on all of the goals we set ourselves in this vital area. Of the 62 priority actions, 27 have been completed or integrated into the core business of the relevant agency. A further 28 have been substantially progressed and seven are in the early stages of development or have been superseded by other initiatives due to changing circumstances.

Key achievements of the action plan include integrating climate change responses into regional plans developed across the state, including the current review of the Far North Queensland Regional Plan; ensuring that the latest science on sea level rise and coastal risks informs the review of the State Coastal Management Plan; integrating the latest climate change science into regional water supply strategies under preparation; delivering a suite of climate change workshops for the tourism and agricultural industries; developing a climate change web site to provide the latest information on science and policy; allocating 14 doctorates under the Smart State PhD program to climate change research projects; developing a risk assessment methodology to assist beef producers assess their risk from climate change and adapt accordingly; and incorporating climate change impact statements on all relevant cabinet submissions.

Queensland's leading work in the adaption space has been recognised and we lead Australia in this crucial area, with projects such as chairing the COAG climate change and water working group's adaption subgroup, which is developing a revised national action plan; the CSIRO's climate adaption flagship; and the establishment of the National Climate Change Adaption Research Facility at Griffith University. This government is constantly improving its response to climate change by seeking out the latest science and incorporating it into our decision making. The adaption plan is being reviewed as part of the ClimateSmart 2050 review to develop the new ClimateSmart strategy, which will be released in 2009.

Cairns Hospital

Hon. S ROBERTSON (Stretton—ALP) (Minister for Health) (10.27 am): Last night the Leader of the Opposition mentioned the case of a 69-year-old gentleman who allegedly waited in the emergency department of Cairns Base Hospital for 11 hours. I can inform the House that this patient arrived at 3.08 am and was immediately triaged by a senior emergency department nurse, who took relevant observations and performed an ECG. Subsequently, he was seen by emergency department medical staff, including a consultant, and was admitted to the emergency department at 4 am as a category 2 patient.

At 4.30 am, at the request of Mr Dean, the doctor contacted the Cairns Private Hospital to arrange for the patient to be transferred and was told that there were no cardiac beds at the private hospital and to call back at 10 am. The patient was monitored appropriately in the public emergency department whilst waiting for a bed to become available at the Cairns Private Hospital and was transferred by ambulance at 1.44 pm that day.

REPORT

Non-conforming Petition

Mr SPEAKER: I table the report titled *Save our oval* which has been signed by 200 petitioners in the electorate of Townsville relating to the national park boat ramp in South Townsville. It is a non-conforming petition and I therefore table it at this time.

Tabled paper: Non-conforming petition, titled 'Petition to Save Our Oval', from petitioners in the Townsville electorate.

QUESTIONS WITHOUT NOTICE

Crocodiles

Mr SPRINGBORG (10.30 am): My question without notice is to the Minister for Tourism, Regional Development and Industry. I refer to the Bligh government's decision to take a crocodile from the gulf community of Injune and transplant it into the waters around Townsville and Magnetic Island as part of some sort of harebrained scientific experiment. Will the minister be providing compensation to businesses who have been affected by this lunatic experiment? Can the minister spot the obvious problem with her government's plonking a great big crocodile into the waters around a prime tourist destination?

Ms BOYLE: What an amazing question in terms of the particular science of a crocodile and why it has been located where it has. That is a matter for another minister. Can I tell those who do not come from the tourism zones of Queensland, and certainly those who are new to Cairns, that on the one hand we are quite wisely up here very, very nervous indeed of crocodiles and yet we are fascinated by them, too. The last time one was spotted in waters fairly close to Cairns Esplanade the tourists flocked there in some numbers with their cameras and absolutely enjoyed taking photographs.

Mr Springborg: So this is part of a tourism attraction strategy?

Mr SPEAKER: Leader of the Opposition!

Ms BOYLE: They absolutely enjoyed taking photographs. The fascination with our wildlife, including our dangerous wildlife, is a drawcard to tourists in the tropics, far from it being a barrier or a means of dissuading them from coming. The EPA and the Queensland Parks and Wildlife Service have long had a policy of removing crocodiles from urban areas and I have no doubt that that will continue.

While I am at the table may I let people know that in the last few weeks up here we have had another croc affair of great importance. For 10 years now the Crocodile Trophy race has been held in far-north Queensland. It is a bicycle race that goes through some very difficult terrain, starting in Mareeba and finishing at Cape Tribulation. I believe that it finishes today. Riders who are Olympians and world champions come from all over the world—from Europe in particular. They train for the Crocodile Trophy and they come and enjoy themselves. It is a race that is well known in cycling magazines around the world. Crocs are part of the tropical environment and that is how it should be. Crocs need to be avoided in their own natural habitat and the Queensland Parks and Wildlife Service wisely manages crocodiles when they are in urban areas.

Mr Springborg: Even gift wrapped delivered ones.

Mr SPEAKER: Leader of the Opposition!

Queensland Nurses

Mr SPRINGBORG: My next question without notice is to the Minister for Health. I refer to an official Queensland Health MySpace page which features a 'Could I be a nurse?' calculator in which people are asked, 'At the sight of blood do you feel hungry?' as one of the multiple choice questions. Does Queensland Health have so many spin doctors that it can waste time on creating and promoting sick jokes, and will the minister finally treat nursing as a serious profession?

Mr ROBERTSON: I am really very, very pleased that the Leader of the Opposition would ask me a question about web sites because, as we discovered last night, it was only in April this year that the Leader of the Opposition put out this press release supporting the \$450 million redevelopment of the Cairns Base Hospital. If one was to go to the web site of the Liberal National Party would one see this press release? No, one would not. It has been deleted. So much for the transparency of the Leader of the Opposition. That was his statement in April. Does it appear on his Liberal National Party web site? No, it does not. The Leader of the Opposition has tried to airbrush his own history. He has been caught out dishonestly on his own web site denying the existence of his own backing of the Bligh government's expansion and redevelopment of the Cairns Base Hospital. The Leader of the Opposition has been caught out yet again. This is No. 6 of the run of outs starting last night that leaves his reputation in absolute shreds.

Cairns Regional Parliament

Mr O'BRIEN: Once again, unlike those opposite, I want to direct my question without notice to the Premier.

Mr Hobbs interjected.

Mr SPEAKER: Order! Member for Warrego, you are quite a deliberate interjector, as we well know. Let the member for Cook ask a question of the minister.

Mr O'BRIEN: The Premier will note that leading up to the Cairns regional parliament local media like the *Cairns Post* had been very supportive of it, but there has been other criticism of holding the parliament here. Will the Premier commit a future re-elected Labor Bligh government to further regional parliaments?

Ms BLIGH: I thank the member for the question. The answer to his question is a resounding yes. I note with disappointment some of the criticism being made of the regional parliament but I congratulate the Leader of the Opposition and all of those members of parliament who have been active supporters of this program. There have been many, many benefits already obvious from this week's regional sitting of our parliament here in Cairns. Firstly, there are the people who have come to the parliament—including school students, like those filing into the gallery right now, from places as far away as the Torres Strait and the Mount Isa School of Distance Education. These young people would never have an opportunity to come and watch their elected representatives debate issues of the day if this parliament was not taken out of Brisbane and provided here within at least several hundred kilometres of where they live.

We have seen, I think, a very strong showing in the gallery and we see that here this morning. What I have seen every single day, frankly, is more people in the gallery, both in question time and in other parts of the session, than I see in the gallery on a regular basis in the Brisbane sitting of the parliament. As I said last night, democracy is a robust thing to watch in action. It is not always pretty. We have seen over the last few days many people take the opportunity to come and protest at the parliament. That is also democracy in action. I visited people in Mossman Gorge on Sunday. It was an opportunity for them to talk directly to me as Premier about their anger about some of the issues to do with local government amalgamation. I spoke to ambulance officers and we all saw firefighters here yesterday. These are people who want to protest to the government and because we are here it makes it possible for them to do so.

It is not just the people in the gallery and the protesters; it is also, I think, the presence of the parliament here. Frankly, I think it has done all of those who do not live in regional Queensland a power of good to spend almost a week living and working in one of our regional cities. It has given us an opportunity to spend time with people at a public reception and to be out and about. I have spoken to people like Jenny from Oasis Kebab who runs a 24-hour, seven day a week kebab shop on the Esplanade about local business—the kebabs were fantastic, I recommend them heartily; the people at the NightOwl in Shields Street; and the people at Tiny's Juice Bar. I was out on the Esplanade this morning talking to the public about Find your 30. We will be back.

Torres Strait Islands, Safety of Public Servants

Mr McARDLE: My question is to the Minister for Health. It is now—

Government members interjected.

Mr SPEAKER: Order! Honourable members of the government benches, I will listen to the Deputy Leader of the Opposition—as will you—in silence, as I indicate at every session of the parliament.

Mr McARDLE: My question is to the Minister for Health. It is now seven months since the alleged rape of a nurse on Mabuiag Island and the minister tabling a fabricated report in this chamber about nurses' safety. The issue of the fabricated report was referred to the CMC and then back to Queensland Health for investigation. Seven months of investigation with no conclusion is a long time when we are talking about the safety of nurses who last week were forced to flee due to threats to their safety. Will the Minister explain why the results of this investigation have not been released yet?

Mr ROBERTSON: As the member would be aware, it would be highly inappropriate for me as minister to interfere in any way with an investigation either by the Ethical Standards Unit of Queensland Health or the independent Crime and Misconduct Commission. However, I can inform the member that this investigation is coming to a conclusion and I certainly look forward to that, because perhaps then I will receive an apology from the Leader of the Opposition about the absolutely outrageous and defamatory allegations that both he and his mate, the Sarah Palin in drag who sits behind him, made about me. I look forward to that.

Mr Lucas: That's a bit unfair to Sarah Palin, isn't it?

Mr ROBERTSON: Yes, my apologies to Sarah Palin. I did go too far.

Mr Springborg interjected.

Mr SPEAKER: Minister, if you have been asked to withdraw, I ask you to withdraw in the correct manner.

Mr ROBERTSON: As I said, I apologise to Sarah Palin.

Mr SPEAKER: Minister!

Mr ROBERTSON: I withdraw. I look forward to the outcome of the investigation because I look forward to the apology of the Leader of the Opposition. It will be a test of the Leader of the Opposition's integrity and will show whether or not he has the intestinal fortitude to apologise to me.

While speaking of integrity, can I say that at least I do not remove things from my own web site. The Leader of the Opposition claims to have a commitment to openness and transparency, yet last night he voted against the release of the only information that supports his contention that Cairns should have a brand-new hospital. Mr Springborg voted against the motion to ensure that the information that he based his decision on would be made public. How is that transparent? How is it transparent when he removes his own support for the Bligh government's redevelopment of the Cairns Base Hospital from his web site? He is trying to airbrush history. He has been caught out on two points. He has no more commitment to openness and transparency than the USSR.

Daylight Saving

Mr PEARCE: My question is to the Premier. The Bligh government has been clear about its position on daylight saving. I ask the Premier: does this apply to all participants in this debate?

Ms BLIGH: I thank the member for the question. I know how much he cares about ensuring that the needs of regional Queenslanders are looked after. In the past few weeks we have had a real insight into the policy-making process within the Liberal National Party. Earlier this month media reports stated that Liberal National Party members of parliament are being coached with a cheat sheet on daylight saving in a bid to avoid a damaging public split over the issue. In an email all LNP members were told that daylight saving is not a priority for the Liberal National Party and it is 'a geographical issue, not a political issue'. Then every one of them came out and said that—well, almost every one of them, but not quite.

The memo did not seem to make its way out to the leafy suburbs of Moggill, because in Moggill the local member was running a survey on his own personal web site. He asked people whether they supported daylight saving. He was out there surveying his electorate. Some three weeks after the memo first went out, he finally took his survey off his web site and in conclusion said that it did not reflect a party political divide, but rather a geographic division. He received the memo, but it was three weeks late. He had been running surveys to see where the support for daylight saving is. However, the member for Moggill is not the only Liberal National Party member who did not get the memo. A week after the survey went off the Moggill web site, Liberal National Party member Senator Sue Boyce said, 'Just introduce it'. Steven Ciobo is another Liberal National Party member.

On this side of politics the issue of daylight saving is settled; it is over. Not one of my members is running a survey on a web site or trying to whip up apathy about the issue. The people of north Queensland can be absolutely guaranteed that under a Bligh government daylight saving is dead, but it is alive and well on the other side of the chamber. The Liberal National Party is not a new party. It is a failed attempt to paper over the cracks, and the cracks are opening up on a daily basis.

An opposition member interjected.

Ms BLIGH: Sorry? Did the member for Moggill not survey people on daylight saving? I can show the member the survey. If the opposition member is not interested in daylight saving, why is he running a survey about it? That is the question. What is the answer? He does not have an answer.

Queensland Labor Party, Platform

Mr HORAN: My question is to the honourable Premier.

Government members: Hurray! Bring back Mike!

Mr SPEAKER: Order! Please allow the member for Toowoomba South to ask his question.

Mr HORAN: Premier, I table an extract from a leaked copy of Queensland Labor's state platform. This document says that Labor opposes disenfranchising prisoners and that 'prisoners are principally Labor voters'. As the people of Queensland, and particularly the people of Cairns, are so sick of the government's soft-on-crime approach, why is the Premier putting the Labor votes of prisoners ahead of the rights of victims of crime and community expectations?

Tabled paper: Extract of Queensland Labor state platform document 2008, page 105, re-enfranchisement of persons in custody.

Ms BLIGH: I thank the honourable member for the question. As we just heard, he has always had more ticker than the current leader. Firstly, the notion that the Labor Party platform would have to be leaked is completely preposterous. The Labor Party platform is a publicly available document. It is the platform of the party. It is out there, but I am happy to provide it. We can email a copy to every National Party member. In relation to law and order—

Mr Fraser: They have to get their policies from somewhere.

Ms BLIGH: Yes.

Mr Springborg: You're protecting your voters. You're not interested in law and order. You're protecting your voters.

Ms BLIGH: One really has to wonder why they ask the questions if they do not want to hear the answers.

Mr Johnson interjected.

Mr SPEAKER: Member for Gregory, I am on my feet. I will allow the Premier to have extended time on this if you continue to interject in a corporate way. Premier.

Ms BLIGH: Thank you, Mr Speaker. Our record on law and order is one to be proud of. The minister for corrective services and police has done what I think can only be described as an outstanding job of ensuring, firstly, that we have delivered more police officers on to the front line than any other government in Queensland's history. We made a commitment to be the first Queensland government to ensure that we would have police to population ratios as good as or better than any other state in Australia, and we have delivered that. We are the first government in Queensland's history to put the same number of police out there on the streets as there are in every other state of Australia. I hear those opposite talking about the Joh days. Joh never delivered those kinds of police numbers—never.

In relation to the laws that Queensland citizens are subject to, the Attorney-General and the police minister have worked very closely to introduce some of the toughest laws in Australia. The minister for police, for example, outlined last night our new hooning laws. They are the toughest hooning laws in Australia. The police are out there right now confiscating cars from people who are a danger on the streets. Those opposite can squabble about all of these sorts of peripheral issues. We are going to get on with the job of putting police on the streets, having laws that police can enforce to keep people safe and ensuring that Queenslanders have a law and order system that they can be proud of.

Regional Queensland

Mrs REILLY: My question without notice is to the Treasurer. Can the Treasurer update the House on the Bligh government's commitment to regional Queensland?

Mr FRASER: I thank the member for her question. As the people of Cairns and regional Queensland would be aware, yesterday this government made a decision to ensure that two-thirds of the money under the Queensland Investment Incentives Scheme will now be spent on business development in and business attraction to regional Queensland. That is, \$10 million out of the \$15 million is to be spent outside the south-east corner. The people of Cairns are aware of our commitment, through the sale of Cairns Airport, to redevelop and build better facilities at the Cairns Base Hospital. Some \$446 million has been allocated towards that task. Yesterday we announced \$11 million for the upgrade of the wharf terminal.

It is interesting to work out what the commitment of those opposite is to the people of Cairns and the people of regional Queensland. Are they committed to keeping the site of the existing Cairns Base Hospital on the Esplanade in public ownership? The answer is no. Are they committed to building a new hospital here in Cairns? The answer to that unfortunately has to be no also. Why? They say that their new hospital, which would cost \$1.5 billion, as the minister for public works said last night, will cost them only \$450 million because the man on the moon is going to turn up and pay the extra \$1 billion. The fact is that they are \$1 billion short on their proposal to build a Cairns hospital. Why do we know this? They say that they have got the money but then they have walked around this town with forked tongues saying that they do not support the sale of Cairns Airport. All of the people here need to know that each and every one of them voted for it in Brisbane; they are just saying something different here.

The reality is that the former health minister, whom the Leader of the Opposition described as Queensland's best health minister, put it bluntly. He said in the parliament earlier this year—

But when public-private partnerships are used for schools and hospitals—social infrastructure where our schools are free and our hospitals are free—then what is the advantage?

He said—

At the end of the day, whoever is putting in that money has to get it back.

That is right. An extra \$1 billion has to be found to be able to build this hospital, and the Leader of the Opposition knows that he does not have that \$1 billion. Why would the former health minister know that? Because he was the one who wrote the contract on the failed PPP for Robina Hospital. Who remembers 'Caught out: funds rort over new Robina Hospital'? Who remembers 'No cash but hospital will still be built'? The people of the Gold Coast remember what happened the last time they had a fanciful man-on-the-moon proposition to pay for their hospital.

We have the member for Moggill, the member for Warrego and the member for Toowoomba South opposing PPPs for hospitals and this shadow health minister, the new shadow Treasurer and this Leader of the Opposition saying that they support them. If you are looking for a coherent policy platform, do not look at the Liberal National Party because they do not have a coherent policy platform. They have a choose-your-own-adventure story. Depending on where it starts, they start with PPPs at Robina and they finish up with PPPs in Cairns. In the meantime, they all swap around the other way and the fact is that they have no commitment.

Time expired.

Industrial Pollution

Mr GIBSON: My question is to the Minister for Sustainability, Climate Change and Innovation. I note the massive increases in EPA fees on polluting industries announced by the Premier yesterday. Given that the minister has justified such increases in taxes to make polluters pay, can he tell this House the cost to clean up the Binary chemical plant fire, the site of the worst pesticide pollution disaster in our state's history, and whether the owner of that factory, the Labor member for Kallangur, Ken Hayward, and his partners were forced to pay anything towards the taxpayer funded clean-up bill? Minister, did your government chase 'Chemical Ken' or are you chasing—

Mr HAYWARD: Mr Speaker, I rise to a point of order. I know where he is going, but I am certainly not the owner.

Mr SPEAKER: I would like you to consider what the member for Kallangur has said.

Mr GIBSON: Is it a point of order, Mr Speaker?

Mr SPEAKER: It is a point of order. I accept the point of order, so you may wish to rephrase your question in regard to what the member for Kallangur has indicated to the parliament.

Mr GIBSON: I ask the minister: did the government chase 'Chemical Ken' and his mates like it is chasing other Queensland businesses who pollute Queensland?

Mr SCHWARTEN: Mr Speaker, I rise to a point of order. The member rose on a point of order and pointed out that he had no ownership. There was no correction made to that question. I ask you to rule accordingly, Mr Speaker.

Mr SPEAKER: I indicate to the Leader of the House and to honourable members that I will ask the member for Kallangur to formally ask that that be withdrawn, which he has not done. I call on the member for Kallangur.

Mr HAYWARD: I formally ask that that be withdrawn.

Mr SPEAKER: I ask the shadow minister to come back and to appropriately withdraw that part of the question.

Mr GIBSON: Mr Speaker, I will reword the question based on that and withdraw my remarks. Will the minister—

Mr SPEAKER: Order! I just ask you to withdraw that particular part of the question.

Mr GIBSON: I withdraw.

Mr SPEAKER: That is accepted. I call the Minister for Sustainability, Climate Change and Innovation.

Mr McNAMARA: I hesitate to thank the honourable member for the question, delivered in such a dishonourable way. It is a serious issue. The regulation of environmental pollution in this state is something that the people of Queensland clearly want stronger action on. It is a matter of deep regret that the opposition, in its policy-free zone way of acting, continues on every occasion that this government puts forward stronger environmental regulation, stronger environmental programs, at best to go into hiding. We hear nothing at all from the opposition about improvements to the Moreton Bay Marine Park—total silence. We launch the reef plan and bring together key players from around the state, but there is stony silence from the policy-free zone that is the LNP.

In relation to the announcement yesterday by the Premier about a stronger environmental oversight scheme for Queensland, Queenslanders will absolutely welcome having additional funds available and having additional compliance officers. One of the things that we seek to do in terms of improving policy and services is look and learn from something like Binary. So consequently this government has put the money on the table to hire 100 extra environmental compliance officers—100 extra environmental compliance officers.

Yes, the clean-up cost runs to millions of dollars and is not yet complete. There is no secret about that. I have already said that we have spent in the vicinity of \$8 million on this project and it is not yet complete. We are well aware of the potential costs of environmental clean-up, which is exactly why we have moved to a risk based assessment scheme. Going from simply regulating businesses on their size to also considering their risk of environmental hazard is a very leading way to approach this subject and one of which I am very proud. The Bligh government is not going to sit back and do the same old, same old in relation to these issues. We have a complicated society—

Mr Gibson interjected.

Mr McNAMARA: It has actually been dealt with. Let me get it absolutely on the record. The member for Kallangur is not in any way associated with the Binary matter. He is not associated with it. That kind of despicable, personal slur is why you people are not only unfit for government but also unfit for opposition. You are unfit for opposition.

We have serious issues in this state that need to be dealt with. We need serious people to do that, and you are not them. You come up here and make these sorts of slurs about people on an issue that goes back some years. Ask me a question. Ask me a question some time.

Mr Springborg interjected.

Mr McNAMARA: If you had half the ticker of the member for Toowoomba South, your side would be going a little bit better.

Healthy Queenslanders

Ms DARLING: My question without notice is to the Minister for Police, Corrective Services and Sport. One of the Bligh government's Toward Q2 goals is to make Queenslanders the healthiest people in Australia. Can the minister outline for the House what initiatives are underway in the Cairns area to make this a reality?

Ms SPENCE: I thank the member for Sandgate for the question. As she said, one of our Q2 visions is to make Queenslanders the healthiest people in Australia. That is why we are spending millions of dollars on grassroots sport and recreational facilities and activities—to make sure that ordinary Queenslanders can get healthy. We spend more on sport and recreation than any other state in Australia. In fact, this year we have \$78 million in grant funding to help build local sport and recreational facilities throughout the state. Many members would be very aware—because they are involved in their local sporting clubs—that we have the major sports development program open at the moment. There is \$30 million available to sport and recreational clubs out of that particular grant scheme.

We have been doing a lot around the Cairns region. Just this week I went to Kuranda to open a new swimming pool. I want to congratulate the Tablelands Regional Council, which was our partner in building this pool. We contributed a third of the funding. I encourage everyone in north Queensland to have a swim in the Kuranda pool. It is the most beautiful pool in Australia, set as it is amongst those mountains. I would like to congratulate the member for Barron River for his role. The people of Kuranda have been working for almost 20 years to get this pool. So it really does mean something to that community.

Mr Schwarten: A Labor government delivered it.

Ms SPENCE: And a Labor government delivered it.

Yesterday I also opened the fourth stage of the Barlow Park redevelopment. What a magnificent facility that is here in Cairns. The state government has committed \$5.4 million to Barlow Park over the various stages of its development. The member for Cairns, Desley Boyle, has been very involved in that construction and those plans. We now have in Cairns a facility that can host international sporting fixtures.

We have also allocated over \$3 million to build a new regional tennis facility here in Cairns. I have inspected the site of that facility and it is magnificent. It is about more than just facilities; it is about getting the message out to Queenslanders that we all have to consider doing at least 30 minutes of activity a day. This morning on the Esplanade we had over 1,000 people at a Find Your 30 breakfast. It is great that the member for Sandgate asked me this question this morning, because she was out there doing an aerobics class. I saw some other members out there with their Find Your 30 T-shirts on participating in the egg-and-spoon races and volleyball. We have one member of the gallery today wearing his Find Your 30 shirt. If any other members in the gallery here today would like to have a Find Your 30 shirt, we have a sport and recreation department stall in a tent outside the parliament. Go along and get your shirt and some fruit, and be part of this movement.

Aero Tropics Air Services

Miss SIMPSON: My question is to the minister for transport. I refer to the impact upon the outer islands of the Torres Strait from the loss of critical air services, and I ask: what steps other than launching another review is the minister proposing to help restore these critical links?

Mr MICKEL: I thank the member for the question. It is an important question, because it is important to people in the Torres Strait. Can I take the House through the history of this. On Friday, 3 October 2008 the Civil Aviation Safety Authority suspended the Air Operators Certificate for Aero Tropics.

An opposition member interjected.

Mr MICKEL: I regard it as a serious issue, Mr Speaker.

An opposition member: Well, speak up.

Mr SPEAKER: Order! Minister, we are finding it a little difficult to hear you.

Mr MICKEL: Okay. They suspended the service and they suspended the Air Operators Certificate for Aero Tropics due to significant safety concerns regarding the airline's operations. Aero Tropics, I am advised, provided the only daily scheduled passenger air services to 11 Torres Strait islands. It also holds the contract with Australia Post to deliver mail to the outer islands, and provides charter services in the region. It operated on a commercial basis without any subsidy from the state government.

On 25 and 26 September 2008, two separate Aero Tropics flights experienced engine failures—one on take-off and the other on landing. The Civil Aviation Safety Authority believed that the failures were due to poor fuel management by the pilots, I am advised, and have called into question the training, checking and supervision of Aero Tropics pilots. The Civil Aviation Safety Authority applied to the Federal Court to extend the suspension of Aero Tropics' Air Operators Certificate by 40 days.

Queensland Transport is aware that, as of 13 October 2008, Aero Tropics has entered into receivership. Queensland Transport has contacted and is currently working with relevant stakeholders to advise them of the current Civil Aviation Safety Authority's suspension and the potential impact on services. Barrier Aviation is picking up the bulk of passengers affected by the suspension of Aero Tropics services. These services are provided on a charter basis using available seating capacity.

Queensland Transport is aware of the limited capacity of the existing charter operators that service the outer Torres Strait islands and has contacted several other air operators in an attempt to enhance capacity in the region. Passengers travelling to and from the outer islands, I am advised, will need to travel on chartered aircraft. There will be no interruption to emergency medical services as Queensland Health operates an emergency helicopter from the outer islands to Horn Island, with the Royal Flying Doctor Service connecting patients to Cairns. In the longer term, Queensland Transport is commencing air service reviews to a number of rural and remote communities including the outer Torres Strait islands. This review will determine if government intervention is required to ensure that regular passenger transport air services are sustainable and are of a reasonable standard. Travel for health, education, business and cultural purposes will be the main priorities.

Great Barrier Reef

Ms JARRATT: My question is to the Minister for Natural Resources and Water. Cairns, like the Whitsundays, is fortunate to be home to one of the world's great wonders, the Great Barrier Reef. Could the minister advise the House if there are any infrastructure proposals that could have a negative effect on the Great Barrier Reef?

Mr WALLACE: I thank the member for Whitsunday for her question. She has a deep and abiding interest in the Great Barrier Reef and I thank her for the question. Unfortunately, the answer is yes, I can advise the House that there is a proposal put forward by the opposition which would have an extremely damaging impact on our wonderful Great Barrier Reef. In the *Townsville Bulletin* in January this year the member for Burdekin called for the Burdekin Falls Dam to be raised by nine metres—nine metres. This insensitive proposal by the opposition would cause permanent damage to our Great Barrier Reef. It would destroy the Lower Burdekin aquifer, the sugar industry and the fishing industry. The member for Burdekin should hang her head in shame for her proposal, which would destroy our Great Barrier Reef, destroy the Burdekin sugar industry and destroy that wonderful fishing industry. She should hang her head in shame. Whilst they come up here and spruik about how much they love Cairns, behind our backs and behind the backs of everyone in Cairns they are plotting to destroy the Great Barrier Reef. The Bligh government will not let them do that. The Bligh government will stand behind the people of Cairns.

Last year I released the Burdekin water resource plan—a blueprint for providing water to the Burdekin Basin over the next 10 years. The water resource plan defines the pattern of river flows that are required to maintain the health of that mighty river, the Burdekin River, and the Great Barrier Reef. The plan includes raising the wall of the Burdekin Falls Dam by two metres, increasing the capacity of Queensland's biggest dam to 2.45 trillion litres and providing an additional 150,000 megalitres a year.

We are planning for the future. We are sitting down with the experts and speaking to the community so we get our water planning right. Fourteen panel members worked on that plan. Experts in freshwater, estuarine and coastal aquatic ecosystems, geomorphology—

An opposition member interjected.

Mr WALLACE: You do not care about the Burdekin, do you? You come from Toowoomba. You want to destroy the Burdekin and the Great Barrier Reef. You should apologise, as should the member for Burdekin. Those opposite do not care about our dam.

The scientists have stated that raising the dam by nine metres would have significant detrimental environmental consequences. The member for Burdekin disagrees with these scientists and experts. She is an absolute disgrace to the people of the Burdekin who elected her. She should apologise to the cane farmers in the Lower Burdekin who rely on the aquifer for their water. She should apologise to the fishermen and the crabbers who have worked those waters for generations. She would destroy that downstream ecosystem with her nine-metre raising of the dam. Get up and apologise now!

Analog Distress Beacons

Mr CRIPPS: My question without notice is to the minister for transport. From 1 February 2009 the satellite global search system will not be able to detect the 121.5 megahertz analog distress beacons. The government has made it mandatory for such analog units to be changed to the new digital 406 megahertz units by 1 November 2008, although the analog units will operate until 1 February 2009. As there is currently a six-month delay in the supply of digital units due to manufacturing and registering constraints, with over 3,000 units on back order, what provisions will the minister make for those who have been unable to purchase and replace their analog unit for the period 1 November 2008 to 1 February 2009?

Mr MICKEL: Obviously the detail of that I will have fully investigated and I will get back to the honourable gentleman.

Cairns, Economic Conditions

Mr WETTENHALL: My question is to the Minister for Tourism, Regional Development and Industry. As the minister for regional development and member for Cairns, can the minister please describe for the House the current economic conditions in Cairns?

Ms BOYLE: Thank you very much for the question. It is an issue of concern up here. There are those who see, of course, as is so obvious, the beautiful and wonderful things that lure domestic tourists and international tourists to Cairns and see the place in the happy light that we would want visitors to. Lurking underneath that are very serious concerns that our business leaders have had about the economy.

It is a difficult time for Australian tourism generally. The Gold Coast and the Whitsundays are experiencing difficulties in terms of tourism. When tourism is in a bit of strife that affects the far-northern economy. Probably all Australians and all Queenslanders are hearing the news about the global crisis and wondering whether there will be continuing effects that may flow on to us. The Treasurer and the Premier have provided good information to reassure Queenslanders, and the Prime Minister has taken action, too.

Our information released this week in an economic snapshot on far-north Queensland really does demonstrate that our economy is solid and has been diversifying over the last 10 to 15 years. It indicates a tertiary based economy wherein construction and service industries have been growing, indicating that careers based around knowledge industries such as science and technology and ICT are growing. They are good signs for the longer term future and stability of our economy.

The information in the economic snapshot, however, does indicate that we should probably consider further efforts to strengthen our primary and our secondary economies. Our primary economy has been a strong one. It has been historically based around agriculture and fishing. The Atherton Tableland is regarded as our food bowl. With climate change it may be that it has increasing opportunities to become a food bowl for Queensland and to export more of our excellent produce to other countries, in particular the countries of Asia.

Food processing is an opportunity that we should not miss. So, too, is the recognition that Cairns and the surrounding region is a great place to live for those who work in the mining industry, particularly in the west and north, in Papua New Guinea and other places. We can be comforted by the economic figures released that demonstrate that our economy is solid and that it is not just about tourism but about growing industries such as knowledge based industries. I have no doubt that the announcement this morning of \$20 million for tropical science precincts in Townsville and Cairns will further establish our economy for the future.

Patient Travel Subsidy Scheme

Mrs PRATT: My question is to the Minister for Health. Recently there have been reported instances where people claiming the Patient Travel Subsidy Scheme have been told that they will have to wait for reimbursement for up to four months. In the current economic climate, rural pensioners requiring two or three visits to major cities for treatment cannot carry this cost. In at least one instance that I have heard of a man receiving leukaemia treatment has had to resort to credit card debt whilst waiting for up to \$1,000 reimbursement. This would not be an isolated case. Will the minister instruct PTSS staff to ensure that payment of this reimbursement is immediate or as close to the claim date as possible?

Mr ROBERTSON: Obviously I would need to be provided with the details of the particular cases that the member has mentioned. The delay in one of the cases she mentioned with respect to \$1,000 may be as a result of the requirement by that particular individual to provide documentation so we can pay on such receipts. I think the most important thing is for the member to provide me with that information. It will be followed up as quickly as possible. I invite the member to do that.

Green State

Mr WEIGHTMAN: My question is to the Deputy Premier and Minister for Infrastructure and Planning. I refer to the Premier's ambition for Queensland to be a green state. Can the minister please inform the House of any steps that he has taken to deliver on this commitment for Queensland?

Mr LUCAS: I just noticed that Larry from Moe, Larry and Curly down the end makes a few comments. I say to the Leader of the Opposition, 'Don't sit the brains trust closest to the gallery; it actually shows off.'

The Bligh government has an ambition for a green Queensland to protect our lifestyle and environment. The Q2 target of protecting 50 per cent more land for nature—

Mr Messenger interjected.

Mr LUCAS: The member for Burnett is like one of those clowns. You punch it and it goes over but it comes up with a smile. Punch it again and it goes over but it comes up with a smile—no matter what.

The SEQ Regional Plan protects around 80 per cent of SEQ from urban development. The draft plan has 99.4 per cent of the far north protected from urban development. The Bligh government is committed to protecting green space as part of the Queensland way of life. But it is not the same on the other side of the House. Look at the member for Warrego—the alternative planning minister for Queensland; the person who the Liberals and Nationals want to manage growth in this state. His entry in the pecuniary interests register lists three memberships. One of those is Property Rights Australia—the lunar right. What does it say on its web site? It says, 'The tendency for the urban population is to believe the lies of the conservation lobby.'

Mr Hobbs: So?

Mr LUCAS: So? Okay, so that is the view of the member for Toowoomba South and the member for Warrego. Thank you for adopting that; that is great. That sounds a lot like what the member for Hinchinbrook wrote in his cracking article: 'Property rights in regional and rural areas have been under constant attack and indeed have been significantly eroded by environmental zealots, state Labor governments and urban small 'l' liberals.' Members like the members for Clayfield and Moggill! He must be a card-carrying member of Property Rights Australia, too.

So what are they doing about it? A key platform of PRA is to remove the Vegetation Management Act. Queensland got to the Kyoto targets alone with our VMA legislation. The Leader of the Opposition says that he will not roll back tree clearing, but it is all over the minds of the people who are on his frontbench.

Of course, we could never discuss this issue without taking a look at what the member for western downs has been saying. 'Ray's Rounds' in the *Dalby Herald* states—

It is my belief we need strong legislation enacted in parliament that sets in stone protective mechanisms that preserve and protect our farmlands.

At the same time the member for Hinchinbrook is there wanting the subdivision of rural land throughout far-north Queensland. What do those opposite want to do? Protect farmland like the member for western downs says or carve it up like the member for Hinchinbrook says? Those opposite have got no commitment. Planning is the most important portfolio of all when it comes to a growth state, and we have the member for Warrego there like a Rubik's Cube—whenever you try to work out what he is saying, click around a few more faces, 'No, that doesn't work', click it a different way, 'No, that doesn't work'. It is about time that the member for Warrego had a policy—a plan—rather than saying all things to all people.

Mr SPEAKER: Before I call the member for Nicklin, I want to do two things. First of all, I presume that the Deputy Premier was referring to the member for Darling Downs. I also welcome to the public gallery today teachers and students from the Mourilyan State School in the electorate of Hinchinbrook, which is represented in this House by Mr Andrew Cripps; teachers and students from St Joseph's school in Mount Isa, which is represented in this House by Mrs Betty Kiernan; teachers and students from St Anthony's school in the Tablelands, which is represented in this House by Ms Rosa Lee Long; and teachers and students of the Hambledon State School in the electorate of Mulgrave, which is represented in this House by the Hon. Warren Pitt.

Traveston Dam

Mr WELLINGTON: My question is to the Deputy Premier and minister for infrastructure. During the last parliamentary sittings I asked the Minister for Mines and Energy about restricted areas in the Mary Valley described as 'Mary Valley dam site (Traveston Crossing)' and 'Mary Valley dam site (Kenilworth)'. In answering my question the minister referred further questions on this matter to the minister for infrastructure, so I ask: will the minister support the removal of the area referred to as 'Mary River dam site (Kenilworth)' from the restricted area schedule so it is no longer a potential dam site?

Mr LUCAS: If it is no longer needed, it should be removed and there will be no problem.

Cloncurry, Water Supply

Mrs KIERNAN: My question without notice is to the Minister for Main Roads and Local Government. The Bligh government has offered to provide financial assistance to the Cloncurry Shire Council through the Urban Drought Water Program to ensure the town does not run out of water. As the minister knows, I have been working closely with Mayor Andrew Daniels and the Cloncurry community on this issue. Could the minister provide the House with an update on other elements of the government's response to the Cloncurry water crisis?

Mr PITT: I thank the member for the question. I must say that the member for Mount Isa is a wonderful regional Queenslander who really stands up for her electorate and the people of Cloncurry in their particular plight regarding water. She has been a great advocate for them. The water supply situation in Cloncurry is serious, and the Bligh government is very serious about our response to that.

I want to reiterate the Premier's comments that this government will not let Cloncurry run out of water. My cabinet colleague the Minister for Natural Resources and Water and I have been working hard with the member for Mount Isa and the council to develop options for keeping that water flowing. There have been reports this week that the council has started carting water by rail from Mount Isa to supplement the existing supplies, and I have a copy of the front page of today's *North West Star*, the headline of which reads 'Special delivery: Curry's lifeline'. The article states—

The cavalry has arrived in Cloncurry. The rail line brought more than 70,000 litres of liquid gold into the town yesterday.

Inside the paper there is also an article indicating that Mayor Andrew Daniels is very supportive of what the government is doing in respect of this and is willing to cooperate to ensure we get a good outcome. I must say that the member for Mount Isa, Mrs Kiernan, has been working very hard behind the scenes with regard to a long-term solution to this issue.

The cost to council for this emergency water supply is negligible. I understand that Queensland Rail is transporting the water at no cost and that the water is being supplied by the Mount Isa City Council at no charge. On behalf of the people of Cloncurry and the people of Queensland, I thank those two organisations for their community-minded response. While the water is being carted in, the town will still source 90 per cent of its water from existing supplies, including river wells and town bores.

The cost of further water carting will be subsidised by the state government through our Urban Drought Water Program. For the benefit of members, this program helps councils supplement water supply systems that have been severely depleted by extreme drought. This funding is on top of more than \$3 million that the state government has committed under the Water and Sewerage Program and the Smaller Communities Assistance Program for projects to upgrade Cloncurry's water supply and treatment infrastructure.

If required, the state government is ready to provide extra assistance to the council. The council itself is developing a drought management plan and devising a demand management program to back that up. There are some measures we are putting in place now such as appointing Mr Brian Guthrie, the former Townsville CEO, to devise a strategy to address the ongoing water supply needs of Cloncurry and appointing SunWater to develop business-for-infrastructure options such as a pipeline from the Ernest Henry mine at Cloncurry. I am confident that this situation will be righted. All of the parties are working closely together and we have been very well supported by the member for Mount Isa.

Queensland Economy

Mr NICHOLLS: My question is to the Treasurer. The education minister has told us that the Treasurer has briefed cabinet on Queensland's current economic situation in light of the global financial crisis. Why will the Treasurer not take the people of Queensland into his confidence and tell us the state of Queensland's finances now, not just what they were four months ago? What is the Treasurer hiding?

Mr FRASER: I thank the honourable member for his question. The member would be aware that within the next week the Bank of Japan will be updating its forecast for what it believes will occur in Japan and more generally. The member would be aware that the Bank of England is also looking to undertake revisions, as is the US Federal Reserve. The Reserve Bank of Australia will be issuing its statement on monetary policy in the middle of November—14 November, as I understand it—and thereafter the Australian federal Treasury will be issuing its midyear update, in late November at this stage, on the advice that is to us at the moment.

What we have done is commence work on the midyear review, which is reliant, of course, on the data that is yet to be released over the next month. We can then form a robust view about what the growth prospects are for the Queensland economy. There is an absolute truism here, however, as I have said many times, both in the parliament and outside, that the effect of the global financial meltdown will have a material effect on growth prospects in Queensland, on government revenues and on the prospects for the economy going forward. All of that information will be provided to the parliament when it is available to us to be able to conclude upon those views.

But the reality here, of course, is that, as we enter into materially difficult times, the people of Queensland are looking for a government that has a strong track record of managing the state's finances. In that context, the people of Cairns and indeed the people of Queensland need to know where the \$1 billion is coming from that the Liberal National Party thinks it is going to build the rest of the Cairns Hospital with. Where is the \$1 billion that is going to build the hospital coming from? It is not said in any of the documentation. When asked to provide something as stretching—something as difficult—as a costing, what do we get from the Liberal National Party? We get a press release talking about \$450 million. The people of Cairns need to know where the missing \$1 billion is coming from before this hospital gets built. Where is the missing \$1 billion?

What they need to know is that those opposite are not ruling out selling the existing esplanade site. So what we can see here is the plan to flog off the Esplanade site—that is where the base hospital is—to private industry for development so that they can take that money to help build the new Cairns Base Hospital. Those opposite walk in here pretending that that is not their plan when they will not rule it out. They walk around the town saying that they opposed the sale of the airport when they voted for it in Brisbane. The fact of the matter is that they need to come clean on where the \$1 billion is coming from. They need to come clean and guarantee that they are not going to sell the Esplanade site and they need to tell the people of Cairns and the people of Queensland where the billion dollars is coming from.

Cairns Regional Parliament, School Visits

Mr GRAY: My question without notice is directed to the Minister for Education and Training and Minister for the Arts. I note how many students have taken the opportunity to see democracy at work during the past few days, and I ask: how has the Bligh government supported students to visit these historic regional sittings of parliament?

Mr SPEAKER: I call the minister for education, training and the arts. You have two minutes, Minister.

An opposition member: Mr Speaker, give him three!

Mr SPEAKER: Order!

Mr WELFORD: I thank the honourable member for his question and in particular—

Opposition members interjected.

Mr SPEAKER: Order! If you would like to have this period extended, you can. Two minutes from now, Minister.

Mr WELFORD: It has been wonderful to see so many students from all over far-northern Queensland being able to come and see democracy in action. On behalf of the government members here I can honestly say that it has been fantastic to see so many students come here—and not just students but also other members of the Cairns and far-northern Queensland regional community.

We have had over 2,000 students attend during this sittings, most of them from schools in the local area. It has been a great opportunity for many students who otherwise would never get to see parliament or have the opportunity to come and see how democracy works in action. Many of these students travelled long distances. Our government has worked to assist students with subsidies for

those from rural and remote areas to come and attend these parliamentary sittings. In fact, we have been more than happy to spend \$75,000 on assisting students with travel and accommodation so that students who are from those remote areas and who would not usually get the chance to attend parliament have been able to come along.

These are historic sittings and our future leaders—our students—need the opportunity to see how parliament works and see how democracy works in a parliament. As well, earlier this year our youth parliament sat here in Cairns as part of the regional parliament process. Students from throughout Queensland had the opportunity to raise issues of concern and to engage in robust debate. They discussed many issues, including student health, physical activity, community service and driver education.

We want to ensure that students are actively involved in community affairs throughout their school years so that they are prepared for life beyond school. Our government also wants our students to be active and to be part of a healthier Queensland. I thank all students and thank all the people of north Queensland for being here as part of our question time. I say to them to not listen to the southern media. They rarely get it right. They were not accurate about you and they are rarely accurate about what they say in Brisbane. No-one in Brisbane listens to them.

Mr SPEAKER: The time for questions has expired.

MINES AND ENERGY LEGISLATION AMENDMENT BILL

Consideration in Detail

Resumed from 29 October (see p. 3223).

Resumed on clause 71, to which Mr Lee had moved an amendment.

Mrs CUNNINGHAM (11.32 am): In relation to clause 71 there are a couple of matters that I wish to clarify that were responded to by the Deputy Premier and Minister for Infrastructure and Planning during the debate yesterday. Certainly, the honourable Tom Gilmore, when he was the minister for mines and energy in the Borbidge government, quarantined the oil shale resources in the Gladstone region. But the operational failures happened during the Labor Party's watch. Therefore, it is important that both of those governments carry the responsibility for the impacts on residents in the Gladstone region.

In relation to the amendment to this clause to extend the moratorium to 99 years, I note that the minister yesterday suggested that the 99-year period was perhaps drawn from the air. He suggested, 'Why not 35 years?' Can I say that from my experience there is some history with 99-year periods. A moratorium of 99 years gives certainty to people who may have been affected by the oil shale operation in terms of their ability to develop their properties if they would have been affected by oil shale.

I would like to just give an example. In my electorate the port authority had a lot of leasehold land which they refused to freehold. They claimed that it was strategic land. A business operator wanted to invest in a high-tech yacht-building business, but because the tenure on the property was quite short—20 years—the banks would not entertain lending him the money. Had he been able to get a 99-year lease, the banks would have seen that as an appropriate length of tenure to use as collateral against a loan. Therefore, there is some empirical attraction to having a longer moratorium. I acknowledge that subsequent governments could change it, but 99 years would give those individuals and businesses in proximity to the area that is being quarantined and that the moratorium will apply to some ability in commercial terms to invest in the future with some confidence.

I say that because I have had that experience. As I said, with 20 years, the ability for businesses to successfully borrow money to improve their businesses is limited. A 99-year moratorium may give them greater certainty. On that basis, I will be supporting the amendment.

Mr WELLINGTON: Yesterday the government argued that the main reason it would not support this amendment moved by the Greens member for Indooroopilly was that it believed the decision should be left to the next generation to deal with. I believe that is simply passing the buck to another generation. I believe that the Queensland government can do more in this the sunshine state. It can lead Australia and the world in using better our sunshine energy. I also heard the Premier's statements this morning about her government's solar initiatives and have here with me a summary of the government's and the opposition's policies on this very topic.

Another speaker yesterday—speaking against the amendment moved by the member for Indooroopilly—questioned the reason the amendment was moved by the Greens member for Indooroopilly. Can I say here that I also will be supporting this amendment to make it very clear that if I happen to get re-elected at the next state election and have an opportunity to be involved with the next government, solar energy development and promotion will be very important to me.

Mr LEE: I want to thank both the member for Gladstone and the member for Nicklin for their support of the Great Barrier Reef. I am disappointed in both the government and the opposition in that they are not taking this opportunity to provide some longer term protection for the reef.

In the few minutes that are available to me I want to address some of the comments made by the minister as part of the debate on this amendment. The minister made the suggestion that my proposal of a 99-year ban on oil shale extraction from the reef was some sort of clever way of saying that I did not want a permanent ban. Can I say this to the parliament: I support a permanent ban on oil shale mining from the Great Barrier Reef.

My question for the minister, who wanted to talk tough on this yesterday, is: why does he not agree with me? Why does he not say today that he thinks 99 years is not long enough? That was your criticism in the debate yesterday. Your view was that 99 years was not long enough. You thought that me coming in here and saying—

Mr DEPUTY SPEAKER (Mr English): Order! If the member for Indooroopilly could direct his comments through the chair.

Mr LEE: Yesterday, the minister said that my suggestion that 99 years was better than 20 years was in some way selling out protection of the reef. Can I say this: I will not rule out coming back into this parliament with a private member's bill that rules out oil shale extraction from the reef permanently. That will give both the government and the opposition the opportunity to say permanently, 'Hey, the reef is too valuable to the people of Queensland in its current state. We should not put the reef at risk by chasing a few dollars in shale oil.'

Twenty years is a joke in terms of a moratorium on this issue. I refer to the minister's statements in the debate yesterday. It would have been really nice to hear the minister in the debate yesterday say that the concern that the government had was for the environment of the reef. But what the minister said, in justifying the 20-year moratorium, was not about protecting the environment of the reef. He stated—

... whilst the current generation of technology associated with the processing of shale oil is itself unproven. Indeed, whilst it is unproven there is then no shale oil industry.

The minister was saying that the concern of the government was not about protecting the state of the reef and its environmental values but about giving the oil shale industry 20 years to get things together. In 20 years the reef is open for business, according to the government. The reef gets 20 years. In 20 years, according to the government, there will potentially be, quite realistically, oil shale extraction from the reef. This is not good enough. The jobs of 60,000 Queenslanders rely upon the positive environmental values of the reef; they rely upon the reef being in good environmental condition, the reef being in good shape. Oil shale extraction puts all of that at risk. Every single year \$6 billion is injected into the community and that will be at risk if the government has its way and sends a message to the shale oil industry to get things together, they have 20 years, and then the Great Barrier Reef is open for business. This is not a position that the Queensland Greens will support; it is not a position that I will support. It is not a position that I believe the people of Queensland would want to see this parliament support.

I say to members of the opposition whose members spoke in support of the reef during the debate—the member for Gympie in particular spoke passionately—but will now vote to condemn the reef after 20 years: that is just not a good enough position for the opposition to take. They cannot have it both ways. They cannot say that they do not want oil shale extraction from the reef, but after 20 years it is all right.

Mr Gibson interjected.

Mr LEE: I do not want it ever, member for Gympie.

Mr DEPUTY SPEAKER (Mr English): Order! Member for Gympie.

Mr LEE: I am happy to take the interjection. The Greens do not want oil shale extraction ever, but the Liberal National Party does and the Liberal National Party will vote with the Labor government today to say that it will not give the reef any more than 20 years reprieve. This is not good enough and not acceptable. The people of Queensland deserve and expect better and the Barrier Reef deserves much, much better.

Mr WILSON: Let no-one be in any doubt that this government, through this legislation, has taken the unprecedented step of stopping the shale oil industry at Proserpine. Make no mistake whatsoever. In response to that action we have faced enormous opposition from the mining industry and criticism from the Liberal National Party. The Bligh government has had the courage to say in this legislation, which is highly unusual, that mineral development licences and entitlements that a private sector company has acquired from government are stopped dead in their tracks. They had been granted mineral entitlements under the law, under the Mineral Resources Act as it presently applies. One point of view is that they could rightly say to us therefore that they are entitled to enjoy the benefits of that entitlement that the prevailing legal system has provided to them. We said no, because this is an

exceptional situation. Exceptional situations require exceptional action. Why is it an exceptional situation? Because we will not tolerate a continuing threat to the Great Barrier Reef from those who presently have legal entitlement to extract 400,000 tonnes of oil shale from Proserpine. We have said we will actually ban their entitlement to do that. We have done that through this 20-year moratorium.

A project can only be killed once, be it 20 years, 99 years or a thousand years. Why not a thousand years? It can only be killed once. Remember that this is one of the most precious natural resources that we have in Queensland. What this provision does is kill the project once. What happens with the shale oil industry elsewhere in Queensland where the World Heritage type environment may not be at risk? That is a matter to be sorted out down the track after the Gladstone processing plant itself, which is permitted on very limited bases to proceed, has proven that it in fact satisfies the highest environmental standards.

The mining industry, the environment movement and people generally should be in no doubt whatsoever: this shale oil industry is an unproven industry and whilst it is unproven we will not tolerate a threat to the Great Barrier Reef. In an unprecedented way we have come in with this provision of 20 years which kills dead the project because the project at Proserpine will not survive 20 years.

Furthermore, in conclusion on this point, remember that the other amendments that we are making in this legislation extend the public interest ground available to the minister, at the point of being asked to grant a mineral development licence or other mining tenure, to reject an application for mining. Beyond the 20 years, even from tomorrow but certainly beyond the 20 years and indeed beyond the 99 years, unless someone comes and does something in the meantime, the minister has the power to reject on a case-by-case basis, on public interest grounds, any mining lease application or mineral development licence. Put the two together and the Bligh government is giving a guarantee through this legislation that the Great Barrier Reef will not be put at risk by oil shale mining at Proserpine or anywhere else.

Division: Question put—That Mr Lee's amendment be agreed to.

AYES, 5—Cunningham, Pratt, Wellington. Tellers: Lee, Foley

NOES, 76—Attwood, Bombolas, Choi, Copeland, Cripps, Croft, Darling, Dempsey, Elmes, Fenlon, Finn, Flegg, Fraser, Gibson, Grace, Gray, Hayward, Hinchliffe, Hobbs, Hoolihan, Hopper, Horan, Jarratt, Johnson, Keech, Kiernan, Knuth, Langbroek, Lavarch, Lawlor, Lee Long, Lingard, Lucas, Malone, McArdle, McNamara, Menkens, Messenger, Mickel, Miller, Moorhead, Mulherin, Nelson-Carr, Nicholls, Nolan, O'Brien, Palaszczuk, Pearce, Purcell, Reeves, Reilly, Rickuss, Roberts, Robertson, Schwarten, Scott, Seeney, Shine, Simpson, Smith, Spence, Springborg, Stevens, Stone, Stuckey, Sullivan, van Litsenburg, Wallace, Weightman, Welford, Wells, Wendt, Wettenhall, Wilson. Tellers: Male, Jones

Resolved in the negative.

Non-government amendment (Mr Lee) negated.

Mr WILSON (11.56 am): I move the following amendments—

7 Clause 71 (Insertion of new pt 7AAB)—

At page 46, lines 22 and 23—

omit, insert—

'(d) land prescribed under a regulation (*prescribed land*).'

8 Clause 71 (Insertion of new pt 7AAB)—

At page 46, lines 24 to 26—

omit, insert—

'(2) A regulation may be made under subsection (1)(d) only if the land to which this section applies will, after the making of the regulation, be a contiguous parcel of land.'

Amendments agreed to.

Clause 71, as amended, agreed to.

Clauses 72 to 74, as read, agreed to.

Clauses 75 and 76, as read, negated.

Clause 77 (Insertion of new pt 19, div 11)—

Mr WILSON (11.57 am): I move the following amendment—

11 Clause 77 (Insertion of new pt 19, div 11)—

At page 60, lines 8 to 30 and page 61, lines 1 to 17—

omit, insert—

' 771 Payment of rent for special agreement Act leases

'(1) From the commencement of this section—

(a) the designated rental provision applies for the payment of rent under any special agreement Act lease; and

- (b) a provision of any of the following ceases to apply to the extent the provision conflicts with the designated rental provision—
- (i) a special agreement Act;
 - (ii) an agreement mentioned in a special agreement Act;
 - (iii) a special agreement Act lease.
- (2) The application of the designated rental provision is subject to subdivision 1.
- (3) To remove any doubt, it is declared that the designated rental provision applies as mentioned in subsection (1)(a) despite the relevant special agreement Act and the repealed transitional schedule.
- (4) This section does not affect or otherwise limit the application of section 290A to a special agreement Act lease.
- (5) In this section—
- designated rental provision**, for a special agreement Act lease, means—
- (a) if the lease has been renewed since 1 September 1990—section 290; or
 - (b) if the lease has not been renewed since 1 September 1990—modified section 290.
- modified section 290** means section 290 changed so that the references in section 290(4) and (5)(b) to the prescribed amount for a rental year are, for a special agreement Act lease, references to the rental payable for the period that corresponds to that year under the relevant—
- (a) special agreement Act; or
 - (b) agreement mentioned in a special agreement Act; or
 - (c) special agreement Act lease.
- repealed transitional schedule** means the former schedule to this Act that was repealed by the *Offshore Minerals Act 1998*.
- Editor's note—*
- For access to the schedule, see reprint 4 of this Act.
- special agreement Act** means an Act mentioned in the table to section 3(1) of the repealed transitional schedule.
- special agreement Act lease** means a lease mentioned in section 3(1)(b) of the repealed transitional schedule.

Amendments agreed to.

Clause 77, as amended, agreed to.

Clauses 78 to 115, as read, agreed to.

Schedule, as read, agreed to.

Third Reading

Hon. GJ WILSON (Ferny Grove—ALP) (Minister for Mines and Energy) (11.57 am): I move—

That the bill, as amended, be now read a third time.

Question put—That the bill, as amended, be now read a third time.

Motion agreed to.

Bill read a third time.

Long Title

Hon. GJ WILSON (Ferny Grove—ALP) (Minister for Mines and Energy) (11.57 am): I move—

That the long title of the bill be agreed to.

Question put—That the long title of the bill be agreed to.

Motion agreed to.

HEALTH LEGISLATION (RESTRICTION ON USE OF COSMETIC SURGERY FOR CHILDREN AND ANOTHER MEASURE) AMENDMENT BILL

Second Reading

Resumed from 3 June (see p. 1843) on motion of Mr Robertson—

That the bill be now read a second time.

Mr McARDLE (Caloundra—LNP) (Deputy Leader of the Opposition) (11.59 am): This House deals with a number of things that are very important to individuals and communities throughout Queensland. In my opinion, this bill goes one step further than that. It deals with protecting the children of Queensland from certain procedures and activities that they may not be aware could cause some form of physical or psychological harm to them and which are certainly not in their best interests. The

two issues dealt with in the bill are cosmetic surgery as defined under the terms of the bill and the use of solariums, dealing with children under the age of 18 years, except when certain conditions are met as contained in the terms of the bill.

Cosmetic surgery is defined within the bill in part, but it is important to realise that what we are talking about here are young people who draw who and what they are from TV shows, movie stars, pop stars, magazines and the like. Certainly we all like to emulate other people and there are people whom we admire. When that admiration means young people want to undertake cosmetic surgery purely to look like somebody they like, it is not in their best interests. We all love and protect our children and we all want to ensure that they grow up to be the best possible adults that they can be. Cosmetic surgery as outlined in the bill does not do that. In my opinion, the people who do this sort of work provide incentives for young people to hack into their bodies at a time when they simply do not have the understanding or knowledge about why they are doing it or its impact as time goes on. It is simply not in the best interests of children.

The bill also deals with the issue of solariums. We are all aware of the very sad case of Clare Oliver, a 26-year-old who passed away as a result of a melanoma acquired by using a solarium over and over again. Unfortunately, Queensland has the tag of being the melanoma capital of Australia—in fact, of the world. I am 51 years of age and when I was growing up during summer it was quite common to sit for hours in the sun without a T-shirt on. We are now paying for that. I regularly have moles and so on cut off as they could be the formation of a melanoma or some other form of skin cancer.

In my opinion, many young people do not have the relevant knowledge or capacity to understand that using solariums has now been proven to constitute a health danger. We do not want to put young people through the agony of cancer treatments such as chemotherapy. We do not want to see people who are only 26 years of age or younger dying if we can take steps to prevent that from occurring. In the past 20 or 30 years some exceptional advertising campaigns have been released. 'Slip Slop Slap' has been a great campaign. It has saved many people. Medical practitioners have told people to get their skin checked every six or 12 months, to ensure that the body is not going into an early stage of melanoma or some other form of skin cancer.

Regrettably, most members in the chamber and in fact most people in the audience would know somebody who has suffered from cancer—if not a melanoma then some other form of cancer. Being told that you have cancer is an extremely debilitating thing. There could be nothing worse than a parent being told by their 18- or 16-year-old son or daughter, 'I've got a melanoma and I have to go through a very rigorous campaign of chemotherapy in an effort to save my life.' No parent wants their child to pass away before them. No grandparent wants their grandchild to pass away before them. The provisions contained in this bill put protections in place to ensure that we can, as best we can at this point in time, protect young people from, in essence, themselves.

Clearly from what I have been saying, the LNP will support the bill. It is a common-sense piece of legislation and it does put in place provisions to protect young people, in essence, from themselves. The bill goes further and deals with offenders—those people who do trade, particularly with cosmetic surgery, on young people coming to see them and who have in my opinion carried out unrequired surgery and surgery that is not in the best interests of children. The bill also puts in place penalties for solarium operators to ensure young people do not undertake the activity unless the terms and conditions specified in the bill allow that to occur.

One thing that the bill does not deal with adequately in my opinion, although it is certainly mentioned within the terms of the bill, is the role of parents in relation to their own children. We in our society guard very jealously the role of parents. Parents have certain 'rights' that are over time being eroded. I think the bill is lacking in that it should include a greater role for the parents.

I acknowledge that the bill at clause 5 provides that the medical practitioner undertaking the cosmetic procedure has to take into account at least the views of the parent. But there is nothing in the bill as it stands to say what role those views play. Should it be the case that parents have a definitive say in whether or not their child has cosmetic surgery? Should parents have a definitive role in relation to whether their 16-year-old or 15-year-old child has a tummy tuck? Should the parents' rights in relation to their child be superseded by the bill? Does the bill go too far in eroding the right of parents to have control, as best they can, over what their children say and do? That is the reason for the amendments we will move to the bill: to ensure that parents do have a say and that they do have a definitive role in terms of exactly what takes place in their children's lives.

I think we have moved away from what I understood the role of the parent was when I was a child. The role of the parent today in modern society is different. I suspect that too much of the role of the parent has been relinquished to other government bodies or instrumentalities. I think it is time that parents were given back rights in relation to their children—certainly in relation to cosmetic surgery and other matters contained within this bill.

As I have said, the bill itself is divided into a number of sections. I will deal with some of those sections now. First I will deal with clause 5. Clause 5 lists the forms of cosmetic procedures that are banned under the terms of the bill. They include tummy tuck, eyelid surgery, arm lift, liposuction, facelift,

thigh lift and body lift. Those procedures are illegal under the terms of the bill for a child. 'Child' is defined in the legislation to be a person under the age of 18 years. Clause 5 then adds a second list of procedures that can be declared invalid. That will be by way of regulation. The bill says that, in addition to those items that are stated to be prohibited or illegal under the terms of the bill, a second list of procedures can also be prohibited, and they are those items that are listed pursuant to regulation. Clause 5, section 213A(i), states—

(i) another procedure prescribed under a regulation.

What the bill does not say, however, is who will make that determination. The bill is silent as to what steps need to be taken to get another procedure prescribed as prohibited under the terms of the bill. I ask the minister to outline in his reply the steps that will be taken to ensure other procedures will be prohibited under regulation. For example, will it be via a medical panel, the AMA or some other body that will be constituted? And what steps will be taken by the minister to ensure he is satisfied with that prescription and the regulation being put in place?

The other issue in relation to prescribed matters is that contained in the amendment proposed by the health minister. The amendment deals with what I would call a third list of items that are contained either within the bill or by regulation. The amendment to clause 5 at proposed subsection (2) states—

However, a reference to a cosmetic procedure does not include a procedure prescribed under a regulation not to be a cosmetic procedure for this chapter.

I take that to mean that we have, in essence, three lists. The first list is those items directly named within the bill as being prohibited. The second list is those under the terms of the regulation that I have referred to that can be prescribed as cosmetic procedures not to be used. The third list, I understand, is that there may well be procedures that will be included on a third list that will not be cosmetic procedures and will be allowed to occur in certain circumstances. The explanatory notes referred in particular to what they call 'bat ears'. So what we have in the bill are three distinct columns of what is proscribed or what is not proscribed, and, if it is not proscribed, under what circumstances they can be used. Can the minister please confirm that? That is my understanding. I think the minister is nodding his head to acknowledge that may well be the case.

Mr Robertson: I will get back to you.

Mr McARDLE: My apologies, the minister will get back to me in relation to that matter. As I said, 'bat ears' being in the explanatory notes indicates that this is a matter that may now fall under a third list down the track.

The bill itself, as I said, has a great intent. There is no question about that. I am, however, concerned about the potential confusion that may exist, particularly regarding the third list—those items that may be dealt with or that may not be a cosmetic procedure. I am also concerned that the initial notes indicate there has been significant consultation in relation to the bill being put together, but now we have found, virtually on the eve of the bill being debated, that there has to be an amendment that potentially clouds the issue of what may or may not be done.

What I would like the minister to consider is what would be the procedures required to be undertaken by a medical practitioner, a dentist or some other individual to ensure that a procedure he was going to undertake may well fall under a cosmetic procedure that is banned, one that may be banned or one that may be allowed under the third form of regulation.

The bill deals in clause 5 with the penalty that can be imposed in relation to persons who perform certain cosmetic procedures. Subsection (2) of proposed section 213B states—

A person does not commit an offence against subsection (1) if the person believes, on grounds that are reasonable ...

That is a very wide and very commonly used phrase. I would like the minister to advise me, if he could, whether that is a subjective or an objective test in relation to the term 'reasonable'. That is, is it the practitioner—if I can use that word—who is able to say he himself, if he is charged with an offence, came to the conclusion that it was reasonable? That is, it is a subjective assessment. Or, is it an objective assessment—that is, the reasonable man test? Subsection (3) then states—

Proof that the person did not have sufficient regard to any of the following matters is sufficient proof that the person did not have the belief mentioned in subsection (2) ...

The phrase here is 'sufficient regard'. Again, 'sufficient regard' is a very wide term. What does that mean in relation to a procedure brought by a relevant authority to prosecute a medical practitioner in relation to breaching this? What is sufficient regard? Does that mean beyond reasonable doubt, does that mean on the balance of probabilities or does it mean something else?

The other issue I have in relation to clause 5 and people being charged is that it places an exceptionally heavy onus on the medical practitioner involved. Leaving aside the issue of whether or not the procedure was right or wrong, I question whether we are placing on a medical practitioner an exceptionally strong onus in relation to work being undertaken on a particular child. In fact, whether the procedure is 'in the best interests of the child' is one of the things they will need to take into account in determining whether or not the procedure should have occurred.

Again, the phrase 'best interests of the child' is an exceptionally wide phrase. We can go to other legislation in other jurisdictions and see that defined to incorporate numerous considerations. One of the considerations I come back to here is the role of the parent. If the parent stepped up and said, 'I don't want this procedure to be undertaken,' is that a relevant consideration in regard to the best interests of the child? Surely it must be. I understand that there will be guidelines issued as to what the term 'in the best interests of the child' constitutes. What are the considerations outside of that contained in this document as to what are the best interests of the child? The doctor or practitioner in determining whether they will perform this surgery is then to ask, 'Is the child able to form and express their views?' That is, what are the views of the child, including the reasons the child wants the procedure to be performed, and taking into account the child's maturity and understanding of the procedure including the risks, limitations and possible consequences of the procedure?

If this matter went to court and the doctor said that he or she believed the procedure was in the best interests of the child and said that the child was able to form their own opinions or own views, how would we test that? How do we test whether a child's maturity is sufficient to form an independent, fully informed view to give consent? My concern is whether we should bring the child into the courtroom. Do we have the child assessed by somebody qualified to make the determination? Again, we are getting back to a very heavy onus being placed on a medical practitioner who may well not be qualified in relation to dealing with matters of that nature. Bear in mind that the medical practitioner will need to keep detailed records and form an assessment. The detailed records of every procedure that he or she does may well need to be kept for a significant period of time. I am concerned that if we are going to a child and we are saying to the child, 'Do you think this is right for you?' as the child is there with the doctor to begin with, of course the child is going to say, 'Yes, it's right for me.' How, then, does the doctor or the court test the maturity of a child two or three months or two or three years down the track?

The next provision is that the doctor must also, to the extent that is practicable, consult a parent of the child. That is well and good as far as it goes to the extent that it is practicable. What happens in circumstances where the parents are separated? What constitutes sufficient attempted contact to satisfy a doctor that the parent has been contacted? What happens if the parent says 'no'? Should the word 'no' by the parent be sufficient to stop a 16-year-old girl getting a tummy tuck or a 16-year-old boy undertaking some form of cosmetic surgery? I am fearful that what we are saying to the parents is that potentially they are becoming a second-class citizen in relation to exactly how their child interacts with the medical profession, and that the child's views and that of the doctor's override theirs. I do not think that is what we want. I think what parents want is an equal say. In many cases they should have a defining say in relation to this form of surgery.

Another issue is the child's physical health including whether the procedure would correct a growth or abnormality or the physical effect of a medical condition, illness or trauma. That makes sense. If a child's physical health is threatened then certainly a procedure may well be undertaken to ensure that particular condition is dealt with and the child continues to grow normally.

Then there is the child's psychological health—that is, whether the procedure is going to have a positive effect on the child. In my opinion, we again get back to the issue of practitioners dealing with an area of medicine that they are not qualified to deal with. At the end of the day, this bill provides that medical practitioners cannot perform cosmetic surgery or procedures on children unless certain steps are undertaken. My concerns are that medical practitioners will have to have significant and extensive records on what they do. They will have to determine whether sufficient regard has been given to the rights of parents in this regard.

Mr DEPUTY SPEAKER: Order! I ask members who are either holding conversations or on the telephone to please go outside. I might interrupt to welcome to the gallery students and teachers from Freshwater Christian College in the seat of Barron River, which is represented in this House by Mr Steve Wettenhall.

Mr McARDLE: Another issue is the testing of the child in relation to their views and their psychological wellbeing as a consequence of the surgery undertaken.

Another aspect of the bill is the power of an authorised person to enter premises where they reasonably believe a procedure has been performed on a child. Although power exists within the bill, is an authorised person allowed to take away relevant documentation? If so, what documentation can be removed from the premises? What other powers does an authorised person have in relation to documentation and entering a premises?

The bill also deals with solariums. The bill makes it quite clear that, under a regulation to be issued later, radiation sources cannot be applied to children under the age of 18 years. That is because of the inherent danger associated with solariums, as evidenced strongly in the case of 26-year-old Clare Oliver. The maximum penalty in those circumstances is 400 penalty units.

Work on this bill commenced in October 2007, when the government released a discussion paper on the risks associated with the increasing use of invasive cosmetic surgery by children for non-medical or cosmetic purposes. Concerns were raised that children were increasingly resorting to surgery as a panacea for low self-esteem and body image issues. We have seen that so often in our society. Young

people hold in high esteem their heroes and heroines—and in their eyes they are that. What they do not quite understand is that, behind the scenes, the lives of many of their heroes and heroines are fraught with disaster and problems. They see these people as role models for themselves in years to come.

The Parliamentary Library has prepared an extensive brief on the bill. I acknowledge the use of this brief in my speech notes. It was in July 2008 that the Australian Health Ministers Conference identified standards in cosmetic surgery as a new and emerging issue. The communique from that conference stated—

Health Ministers expressed concern about a lack of consistent standards in the industry. Ministers agreed to further investigate stronger regulation of the industry to provide greater patient protection.

There has been consultation with significant numbers of people and organisations here in Queensland, but I again make the point that I am concerned that after this significant consultation process we have inserted in this bill a third list of procedures that may be allowed to be undertaken in certain circumstances. The amendment does stipulate that the minister cannot put that item into a regulation unless he is satisfied that the procedure does not constitute a health risk to individuals and is routinely performed with minimum adverse outcomes. The amendment is silent in terms of exactly how that procedure takes place. For example, who does the minister consult? Is a body comprising a panel of experts to be established? Who would constitute that body? How would they be elected? Is it only after that that the minister can then go to the Governor? The amendment is silent on that point. That does need to be clarified.

Skin cancer is an issue that is well known to us in this state. A World Health Organisation review in 2006 suggested that the use of a solarium in a person's teens could increase the risk of developing melanoma by up to 75 per cent. We need to think about that. Members need to think about the fact that using a radiation source could mean an increased risk of melanoma of 75 per cent. That is a fairly terrifying thought.

In light of what modern medicine can do, to increase the risk of melanoma by up to 75 per cent by using a solarium is a fairly frightening and disturbing thought. If we can take steps to ensure that young people are not exposed to that greater risk then certainly we should. In fact, 80 per cent of skin damage associated with skin cancer occurs in the first 18 to 21 years of life.

I am sure everybody in this chamber can remember when they were growing up running around without a shirt, without a hat and without sunscreen. Now many of us are paying the price. I can remember former Premier Peter Beattie on occasions appearing with small bandages on his face where he had had skin cancers removed. I have had many removed. We need to take any steps we can to help young people understand that skin cancer is a killer and that skin cancer can have a significant long-term effect on their bodies.

One thing about youth is that they believe that they are bulletproof and they will never die. As we get older we learn that we know nothing and we could die tomorrow. It is important that we instil in our young people an understanding that, although it is a wonderful asset, the sun can be a very damaging agent.

As I understand it, moves are underway federally to introduce national model laws regulating the use of solariums and the provision of cosmetic surgery. Similar measures, albeit not as restrictive, have been introduced in other states. Can the minister advise whether there are moves to introduce a national model on solarium use? If that is the case, when will we see those laws introduced? Is the minister aware of the intent or the content of any proposed laws?

The amendment that I intend to move deals with whether or not parents believe they have had an adequate say in procedures undertaken on their children. I keep coming back to this point, but I am very concerned that our society has eroded the role of the parent. It has taken away significantly from the parent the innate obligation and rights they have to ensure that their child grows up under their control. Certainly there will be children whom parents cannot control for various reasons, and that is why of course the court procedures do exist. But I think it is inherent that we place back into the hands of parents their role to have a say in whether or not children do have these cosmetic procedures undertaken. In my opinion, the role contained within the bill placed upon the doctors removes that role significantly and the amendments we have put before the House say that the parent must in fact consent to the procedures being undertaken. People may well argue that there may well be parents who do not agree with a procedure being undertaken even though it is in the best interests of the child. However, there are legal avenues available to those people and to the child as well to take the issue further.

I think the bill on the whole deals with a very important subject. It deals with protecting our children. It deals with ensuring that what they do now does not come back upon them in years to come, but in my opinion it does not reflect the adequate rights of the parent and the amendment that I propose to move will ensure that those parents do have a direct say in whether or not a procedure can be undertaken. At the end of the day, these are our children, and the onus should not be placed on the

medical profession alone to deal with these matters. It is a role that parents undertake by having children. I think that we have given up too many of our rights as parents with regard to how our children live and what they do and what they say. At the end of the day, the LNP will be supporting this bill.

Mr DEPUTY SPEAKER (Mr Wendt): Before calling the member for Moggill, I want to acknowledge in the gallery today David Dalgleish, the previous state member for Hervey Bay, and Les Muckan who are both members of the Fraser Coast Regional Council.

Dr FLEGG (Moggill—LNP) (12.31 pm): As the Deputy Leader of the Opposition said, the LNP is supporting the bill that is before the House today. I can sympathise to some extent with the minister, because I think some of the challenges that he faces as a legislator are similar challenges to what clinicians at times have to engage in. I would support this bill if for no other reason than it makes a statement. It makes a statement in principle that surgery done for appearance reasons is undesirable in children. I think that statement is correct and I support that statement, and that is the reason why I am happy to support the bill.

As with a lot of things, it is perhaps not quite as easy as it seems, and I can see where the minister has grappled with things such as the definition of what is cosmetic and what is medical. I hope that the enactment of this bill will send a message to the community that we should not be focusing so heavily on appearance and body image issues, particularly among children. To a significant extent, this legislation deals with the effects rather than the cause. Of course the cause is community attitudes and advertising attitudes that have led young people—and some of the figures are contained in the explanatory notes to the bill—to think that body image is such an important part of their lives.

I would note, however, that there has not really been any evidence put forward that at this point in time there is actually a problem with cosmetic surgery in children, and I think that is made pretty clear. There is also no evidence put forward that in fact this bill would be effective if there was a problem, because there are obviously loopholes contained in it and, as we have seen with other things in the past, its jurisdiction will only be in Queensland. However, I think most of us would agree that, given the way society and advertising are going, there is at least a potential problem, and I agree with the minister when he said in his second reading speech that our young people are vulnerable to social and peer pressure and a desire to conform. Like many other people in this House, as a parent I am only too acutely aware of how true that statement is. I am also acutely aware, having had children with a fair age span between them, that the past 10 years has seen a dramatic increase in the pressure that is applied to young people, particularly through things like Facebook and MySpace.

My colleague the member for Surfers Paradise often refers to young people who are under this influence as the 'Who Weekly' generation. They are people who are very susceptible to the images of celebrities, images portrayed in the media, images driven down your throat through both traditional and new media about body image and appearance and, I would say, images that I would describe as the sexualisation of children, which is going to be an ongoing theme in our society as the cult of celebrity and the importance of how people look and their body image affects younger and younger children because of the media that they are exposed to.

Any reservations that I have about the bill would not be so much about what this bill says but perhaps about what it does not say and what it does not do. Firstly, there is the question about how it is going to be enforced. I have had a good read of the notes and it certainly has significant penalties, but there are apparent significant issues with the enforcement of it. It says that the proceduralist—the person performing the plastic surgery—must believe that it is in the child's best interest. I have not actually met a proceduralist who did a procedure who did not think it was in the child's best interests, and there is immediately a problem with that.

I noted the minister's comments in his second reading speech that, because of the immaturity of judgement of children, cosmetic surgery may be something that they regret later on in life. I guess there are not many of us who did not do something when we were young that we did not regret later in life, but that could also be extended to things like tattoos and piercings which, in my experience, are much more common. In fact, given the pressure on young people to conform, tattoos and piercings are now becoming absolutely rampant in our community and in younger and younger people.

The bill makes it an offence for a person to perform or offer to perform. The minister might clarify for me later in his comments the definition of 'offering to perform' and in particular, because of the important role that advertising plays in this whole issue, whether in fact advertising to children in relation to cosmetic procedures constitutes an offer to perform, because I suspect that dealing with the causes of why a person in this age group might want to change their body appearance in many respects may be more important than the very dubious proposition of actually being able to enforce the prohibition on procedures being conducted. The question 'What about advertising?' is a pretty important question in this whole process and I have to say—no apologies to any advertisers who may be listening—that advertising in many areas has become very exploitative.

Mr Bombolas: Don't apologise.

Dr FLEGG: No apology. One probably does not need to look further than billboards that are around Brisbane asking you if you want longer lasting sex or some of the other things that are in them. They are clearly exploitative. They are targeting people's fears and insecurities and—

Mr Langbroek: Can you remember the number?

Dr FLEGG: I cannot remember the number but I think it starts with 1300.

But very importantly, this advertising is able to create demand for the products that these companies sell. In the case of billboard advertising and preying on people's sexual insecurities in that those people may not think they are performing as well as they think they ought to be, huge profits can be made in selling those people products for thousands of dollars that in essence could be obtained through a GP's script after a \$45 GP consultation. Also, to a significant extent these companies prey on people's desire for privacy and anonymity on issues that they might be a bit nervous about bringing up with their GP.

My biggest fear—and I think from what I have read from the minister he would share this fear—is not so much with the traditional doctor, because I do not think there is a lot of evidence that doctors are that keen to undertake procedures on young people. It is the intrusion of commercial interests, as we have seen in the area of erectile dysfunction, which to some extent has moved from being something people saw their GP about to being something for which people are sold a product that costs them \$2,000, \$3,000 or \$4,000 by a commercial interest that actually has very little interest in people's health and, dare I say, very little interest in people's sex life.

Following on from the commercial area, GPs have had cosmetic machines and procedures heavily sold to them. An example is skin resurfacing machines. One area that I note is not covered by this bill but which has been heavily promoted to GPs—some of these procedures can make doctors a lot of money if they have the machine with which to do it—is the cosmetic treatment of veins. There has been heavy promotion by commercial interests of machines that cost many thousands of dollars. If you buy a machine that costs many thousands of dollars, you tend to have to use it to pay for it. So there is a commercial pressure that has crept into traditional general practice.

If the measures contained in this bill are not part of an improvement in education and community attitudes, I can say without any fear of being proved wrong down the track that this bill will be ineffective, because the underlying problems start well before somebody goes under the knife to have something done. The underlying problems come from community and social attitudes and, in some respects, from a lack of education. If we do not address people's education or understanding of some of these matters, we will simply see a large increase in the number of air fares to Thailand, where people can get stuff done for half the price and have a holiday at Phuket afterwards. So we need to get serious about ensuring that, at the very least, we as a community are educated.

I suggest strongly to the government that the first area it should consider in terms of education is making people of all ages, but particularly the impressionable young, aware that there are often alternatives. If you see a doctor about diabetes, the first thing the doctor has been told to tell you is, 'Lose weight and eat properly.' There are probably a few of us here who should heed that advice. But you do not always go straight to medication. If you have a problem with your body image—your appearance—you do not always have to have surgery. Certainly, surgery should not be the first option, because often the cause is your diet, your exercise or the tone and fitness of your body. People need to understand that diet and exercise can not only help them deal with their issues of body image and appearance but can also improve their health.

Another area is that of skin conditions. Instead of having facelifts and botox for the lines that we all get, we should heed the oldest preventive health message that we have been given—that is, protect your skin from the sun. Sadly, some people's facial skin sags or becomes wrinkled because of genetics. Some people's skin just does not go the distance as well as other people's skin. However, the biggest single factor in skin ageing is exposure to UV light. A sun-protection approach to your face is a great alternative to having the wrinkles on your face fixed by facelifts or botox. Likewise—and I am sure the member for Surfers Paradise would know this better than I—appropriate dental care throughout people's lives assists in preventing some of the issues for which people undergo dental cosmetic surgery.

One point I want to make again—and I would like the minister to respond to this—is that, throughout my reading on this topic in preparation for speaking to this bill today, I have found that it is very clear there has been very little study done on this issue. We do not have the figures in this state to even know whether we have a serious problem with cosmetic surgery on children. That research has not been done. I say very clearly to the minister that if he has not done research, if he does not know what the figures are and he does not know whether he has a particular problem, then he will have no way of evaluating whether the measures he is taking here today are effective. As with a lot of issues, information is power. We need to understand the problem and to have studied it. The other point to make is that there may well be other measures that would be desirable as a community to take, but we will not know what they are unless we have a good idea of what the problem is.

I checked with the Queensland branch of the AMA on this issue. In general, the AMA is supportive of the measures that are contained in the bill, which I think is a positive, because it puts a fair bit of onus on their members. I was pleased to see that the AMA was supportive of this bill. The AMA raised a couple of issues and, to some extent, they are the issues that I have raised with this bill. Firstly, the AMA stated in its response—

AMA Queensland submits that regulations which attempt to reduce children and young people from accessing cosmetic surgery will be an ineffective means of decreasing the (presently unknown) number of cosmetic surgeries on minors.

That is a point that I also concur with. I do not think it means that we do not legislate—we want to make a clear statement that this activity is undesirable—but we should not kid ourselves that a legal prohibition on such a matter is of itself going to be effective.

The other area the AMA touched on which I think is of interest is the definition of ‘cosmetic surgery’. ‘Cosmetic surgery’ is actually quite difficult to define, because there is not a clear barrier between whether a person is undertaking a procedure purely for appearance purposes or whether that person is undertaking a procedure because it is in their overall interest.

A good example is that it has always been accepted—certainly during my many years of medical practice—that a child whose ears were sticking forward had them fixed before they started school because if they did not then they would be teased at school. It would be pretty cruel not to. But the same situation could apply equally to girls who have a congenitally absent breast and who have reached an age at which they want to go to the beach with their friends. It could apply equally to boys who suffer severe cases of gynaecomastia, or breast development. There may be circumstances—and I have encountered them in my own professional life—in which it is necessary to take some action in that regard on some boys under the age of 18 because of their distress. Boys who have substantial breast development will not take off their shirts, will not go to the beach and do not participate in a lot of sports. Sometimes a procedure is necessary. So in relation to cosmetic surgery, there are definition issues.

The AMA pointed out that the legislation would be unlikely to capture any doctors who would not already be at risk under the provisions of their registration. Doctors are required to take care of their patients and act in their best interests. If doctors were doing substantial numbers of these procedures on young people then they would come under existing provisions, but I do not think that it hurts to make the statement.

The other area that the bill deals with is in relation to solariums. I suspect that that is one area where there will not be too much disagreement today. Ultraviolet light is a cancer-causing agent. If we treat it the same as any other cancer-causing agent we need to be avoiding it. It is certainly not suitable for children. There is the very, very occasional medical condition where it is needed, but it is very, very rare indeed.

I think there is another message here—that is, it is actually not all that desirable in anybody, whether you are over 18 or under 18. It not only contributes dramatically to the ageing of the skin—which makes them more money doing facelifts—but it is a contributing factor in skin cancer. There is perhaps a need to make the community aware that solariums can emit ultraviolet light. Quite frankly, I do not think that the broader community is aware of that. I think I can say with some confidence that I do not think the community realise they are being exposed to the same harmful rays that they try to prevent by putting blackout on when they go out in the sun. There is an educational role that is needed there.

We cannot always protect people from themselves—that is an issue that will always come up—but we can move to protect the most vulnerable, which is often the young. We also have to be very wary that in advertising for solariums or other procedures advertisers are not allowed to give people a false sense of security about these procedures. I noticed recently that the issue of lap banding was raised by the AMA. That is not specifically dealt with in the legislation. Lap banding is now becoming one of the most common if not the—

Time expired.

Mr SPEAKER: Honourable members, would you join with me today in welcoming about 44 members of the Stolen Wages Group who make up the Cairns and far-north Queensland area. I particularly pay my respects today to the elders of the community who are part of that group. We have the former ATSiC commissioner for this region, Terry O’Shane, in the parliamentary gallery today as well. To the members of the Stolen Wages Group, welcome to the Queensland Parliament. I ask honourable members to welcome the group as well.

Honourable members: Hear, hear!

Mrs CUNNINGHAM (Gladstone—Ind) (12.52 pm): I rise to support the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008. I acknowledge the previous speaker and his position as a well-informed medical practitioner. It is disturbing to find that when 15,000 young people aged between 11 and 24 were surveyed, a third of those people had serious problems with body image. Over the years one of my observations, and I believe it to be very accurate, is that our children have stopped being children, they have stopped

enjoying their childhood. In some instances it is a situation that they themselves adopt. However, in many situations it is pushed onto them by perhaps well-meaning parents who expect them to participate in things beyond their age. There is another contributing factor to that problem, I believe, and that is the media. We have discussed this before in the parliament in relation to the responsibility of all of us, particularly the media, to ensure that material that is fed to children in a visual and audible sense is material that is appropriate to their age and their development. I do not believe that we have reached that position in any way, shape or form and we risk that in the future the material available to children will become more and more inappropriate.

Another contributing factor to children being susceptible to approaches for cosmetic surgery is that we as adults do not always accept ageing in a wise way. As adults we often do not set a good example. We will buy anything that will roll back the years; we will do almost anything that will roll back the years, providing we can afford it, and this is what our children are seeing and hearing. Example is one of the strongest teachers. We as adults have to start to accept ageing in a more mature way.

In the minister's second reading speech he states that the government recognises that decisions made by young people to enhance physical aspects of their appearance with cosmetic surgery may be regretted later on. Sometimes these young people do not really understand that these decisions could have medical or reproductive implications in later years. That includes piercing. This bill has to include an educational aspect.

I wanted to seek a clarification from the minister. The list of prohibited invasive cosmetic procedures includes facelifts, tummy tucks, eyelid surgery, breast augmentation and the attachment of porcelain veneers to the front of the teeth. Except for that last one I would say overwhelmingly those procedures are female orientated for no other reason than that females access them most. I am not saying that there is a high demand for this, but I wonder if it will include penile implants in young men and breast implants for young men who may be challenging their sexual orientation so that at a younger age they will not be able to access those procedures, particularly the penile implants, unless there is a genuine medical reason, obviously. Also, I wonder whether there will be some direction to young men in the process that will engender confidence in them in the way they are structured without having to look for enhancements or allow them access to procedures at a time when they may be too young to be making sexual orientation decisions in particular. I note that there are exemptions for congenital abnormalities or for residual physical deformities and I commend the minister for that.

I am conscious of the time but I wanted to make a comment on the prohibition of access to solariums. I congratulate the minister for that. We are reinforcing in our young people a desirable image that is not desirable, it is artificial. We struggled for years on the 'slip, slop, slap' campaign and this is a loophole that has allowed young people access to very unhealthy processes. They are preyed upon by people offering these services as an opportunity to get a good tan without risking the sun. It is marketed in all sorts of dubious ways. I commend the minister for the amendments in these bills. I trust that it will enhance the safety and reduce the risks our young people face. Again I re-emphasise: let our children be children.

Madam DEPUTY SPEAKER (Ms van Litsenburg): I acknowledge the presence of Sun Pacific College students and staff in the audience. They are from the electorate of Cairns ably represented by Desley Boyle.

Mr HOOLIHAN (Keppel—ALP) (12.57 pm): In light of the time I will deal with the initial stages and finalise matters after lunch. In rising to speak to the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008 I commend the minister and his advisers. Being on the health backbench committee I am aware of the matters that the minister has had to struggle with in terms of striking a happy balance. We have heard from the member for Caloundra and the erudite member for Moggill, who is actually a medical practitioner, in support of the bill. The member for Caloundra raised certain matters regarding parents that I would like to deal with in the body of my speech. I do not believe that he has given real thought to the amendments that he suggested, in particular in relation to the power of parents.

The real basis for this bill should be laid at the feet of advertisers. They have built up the expectations of children and parents by making a body image that, quite frankly, very few of the members of this House can match in terms of the perception of beauty and the perception of what we need to look like to be accepted by our peers and to be accepted by society in general.

Sitting suspended from 1.00 pm to 2.30 pm.

Debate, on motion of Mr Hoolihan, adjourned.

MINISTERIAL STATEMENT

Volunteering

Hon. LH NELSON-CARR (Mundingburra—ALP) (Minister for Communities, Minister for Disability Services, Minister for Aboriginal and Torres Strait Islander Partnerships, Minister for Multicultural Affairs, Seniors and Youth) (2.30 pm), by leave: I wish to clarify information I provided this morning in relation to our new Queensland Young Volunteer Award winners speaking tour. At this stage six of our young volunteers are visiting six schools from November. They will be discussing their volunteering experiences and, of course, negotiations are continuing between volunteers and schools to organise visits during 2008.

HEALTH LEGISLATION (RESTRICTION ON USE OF COSMETIC SURGERY FOR CHILDREN AND ANOTHER MEASURE) AMENDMENT BILL

Second Reading

Resumed from p. 3284.

Mr HOOLIHAN (Keppel—ALP) (2.31 pm): Before the luncheon adjournment I was talking about the difficulty with the media, particularly in relation to body image. I ask everyone here when they last saw a person with a larger build portraying the ideal body image? I think everyone would answer either 'very seldom' or 'not at all'. It was rather instructive when the member for Caloundra commented about parents. Parents do not get a how-to book when their children are born and often live their lives through their children. One of the difficulties of these issues involving cosmetic surgery is that a lot of parents believe that their children need it to make their way in life.

The explanatory notes state that the only real data available in relation to cosmetic and non-surgical procedures was from the United States. Less than two per cent of procedures were performed on persons under 18 years, but with a population of 11.7 million that means that 250,000 surgical procedures were carried out on children. It is worrying that in many cases Australians slavishly follow trends from the United States.

When dealing with cosmetic surgery issues it is vital to consider the growing obesity problem. These days parents do not seem to restrict their own diets—and to some degree I have that problem—let alone their children's diets. As the obesity problem grows, more and more children of increasingly younger ages may need liposuction or cosmetic surgery to reduce their body size. I commend the member for Moggill on his speech. He hit the nail on the head when he talked about why we need this legislation. The doctors and medical practitioners who carry out those procedures are there to do a job. If they are asked to do a job, normally they will do it. Parents have to give their consent for a procedure to be performed, but I believe that these days few parents seem to want to deny their children anything. Consequently, whether we are talking about a tummy tuck, liposuction or some other procedure, it seems to me to be a nonsense to say that the medical practitioner does not have the final say as to whether the procedure should be carried out; that it simply requires the consent of the parents.

Peer pressure is the biggest problem for children in their own environment. The member for Moggill talked about protruding ears, which often can be easily corrected and in many cases the doctor involved would agree that the procedure was reasonable in the circumstances. However, there are many areas where cosmetic surgery would not be reasonable. As such it is very sensible to make it an offence for a person to perform or offer to perform a cosmetic procedure as is provided in the amendments, but also to make it an offence for a person to procure or offer to procure. I believe that passing an amendment to give parents the final say in these cases takes away the commonsense approach that, as I said earlier, the health minister and his advisers had to grapple with when dealing with this bill.

The bill contains consequential amendments to the Dental Practitioners Registration Act and the Medical Practitioners Registration Act. A comment was made about doctors and dentists having to keep very detailed notes of any procedures that are carried out. From my experience as a lawyer I know that most doctors do keep comprehensive notes in case questions are ever raised about certain treatments received or action taken against them. It seems to me that making doctors responsible for their own actions and allowing for them to be called into question by the registration act at a future date is a logical consequential amendment.

The second limb of the legislation deals with the amendments to the Radiation Safety Act. Comments have been made about melanoma. In our youth many of us would have exposed ourselves to high doses of UV radiation. However, it is a concern when a child under 18 thinks it is necessary to

use a solarium to get a tan to 'improve' their appearance. Not only does the UV radiation emitted by a solarium increase the risk of developing skin cancer but accumulative exposure causes problems with various other genes and cells and can cause abnormal growths.

I submit that the legislation as proposed sets the right balance. It makes the medical profession, that is, the people who make the final decisions, liable for their decisions as to whether or not children under 18 can undergo cosmetic surgery. The amendment to the radiation legislation will prevent any future cost to the system and the community from the high incidence of melanoma or self-induced cancers. I commend the bill to the House.

Mrs SMITH (Burleigh—ALP) (2.40 pm): I am pleased to see this health legislation amendment bill come before the House. Many teenagers and even younger children are not satisfied with just trendy clothing or hair colourings anymore; they want to take it a few steps further with cosmetic surgery. A recent newspaper investigation found a 20 per cent increase in inquiries from teenage girls for plastic surgery. Botox is even being pitched to young women as a 'preventative' against wrinkles.

Unfortunately, low self-esteem, and in some cases self-harm, has become a new rite of passage for many teenage girls, fuelled by a culture which idolises thin, sexy bodies. Children learn early that their bodies have to be 'hot' to be acceptable. Emotionally, teenagers are vulnerable to social pressure. They desire to conform to stereotypes and cultural norms but physically they are still growing and developing. The way children view their bodies changes as they mature and the way society views beauty also changes. In most cases, maturity brings an awareness that life should not be lived by the rules of the fashion and beauty industries.

This amendment is not talking about procedures to correct deformities or address particular physical features that impact on medical, psychological or social wellbeing. The amendment will also bring about important changes to help stop unscrupulous operators from unfairly targeting vulnerable people, particularly teenagers, for unnecessary surgery.

The bill also amends the Radiation Safety Act 1999. This will prohibit the commercial use of solariums by young people under the age of 18. There are many myths about solarium use—that using a solarium is safer than tanning in the sun, a tan provides protection from the sun, a tan makes you healthy, a solarium tan is needed for special occasions and solariums are a good way of getting vitamin D. However, Australian solariums can emit dangerous levels of UV radiation—five times the strength of the midday sun the Victorian Cancer Council tells us.

The death in 2007 of 26-year-old Clare Oliver highlighted the risks involved with the use of solariums. Her death has led to both state and federal governments foreshadowing changes to legislation to make the previously voluntary code of practice regarding the use of tanning beds mandatory. I congratulate the Minister for Health for bringing this legislation before the House and I commend the bill to the House.

Mr STEVENS (Robina—LNP) (2.42 pm): I rise to speak on the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008. From the outset, I would like to state that any legislation that protects our children is good legislation and I, along with my LNP colleagues, agree with this bill.

The Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008 will see amendments to the Public Health Act 2005 and the Radiation Safety Act 1999 in order to place strict regulations on the performing of surgical and non-surgical procedures on young people. This is imperative in ensuring the health and wellbeing of the children of Queensland.

The bill will protect children under the age of 18 from undergoing higher risk and more invasive surgeries such as those which involve the removal of excess skin or fat from the human body; skin resurfacing procedures such as chemical peels, dermabrasions and laser resurfacing; insertion of facial contour implants and injectable fillers; alterations to the chin or nose; the attachment of porcelain veneers; and any breast related procedures including breast augmentations, reductions and lifts.

Exceptions will be granted in medically based cases where the doctor determines the surgery to be 'in the best interests of the child'. Unfortunately, this is one of the areas that I have serious concerns about. My colleague the good member for Surfers Paradise, who is a doctor of dentistry—and, with Fabio-like looks, is far more familiar with these invasive procedures than I am—has assured me that this legislation will be almost impossible to implement on the basis that most of these people will be able to use the defence in undertaking these operations that they were acting in the best interests of the child. That will be very, very hard to differentiate. I look forward to the minister explaining to me later how that will occur.

Mr Robertson: Perhaps I can advise you this: the member for Surfers Paradise—

Mr DEPUTY SPEAKER (Mr Wendt): Order! Minister, we might do that later on.

Mr STEVENS: Yes, when it is appropriate. The minister will get another chance.

Mr Robertson: As a lawyer—

Mr DEPUTY SPEAKER: Member for Robina, please continue.

Mr STEVENS: Thank you, Mr Deputy Speaker. In addition to the monitoring and control of surgical procedures, the bill will also place a ban on the use of prescribed radiation sources, including solariums, for patrons under the age of 18. This will follow the lead of the Victorian state government, which implemented similar legislation in February this year, and it seems to be a habit that our Queensland government follows a lot of legislation that is introduced in other states. We are quite happy about that in this case as it is good legislation for the youth of Queensland.

The mentioned policy objectives will be achieved by making it an offence to perform, offer to perform or offer or accept payment for a cosmetic procedure on a child for non-medical purposes. It will also provide authorised persons the power to enter a place to monitor procedural happenings. Furthermore, it will be made an offence to allow minors to have access to solariums in all commercial settings.

These proposals will be implemented by Queensland Health from within existing resources. The briefing paper tells us that it will be from within existing resources, and I find that very difficult to believe. Again, I look forward to the minister explaining how this legislation can be effectively introduced from within existing resources. There is no point bringing in good legislation, which we agree with, if the legislation is not going to be implemented effectively.

In terms of implementing the legislation effectively, administrative resources would need to be allocated at a cost to the government to ensure that these surgery practices were not going ahead. If that is the case, there will be a cost involved in implementing this legislation. If there is no cost—in other words, if there are a heap of people lying around in Queensland Health somewhere who are not doing anything and therefore this will not involve any further costs—we would like to know where those areas are in Queensland Health where people are lying around doing nothing. I find it very difficult to believe that it is not going to cost anything further, and I need the minister to explain that to me later.

A number of alternatives to legislative reform were considered in the development of this bill. However, in order to successfully achieve the policy objectives, a regulatory approach has been necessary for the protection of our children. A Mission Australia national survey conducted last year proved that one in three Australians between 11 and 24 years of age considered body image to be of significant concern to them—I am a bit older than that and I still have a few concerns about it—with an outstanding percentage admitting to being dissatisfied with their appearance. This concern was deemed to be not so much that they were dissatisfied with themselves personally but more so that they were dissatisfied that their appearance did not reflect the culturally determined stereotypes emphasised in today's media-driven society.

Cosmetic surgery is often seen as the easiest way to achieve the 'ideal' body as it is portrayed to children by external influences. With this in mind, it must be noted that the notion of appearance-enhancing procedures for children carries with it a wide range of emotional and social concerns as well as the obvious physical concerns.

Emotionally, we must consider the increased level of hormones present in developing teenagers' bodies. Many young people suffer from stress caused by social pressures in their late teen years which can cause emotional instability and impulse decision making. Many of these stresses will disappear post high school as maturity levels increase and teen emotional stresses decrease. The social concerns relate to the notion of conformity and social acceptance. Young people are particularly exposed to media and social pressures to look and act a certain way. This could potentially be a major influencing factor when contemplating high-risk cosmetic procedures. This further proves that allowing children to receive these procedures is completely irresponsible and inappropriate.

The physical implications for children wishing to enhance their appearance are quite obvious. Their bodies are still in the development stages and are not built for any kind of cosmetic adaptation. In addition to this, many of the cosmetic surgeries in discussion such as the tummy tuck—near to my heart—

Mrs Reilly interjected.

Mr STEVENS:—the arm lift, liposuction, liposculpture, the thigh lift and the body lift could easily be obtained by children via alternative methods such as regular exercise and a healthy, balanced diet, which the member for Mudgeeraba enjoys.

Besides the aforementioned concerns for children wishing to alter their appearance, invasive cosmetic surgery procedures come with a range of dangers of their own for all subjects. It has been proven by American researchers that breast augmentations can cause pain, hardness and numbness for an indefinite period of time post operation. The implants also pose other risks, with patients being

twice as likely to contract brain cancer, three times more likely to contract lung cancer and four to five times more likely to attempt suicide. In addition to this, a long-term study conducted by the United States National Cancer Institute has proven silicon breast implants to severely decrease the chances of early detection of breast cancer. We spend a lot of money every year on breast detection programs through the health systems of Queensland and Australia. Breast cancer affects one in eight Australian women.

Over half of all implants are inserted above the chest muscle. Where this is the case, the likelihood of detecting the cancer in its early stages is minimised by up to 50 per cent. The implants decrease the ability to sense breast lesions via mammogram by becoming radio opaque and preventing visualisation of the tissue below. The implant can also affect the architecture of the breast to make hallmark signs of cancer such as microcalcifications, tissue distortion and small, dense masses invisible to clinical examinations.

Many of these risks are unknown by the patients receiving the augmentation, particularly the younger demographic who decide on surgery on impulse. Furthermore, it has come to my attention that no studies have been done on the safety and long-term risks of silicon implants or liposuction of any type on patients under the age of 18, and further risks are therefore completely unknown. By allowing these kinds of surgeries to go ahead, we are doing nothing but endangering the lives of our children.

Following an initiative by the Victorian state government and recommendations made by Cancer Council Queensland, this bill will allow for the implementation of strict regulations regarding the use of solariums by minors. Research has proved that people under the age of 35 have a much higher risk of contracting deadly melanomas than people over the age of 35. In addition to this, young people are increasing their chances of contracting skin cancer by up to 98 per cent by using tanning beds. Considering that solariums emit ultraviolet radiation up to five times stronger than the sun and the fact that Queensland already has the highest rate of skin cancer in the world, the move to exclude children from solariums is crucial to ensuring the future safety of the children of our state. A document composed by Cancer Council Queensland earlier this year states that the number of solariums in Brisbane has increased by more than 320 per cent since 1992. It also notes that more than 2,300 Queenslanders are diagnosed with a skin melanoma each year, with at least 270 of these having fatal results.

These statistics have been increasing annually with the increase in solariums throughout Queensland. The fight against solarium use in our state was heightened after the death of antisolarium campaigner Clare Oliver in September last year. The Queenslanders died after doctors detected a rare but deadly melanoma on her skin caused by the use of a prescribed radiation source. The chances of contracting this type of skin cancer increased by 22 per cent after one use of a solarium. Clare attended the solarium just 10 times in her teens. She was 26 years old when she died after battling the disease for four years. If this does not illustrate the point that children are especially vulnerable to the deadly rays emitted by solariums, then I do not know what will.

As stated in the bill, statistics regarding the types and numbers as well as the age of citizens receiving cosmetic surgery in Australia are not publicly available. However, in the United States of America it has been documented that nearly 11.7 million cosmetic procedures are performed annually. Of these, two per cent are to persons under 18 years of age. The figure may seem low but on such a grand scale it equates to approximately 234,000 children doing irreparable damage to their bodies in America.

In the States, the most common procedures children are receiving are laser hair removal, microdermabrasion, chemical peels, ear surgery and nose surgery. In October last year the government publicly released a discussion paper and survey on this topic. These documents were released with the aim to find out the extent to which young people are using solariums and cosmetic surgery procedures, and whether the current regulations are strong enough to protect Queensland's children. The feedback from stakeholders proved that there was enough concern in the community for legislative reform. Consultation then occurred with several government and non-government organisations including the Australasian College of Cosmetic Surgery, the Australian Association of Surgeons, the Queensland Nurses Council, the Youth Affairs Network Queensland, the National Council of Women of Queensland, the Department of Child Safety, the Department of Communities and the Office of the Medical Board of Queensland—and even Treasury got in on the act.

It was found that the bill is generally supported by both government and non-government stakeholders. The bill proposes that, in order for a child to receive a cosmetic procedure, the person offering to perform the procedure must deem that it is in the best interests of the child. This will mean that fundamental legislative principles in regard to the rights of individuals may be overridden. In this case, this will mean the rights of parents.

The bill also provides for a new power of entry to facilitate the monitoring and enforcement of the new cosmetic procedure offences. This will allow for authorised persons to enter premises without a warrant issued by a judge or other judicial officer. This is essential to ensure the compliance of the new requirements regarding cosmetic procedures for children. The passing of this bill will help resolve

problems in our society caused by body image problems amongst teenagers. It is important for this particularly vulnerable age group to learn to embrace their individuality and not try to change it with a quick-fix solution as promoted by many magazines, idols, television programs et cetera. I certainly commend the bill to the House.

Mr ELMES (Noosa—LNP) (2.57 pm): I rise to make a contribution to the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008. First of all, I congratulate the minister for introducing this legislation into the Queensland parliament. What we are here to do, and certainly the LNP is supportive of this, is to protect our young people under the age of 18. Any measure that we can take as a parliament to protect our young people is a very worthwhile thing. The explanatory notes to the bill refer to some of the cosmetic procedures that are outlawed. The member for Robina just mentioned some of them—for example, the tummy tuck, eyelid surgery, arm lifts, brow lifts, liposuction, facelifts, thigh lifts, body lifts, and the list goes on.

The bill also talks about the use of solariums and some dental procedures, and seeks to roll those into areas that those under the age of 18 will not be able to access. Of course, there are unfortunate occasions where children are born with some kind of a deformity or where children are involved in an accident. What we can do with this legislation is ensure that they have access to professionals to restore their quality of life, to help make their mental condition and the way that they are going to grow up and interact with society a damn sight better than what would otherwise be the case. In the case of young people, some surgery takes place for birth deformities and so forth. This includes surgery for things like protruding ears, birthmarks or hairy moles, or for young kids who are born with extra toes, extra fingers or extra skin on the ears. These are some of the things that would be addressed and will continue to be able to be addressed.

What we are talking about here is the perception that has developed in society—and it is not just a recent perception—that young people look at their heroes, if you like, and want to be, act and look exactly like them. A survey was conducted in a young girls magazine of 4,000 readers who were aged between 11 and 18 years. Of those 4,000 readers, 1,000 said that they would get surgery if they could and 80 said that they had already undertaken some sort of surgery.

Lots of articles about these things get published in newspapers and magazines, particularly some of those teen magazines that are around the place, and I want to give some examples of the headlines that have appeared in these magazines over the past couple of years: 'The young using plastic for the perfect look'; 'Doctor, can you make me look like this?'; 'Some teens need plastic surgery'; 'Teenagers maxing out the plastic for plastic'; 'The shape of things to come'; 'Taunted kids turn to surgery'; 'Teens use surgery for weight reduction'; and 'The price of reduction'. Articles like that, and a lot more of that kind, have been published in Australian newspapers and so forth over the past few years.

We live in a society where image is everything, but then I think we always have. Today we can look at the internet, modern movies and so forth. Back in the era when I was growing up the television was black and white, but I still remember the Coca-Cola commercials—and I am sure many people here can remember those commercials—with the models bouncing beach balls down the beach. We all wanted to look like them. Of course, very few of us could—except you, Mr Deputy Speaker, and me perhaps! In an era prior to that we had cigarette commercials and posters with movie stars lounging around with cigarettes and so forth. I suspect that since man first walked on the planet our young have wanted to look, act and be exactly like their heroes.

I take the opportunity to add into the mix, if you like, a couple of other issues. One is the subject of tattoos and the other is the subject of body piercing. The explanatory notes talk at length about these procedures that break the skin, and both of these procedures—tattoos and body piercing—do break the skin. I know that tattoos are only available for people over the age of 18, but if you asked any person under the age of 18 where you can go to attend one of these businesses that do not ask for proof of age, they would be able to tell you. So one of the things we need to do is look at how these things are going to be policed, and I will be interested to hear what sorts of procedures the minister says the government will put in place to look at the operations of some of these particular places.

In terms of body piercing, you can do just about anything you like if you are between the ages of 13 and 18, except pierce the nipples or the genitals. I would again suggest that for those aged between, say, 13 and 18, body piercing should be a part of this bill. Again, if we look at what the minister has on his lists and we are able to add some procedures that happen in our society then I think body piercing, particularly some kinds of body piercing, should be taken into consideration.

We can go all the way through this and continue on, and I would like to look at where this particular discussion does finish. Do we start talking about male circumcision? If that is not some form of cosmetic surgery these days then I do not know what is. In days gone by that was done as some sort of health related procedure, but that is certainly not the case in the overwhelming number of cases today. So there are areas like that which we can perhaps look at as well, and I would be interested to hear what the minister has to say about that. I know that I am taking an extreme view, but there are a whole range of things that fit between what we are talking about in terms of the set-up of the bill and something like male circumcision.

Today in the *Australian* an article written by Emma Tom appeared with the headline 'Only inner ugliness can survive in the corridors of power'. In this article she talked about what some politicians in society have done, including the current German Chancellor, who gave short shrift to those who dismissed her style of dress and appearance but then went away and did something about her hairdo and the way she presented herself. The article said that the President of Brazil has undergone botox treatments and a chemical peel while one of his colleagues has had surgery to staple his stomach and remove excess skin, which is something that really appeals to me, I have to say. The Italian Prime Minister has undergone similar sorts of procedures.

An honourable member interjected.

Mr ELMES: Absolutely. So even in politics we have the situation where politicians—who at least are over the age of 18—do get these procedures done. The good thing about the debate today is that if our young people are watching on the internet at the moment they will be able to look around the parliament and know that none of the politicians in the Queensland parliament have undergone any form of cosmetic surgery—and if they had, they should be looking at suing the surgeon involved! So at least in Queensland we are showing the way.

An honourable member interjected.

Mr ELMES: Yes, good. I again say to the minister that we need to be able to continue to define the procedures that our young people under the age of 18 should not be allowed to have carried out. We need to do what we can to try to remove the image build-up that goes on with young people. That will be exceptionally difficult, but it is something that we should, nevertheless, continue to try to do. As I said at the outset, I think what the government is trying to do with this legislation is exceptionally worthwhile. I certainly congratulate the minister for bringing this legislation before the House.

Mr Deputy Speaker, can I close by saying—and this is away from the subject, but I hope you will indulge me for about 15 seconds—

An honourable member interjected.

Mr ELMES: No, this is all right. I had occasion to need the assistance of the minister a few weeks ago for a young bloke in my electorate, and can I say that the minister moved with lightning speed to get the work done that needed to be done. So I would like to publicly thank him for that. I commend the bill to the House.

Mrs STUCKEY (Currumbin—LNP) (3.08 pm): Mr Deputy Speaker—

Mr Robertson: Be nice!

Mrs STUCKEY: The minister has just asked me to be nice. I put that on the record. I am indeed pleased to have the opportunity to speak on the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008 before the House today here in Cairns. This bill concerns children and is therefore implicit to my shadow portfolio of child safety. When this bill first came before the House, my initial reaction was to commend the health minister for placing the best interests of children uppermost by bringing this legislation before the Queensland parliament. After all, I understood there was an unusually widespread and far-reaching consultation process involving a plethora of health professionals and representative bodies. However, on closer inspection, whilst the intent does have merit which is readily acknowledged here in this chamber today, it appears that certain aspects have still not yet been fully considered.

The LNP will be supporting this bill, as members have already heard from the honourable member for Caloundra and shadow minister for health. But there are certain reservations with some aspects of this bill which were clearly outlined by the opposition spokesperson, and that is why he has proposed an amendment which refers to the subordination of parental responsibilities.

The explanatory notes state that these policy objectives are aimed at being achieved through amending the Public Health Act and the Radiation Safety Act accordingly. Amendments to the Public Health Act will make it an offence for a person to perform a cosmetic procedure on a child. There is included for practical reasons the proviso that surgery may occur where the surgeon believes on grounds that are reasonable in the circumstances that performance of the procedure is in the best interests of the said child. In targeting parents, it makes it an offence for a person to procure for payment of a fee the performance by someone else of a cosmetic procedure on a child. It also ensures that officers and inspectors are provided with powers to enter a doctor's surgery in order to monitor the compliance with the new cosmetic procedure laws.

In addition, the bill will, amongst other things, define 'cosmetic procedure' to include a range of higher risk and more invasive cosmetic procedures such as breast augmentation and rhinoplasty. It will also allow other cosmetic procedures to be proscribed by regulation and provide some defined criteria where particular matters will be required to be taken into account when reaching a conclusion as to whether or not the performance of surgery on a child is in fact in the best interests of that said child. I do

note that all surgery on minors is not to be banned and the decision will be made as to whether it is in the best interests of the child in those cases. There will be further amendments to the Radiation Safety Act that will ensure that tanning salon/solarium operators will be charged with an offence if they allow a person of a particular age—that is, under 18—or with a particular skin type to use their facilities.

As honourable members are aware, my electorate is on the Gold Coast—a place seen by some in other regions to be overly concerned with superficial vanities. It is to be hoped that the effects and implications of this bill may ring through to our younger residents, and by delaying the timing of cosmetic surgery on minors until they turn 18 it is to be hoped that more maturity will place those contemplating surgery in a better position to make wiser judgements. It can be put without fear or favour that cosmetic surgery on minors is an issue of much contention, and rightly so. In this 'plastic fantastic' age, where false and inflated bombards even the very young on television screens, web sites, Facebook, magazines and billboards, there are serious questions to be asked as to what is morally acceptable and in the best interests of the child and what is not.

Unquestionably, cosmetic surgery for the purpose of medical and other therapeutic reasons should be undertaken. It is important to remind honourable members that plastic surgeons do some of the most amazing reconstructive 'cosmetic' surgery on severely deformed children and adults and they also remove deadly skin cancers with as little disfigurement as possible. It is noble work indeed. As a trainee nurse many years ago at the Adelaide children's hospital, I saw miracles performed on a regular basis under the talented hands of Dr David David and his team. Today we still marvel at these surgeons' skills, particularly when we see their handiwork performed on children from poor countries who have shocking deformities and injuries.

When I was a nurse, children with cauliflower or bat ears often had their ears pinned back—an otoplasty. These children had suffered from cruel jibes in the schoolyard and many people also were jibed for having crooked teeth and wore braces to improve their smile. No doubt with this legislation there will be some testing cases, presuming this legislation does become law, and there will be arguments such as, 'If you can fix crooked teeth and you can fix sticking-out ears, why can't you fix a crooked nose?' Of course, the invasion is much less for braces than for a rhinoplasty—and much safer, too, as no anaesthetics or scalpels are involved. I am very pleased to see that the minister has grasped a better understanding of the implications of this bill that, in some ways, was hastily drafted despite the widespread consultation in reaction to public comments. The amendments that he has proposed bring some common sense and were necessary to this bill.

It is sad, though, that surgery that is performed under the auspices of improving social image is not always the answer to happiness that one is led to believe, either by the receiver or by their peer groups. Guarantees that individuals will be happy with the final result cannot be given and expectations as to the appearance after surgery can be unmet. I am not suggesting that this is the fault of the surgeon, as most times it is not. Rather, it is the high expectation of the individual who has sought to change the way they look. In speaking in support of these regulations, there is also a very real prospect that once a person, especially a young and impressionable person, undergoes one cosmetic procedure they will want to change another of their natural features in the belief that they will make more friends, be prettier or fix a host of other insecure behaviours. In fact, they may be constantly unsatisfied with their appearance.

Proper counselling for procedures that change the way people look should be mandatory so that anyone of any age contemplating surgery knows as much as is possible about what to expect and how they will react. The majority of plastic surgeons do this, as happy patients mean busy practices and a steady flow of referrals. As many members have already mentioned, the external influences of television and related multimedia with the role models and celebrities they present leave some people, but especially the young, in a predicament where they often believe that the answers to life's problems lie in the tip of a skilled surgeon's scalpel rather than in correcting the norms in society. But not all surgeons are equally skilled and mistakes and botched operations do occur, further exacerbating the issues of a vulnerable young person.

The public view of body image, particularly children's views, provide astonishing correlations with our obesity crisis. Childhood obesity and in fact obesity in general has reached somewhat epidemic proportions. As one article put it, the fat stats keep piling up. Despite its sugar-coated title, the state government's Healthy Kids Queensland Survey actually details a very serious problem by sampling some 3,691 schoolchildren in years 1, 5 and 10 aged between five and 17. This report does produce the most astonishing figures. Some 21 per cent, which is more than one in five, of children are either overweight or obese. The figure is double the national child obesity rate of 1985. More girls are afflicted than boys at 22.7 per cent and 19.5 per cent respectively. It is also sad to acknowledge that 20 per cent of girls and one in six boys are already overweight in year 1. On average, a child's intake of saturated fat is at about 45 per cent higher than recommended by the National Health and Medical Research Council and one in two children have inadequate levels of potassium in their diet, reflecting low consumption of vegetables. Unsurprisingly, these statistics do not improve greatly in adults, with the National Health and Medical Research Council classing two-thirds of adult Australian men and 50 per cent of women as overweight or obese.

With these facts in mind, it is easy to see the body image problem that has vested itself in our culture and which has led in part to the formulation of this bill. I welcome the government's initiatives to correct this issue and also to set mandated minimums of moderate physical activity. That is a step in the right direction. The trend towards young people seeking lap-banding or stapling operations is increasing. I ask the minister whether this legislation will apply to those procedures. Perhaps he could address that issue in his reply.

In our quick-fix society, more and more we are seeing people not taking responsibility for their actions. But surely we owe it to our kids to guide them towards healthy eating and to warn them of overeating. It is very easy to stuff yourself with junk food and then go along to a surgeon and ask them to literally cut off the fat. Many thousands of adult lives—people who are morbidly obese—have been saved by lap-banding surgery. But that operation should be considered to be a last resort and certainly not put forward for children, because there are many other measures that could be taken first. Other honourable members have already stated in their contributions that we need to look at the cause rather than treat the effect.

In 2007, Mission Australia conducted a national survey of young Australians, surveying 15,000 of our youth aged between 11 and 24 years. That survey revealed that body image was of significant concern to one in three of these young people. Twenty per cent of the respondents came from Queensland. The primary issue for young Queenslanders was body image, with around one in three indicating that body image was a significant concern.

Young people's perceptions of themselves can change with age and maturity, but they certainly need our assistance and our guidance. In addition, cultural norms and concepts of beauty are dynamics that change over time. Consequently, decisions made by young people to enhance aspects of their physical self through cosmetic procedures may well be regretted in later years.

Furthermore, there is the concern, as is outlined in the explanatory notes to the bill, that young people may not be developmentally able to fully understand the risks, consequences and limitations of cosmetic procedures. One frightening case that I would like to draw to members' attention is that of young Georgia Maybery, a small child with Down syndrome. Since the tender age of five, Georgia has been subjected to a rhinoplasty and an autoplasty. She has had her tongue reduced to stop it protruding and has had folds of skin removed from the corners of her eyes to take away the 'slantiness' characteristic of Down syndrome. This surgery has all been performed under the pretence that she may look less like someone who has Down syndrome. It is these precise abuses that this bill plans to combat.

For reasons relating to maturity, which I have outlined previously in my speech, this bill provides a cooling-off buffer for any children under the age of 18. This period prior to reaching the age of maturity will serve as some serious time of reflection over whether the child actually wants to press ahead with an invasive and serious procedure.

I note that *Alert Digest No. 8 of 2008* makes a number of comments in relation to sufficient regard to the rights and liberties of individuals, with particular attention to clause 5. In that regard I understand that the minister has been able to allay the concerns of the Scrutiny of Legislation Committee.

I want to comment very briefly on the regulation of solariums and, in that regard, the amendments that this bill makes to the Radiation Safety Act. I understand that national legislation is under consideration at the moment. The shadow minister has already indicated that we would be very keen to hear from the minister about the progress of this national legislation, and if it is to proceed. The amendments to the Radiation Safety Act that are contained in this bill seek to make it an offence to allow children under the age of 18 to be treated in a solarium. In that regard, only recently we read an article about a child who was not asked their age.

The issue that I have a concern about is the 24-hour notification of officers coming in to inspect solariums. Many youngsters will make a spur-of-the-moment decision, less than 24 hours ahead, to visit a solarium. Often it is done when girls are out together and they say, 'Let's all go and get a tan,' or, 'Gee, we're going out tonight,' and they think by having a session in a solarium they will come out with an instant tan. A treatment in a solarium is very unlike receiving a spray tan; it is radiation.

Australia has the highest melanoma rate in the world. Therefore, it is very important that we regulate the solarium industry. So many other industries are regulated, but to date it would appear that the solarium industry is not regulated. But I believe it will be very difficult to implement that particular clause which requires giving solariums 24-hour notifications.

As members of parliament, we all have a responsibility to pass legislation that is practical. There are genuine concerns as to whether this bill meets that criteria as it presents a number of hurdles. Having said that, it can be argued that any legislation will require some careful navigation. But in this case the issues of consent and regulation, particularly of the solarium industry, will no doubt create a plethora of difficult court cases.

In terms of cosmetic surgery, it is the tremendously overwhelming view of the public that it should be properly regulated. Of the 290 submissions received by the government in relation to this bill, a huge majority—some 95 per cent—called for more regulation of cosmetic surgery being undertaken by young people. Convincingly, 96 per cent of respondents called for restrictions on minors using solariums. With those few words, I commend the bill to the House.

Mr ENGLISH (Redlands—ALP) (3.25 pm): Mr Deputy Speaker, you will be pleased to know that, given the long and distinguished list of speakers to come, I rise to make a few comments on the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill. The honourable health minister often talks about the tsunami of preventable illness that is about to engulf our society. We hear about the huge rate of obesity in Australia. We should be embarrassed to know that at the moment we are the most obese country on earth. But the problem with our focus and emphasis on body shape and obesity is the different concepts of body image. Discussing body shape, percentage of body fat and healthy eating and healthy bodies is important. It is something that we as a society must do to fight this obesity epidemic. However, we must be careful with our words, because the similar but different concepts of body image are caught up in our rhetoric.

It is not okay, but if you are skinny then you should be aware that you are skinny. If you are within a normal healthy range then you should know that you are within the normal healthy range. If you are overweight or obese then, again, you should have some self-awareness of the state of your body. That is where we need to contain the debate about obesity and health. The problem occurs because a lot of the language that we use can have an adverse effect on men's and women's body image. That is where the danger lies. When someone is skinny but perceives themselves to be obese or, vice versa, when someone with a body shape like me foolishly thinks they are skinny, that is a problem. So it is important that we get this language about body shape and body image correct. Politicians have a very healthy self-concept, but they do not always have a very healthy waistline. We must get this balance right.

I have an extremely beautiful nine-year-old daughter who is in year 4. Already at her school there are comments being made among her classmates about the body shape of her fellow classmates. I think it is crazy to think that we should be trying to manipulate adversely the body shape of nine-year-old children. Yet that issue exists. As parents and as a society, we have a role to play in countering some of the all-pervasive, corrupting images that we see in our beauty magazines.

The legislation that we are enacting this afternoon makes some headway in trying to deal with people under the age of 18 receiving cosmetic surgery for purely cosmetic reasons. Cosmetic surgery is extremely important. The member for Currumbin raised a number of valid points in her speech. Burns victims and people who have very, very graphic birth defects have a much better quality of life as a result of the hard work of cosmetic surgeons. That is allowed in this bill. The overriding principle that the minister has enshrined in this bill is: is this procedure in the best interests of the child? It allows cosmetic surgery that has real life-changing results to occur, whilst banning the insane, stupid and shallow impact of a lot of cosmetic surgery.

Queensland has an extremely high cancer rate. The move towards banning access to solariums by people under the age of 18 is long overdue. I think most members of this House would have had bits and pieces of their body cut or burnt off; I know I have. Our former Premier was famous for turning up at places with bits of skin burnt off his face as a result of some concern over the growth of cancer. Our skin cancer rate is way too high. This is an active step towards reducing the impact of this on the next generation. I appreciate the support of Cancer Council Queensland for this legislation. I congratulate the minister on bringing this bill to the House. I commend the bill to the House.

Ms DARLING (Sandgate—ALP) (3.31 pm): I rise to make a short contribution to the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008. This bill will amend the Public Health Act to protect children by regulating higher risk, invasive cosmetic procedures. It will also amend the Radiation Safety Act to protect children by regulating the use of solariums. The bill will make it an offence for a person to procure or offer to procure for payment a cosmetic procedure on behalf of a child. I congratulate the Premier for raising this issue last year in the chamber. I congratulate the Minister for Health and his team for the work that has gone into this bill.

It does come down to another ethical issue. We are currently seeking feedback from the people of Queensland on options to regulate junk food advertising during children's programming. That to me is an ethical issue. I actually do not think that it is ethical to be targeting children. They should not be seen as consumers by large organisations. It is definitely the same here. To actually prey on the vulnerability of children in any way is a completely hideous concept and does require regulation. As the Premier said to parliament on 17 April 2008—

As legislators we have a responsibility to ensure that our youth are not resorting to surgical quick fixes to improve their appearance and that there are no cowboys in the industry who are preying on their vulnerabilities and insecurities.

I was a girl once. I actually remember being an adolescent girl. It is a really difficult time.

Ms Grace: You are still a young girl.

Ms DARLING: I am still young, thank you, member for Brisbane Central. My heart is still in good shape as well, thank you. But adolescence is a difficult time. Physically your body is still growing—quite erratically, at that. I remember legs and limbs being all out of proportion with my body. Children grow up and out and all sorts of strange things happen. Things grow at different times in adolescence. It is actually a very emotionally volatile time of life as well. It is a time when you are obsessed with your body and your looks and definitely obsessed with what everybody thinks of you. Sadly, it is often a distorted view. I remember my adolescence all too clearly. I was a tall, slim young lady.

Mr Purcell: Still are; what are you talking about?

Ms DARLING: Oh, shucks! I had two big brothers. God put them on the earth to bring me back down to earth. They had me convinced that I had the most enormous bottom. Lucky for me it was the early 1980s and it was the fashion to wear puffy shorts which I thought covered up the big bottom. I probably should have been trick or treating because I looked like I was wearing a pumpkin.

Ms Grace interjected.

Mr DEPUTY SPEAKER (Mr Wendt): Member for Brisbane Central.

Ms DARLING: They are a rowdy lot. They are excitable. I will bring my contribution back to the purpose of the bill. We remember our adolescence as a very emotional time. We have some great memories, but we have some bad memories. I tell the 'puffy pumpkin shorts' story to indicate that not only is it a time when you are very self-conscious but you can also make some very bad decisions and it is not a time to be making irreversible decisions. Members will be pleased to know that the pumpkin-shaped shorts are somewhere destroyed. Good taste in fashion can come later in life.

This bill will not actually prohibit genuine plastic and reconstructive surgery. As other members have raised in this place, there are many cases where it is necessary, such as birth deformities. Burns victims in particular go through a very difficult time. Scarring from diseases that actually needs to be fixed can be rectified with plastic surgery. It is important for parents and children to be discussing this issue. It is a great opportunity to discuss together body image and also to keep informed about how the human body works and some healthy alternatives to surgery such as exercise, healthy eating and definitely protecting your skin.

We need to send out the image that creamy, porcelain skin is absolutely beautiful. Let us cover up with that 30-plus; forget the tanning salon. We need to promote that as a beautiful glowing image. Solarium use is far too risky for young skin. I think dimply, bumpy thighs should be brought into fashion myself. Who wants smooth skin? I will keep pushing that line. Surgery has to be thought of as a last resort. Because of medical advances young people in particular think that surgery is a no-risk or a very low-risk option—the doctor just cuts in, stitches it up again and it looks beautiful. Those hideous TV shows that promote surgical makeovers are not helpful at all. Surgery is intrusive. It slices into the body. It is not a decision to be taken lightly.

Very sadly, there is a clear role for government in protecting children. I always find it a little sad when we need to introduce legislation to regulate an industry in this way, but we do need to do it. The children of this state need to be protected. It is in the best interests of the child that they wait and make adult decisions when they are adults. I will conclude with a quote from our Premier, who noted that this was about protecting the health of Queenslanders and ensuring that any adult decisions children make about their bodies are made when they are adults. I commend the bill to the House.

Mr LANGBROEK (Surfers Paradise—LNP) (3.38 pm): Can I say how pleasant it is to rise to make my first contribution to this regional parliament on the last day and to speak to the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008.

I enjoyed last night's pantomime question time. I thought it was like one of those creative Arts Queensland school visits where we had the arch villains Rob Schwarten, John Mickel and Paul Lucas and the dastardly health minister in question time but, of course, on this side we had the honourable hero—the good, true and just Lawrence Springborg—and his good supporters.

With that, I acknowledge the contribution made by my colleague the member for Caloundra, the shadow minister, and reinforce his comments regarding this bill. I also want to note the very practical medical perspective provided by the honourable member for Moggill and many of the contributions made by those opposite. We obviously have a lot of bipartisan support for these practical measures about protecting the health and wellbeing of children and young people in Queensland. That is why the LNP will support the bill, even though we have a lot of concerns about the efficacy of it. This is little more than a debate on principle. Given the bipartisan support for the bill, it is clear that members all agree that the protection of children, and the citizenry in general, is among our highest ideals as legislators. That said, it is important to recognise this bill for what it is: it is simply a motherhood statement aimed at getting headlines rather than effecting any real change in the provision of cosmetic surgery in this state.

There are two elements to the bill that I will address in turn. Firstly, the bill amends the Public Health Act 2005 as well as the Dental Practitioners Registration Act and the Medical Practitioners Registration Act 2001. The amendments to the principal act seek to restrict the performance of cosmetic procedures on children at new chapter 5A. The bill creates an offence under proposed section 213B(1), which states—

A person must not perform, or offer to perform, a cosmetic procedure on a child.

'Cosmetic procedure' is defined in section 213A and includes operations colloquially known as tummy tucks, facelifts and other procedures involving the removal of excess skin or fat, breast implants and nose jobs. I note from the bill itself that other procedures include eyelid surgery, arm lift, brow lift, liposculpture, facelift, thigh lift, body lift, facial contour implants, genioplasty—which involves the alteration of the chin—permanent injectable fillers, rhinoplasty and, of course, a dental procedure that I will come to later.

I note that already the legislation needs to be changed. The minister has brought an amendment to the House. I am concerned about the number of procedures that are able to be done, and I would be interested to hear from the minister on that point. These procedures are not normally done on people under the age of 18. It is extremely difficult to compile a list of procedures and then add, via an amendment, a different list of things that may not be called cosmetic but are allowed to be done because they are consequential to other things, for example by oral maxillofacial surgeons. Others have said that we need to add to the list, but there will always be doctors, surgeons, dental practitioners and others who will say that some of the things they are doing are a consequence of particular procedures that need to be done.

We all agree that minors should be precluded from undergoing unnecessary and expensive cosmetic surgery to improve their appearance. It is increasingly important to regulate the industry given the rising prevalence and acceptance of non-vital cosmetic surgery as a quick fix to a perceived problem. The honourable member for Sandgate just dealt with that issue. I agree that many people think surgery is like getting your car fixed. Whatever the problem, they think it is a procedure that can be done and reversed if necessary. That is definitely not the case. All dentists and doctors will say that every effect has a side effect, but many people do not consider that.

Yesterday the honourable member for Moggill said that commonly I refer to this generation as the 'Who Weekly' generation. In my dental practice I have noted—and many members would concur—that people look in magazines and then come to the dentist and say, 'I want my teeth like that.' Or they go to the doctor or even the hairdresser and say, 'I want my hair like that,' or, 'I want aspects of my body changed and adjusted to look like that.' Dentists and doctors sometimes say, 'You can't have that because your raw material is not suitable and we cannot adjust it. Therefore, you have to accept what you have or we can do a compromise treatment.' I would suggest that practitioners who have the correct ethics in mind would make sure they did not do something unnecessary or not in the best interests of the child. They value the interests of children. I would never perform a procedure of any consequence on a child under 16 without consultation with their parents. I would not even do a filling without speaking to the parents to check that it was okay. I understand that the Public Health Act defines a child as being under 18, so obviously this legislation is relevant to 17- and 18-year-olds. I maintain that most practitioners would make sure they had consulted with parents before procedures were done.

I am concerned that many people see these procedures as simple, because sometimes they are described as simple. As I said, dental and medical procedures have an ongoing effect and the short-term perceived benefit will often have associated side effects. That is particularly important in the context of young people. As the honourable member for Sandgate has said, most adolescents go through a period when they experience a crisis of confidence and body image issues. Today's youth seem to face far greater challenges than our generation when it comes to maintaining a healthy body image. Perhaps that relates to the increased readership of teen and other magazines that we have all seen that refer to appearance, weight loss, weight gain, celebrities without make-up, celebrities who have had their teeth done, celebrities with cellulitis, what celebrities looked like before they had their teeth done. Perhaps this is related to the obesity epidemic and the pressure to have thin bodies like Hollywood celebrities.

Statistics show that 21 per cent of Queensland children aged five to 17 years are overweight or obese. The Australian Institute of Health and Welfare recently published a paper surveying the rates of obesity in Australian children and adolescents, comparing the most recent national survey data from the National Nutrition Survey with the 1985 Australian Health and Fitness Survey. Results were remarkable. The prevalence of obesity among seven- to 15-year-olds more than tripled over the decade. In 10 years the number of overweight boys increased by six per cent while the number of boys who fell into the obese category increased by almost 3.5 per cent. Similarly for girls, in 1985 10.6 per cent of girls were overweight while 1.2 per cent were obese. In 1995 those figures had jumped almost five per cent to 16 per cent and 5.5 per cent respectively.

Sadly, the statistics are similar for adults. Almost four million adult Australians are considered obese based on their body mass index. This is a significant problem given the impact it will have on our hospital system. I acknowledge that the honourable minister often speaks about the tsunami of

preventable disease, as mentioned by the honourable member for Redlands. We need to have these preventative measures to try to prevent an influx of people into our hospitals. There could end up being 700,000 more admissions as a result of obesity over the next two decades.

Over the past few years we have seen an explosion of in-vogue diets, from the Atkins diet to the Zone diet. The 'A' to 'Z' of fad diets demonstrates the drastic measures people go to in order to lose a few kilos. Some of those diets are worrying, but far more worrying is the modern approach to tackling extra weight. No longer do people fight fat with diet and exercise. Instead, they turn to drastic and sometimes dangerous gastric-banding surgery, which this legislation will not outlaw.

In the past two years there has been a spike in the number of gastric-banding surgeries performed on kids aged 14 to 18 years. In some cases doctors are prepared to operate on children as young as 10 years old. Whilst lap banding will cause patients to eat less and lose weight, it does not address the issue of what people are eating. A patient may well lose 10 kilos in three months with the help of a gastric band, but it will not prevent them from developing diabetes or heart disease if they persist with an unhealthy diet that is high in fats and sugars.

Whilst there is clinical merit for gastric banding in a lot of cases, particularly those involving overweight teenagers, it is another quick fix to a problem best solved by a sensible and responsible approach to weight loss. Yet this form of cosmetic surgery is not caught under this bill, despite the fact that gastric banding is a high-risk, invasive procedure that may not be in the best interests of the child. The Premier has referred to some cosmetic surgeons as 'cowboys'. Like the health minister, in some ways I see that as demonising doctors and dentists. I think this is one example of how the bill fails to live up to its stated intention.

The health legislation amendment bill contains a number of other glaring omissions and oversights that support our assertion that this bill is nothing more than a platitude. Having widely consulted on the bill, because it came in when I was the shadow health minister, I know what the effect of this bill will be. After tomorrow's headline, this bill will join the list of long-forgotten legislation that will never be enforced. Alarming, many stakeholders agree. I wish to read into *Hansard* some of the comments made to me by surgeons regarding this bill. I quote—

The bottom line is that the bill has so many holes in it that anyone who wanted to have an operation who is under 18 will find ways to get around it. The Health Department knows that. Anna Bligh did this because there was a media opportunity in it.

That comment was made by a veteran plastic surgeon. Another surgeon said—

Say someone comes to me who is 17 years old and who wants liposuction. If it's my personal belief that [the operation would] benefit them I can do it. To be on the safe side I would ensure I had a referral from a GP and perhaps send them along to a psychologist for a quick assessment. But that process is not mandatory. There was some discussion that it should be, but the department thought it best not to include that in the final draft.

The final quote states—

There is nothing new in this bill. Everything contained in it—reasonable belief, best interests—is not only already law, it is contained in the Hippocratic Oath—

and in the principles and ethics of all practitioners. It goes on—

... thou shalt do no harm. No surgeon worth their salt would operate on a child if they didn't believe it was necessary in their best interests.

I note that the minister mentioned dental veneers in his second reading speech and has referred to the fact that I had expressed the concern that the provision of porcelain veneers may be difficult to enforce in terms of their illegality. I am interested to hear from the minister how many complaints there may have been to the Dental Board about the provision of veneers for children. Dentists will not normally provide them for under 18-year-olds as the gums or gingiva have not settled into their permanent positions. Obviously though, if a child has discoloured teeth—they may have had a football or swimming pool accident where they have chipped their teeth and they then need a root filling and the tooth goes dark—and the child is upset about being taunted about having a darkened tooth, a veneer may well be indicated because a crown cannot be placed until after the child is 18. Under this legislation those cases would be in the best interests of the child.

There may be other cases—and other members have mentioned this—where the family may not be able to afford orthodontic treatment, which can cost thousands of dollars, so they may do veneers, which are still expensive, again due to bullying that they may be receiving. I find it very difficult to see how the dentist, especially if they have given consideration to the parents' views and the child's view, would not be able to convince any court that they did it in the best interests of the child. I stand to be corrected by the health minister.

If the Bligh government was serious about regulating the cosmetic surgery industry, there are more relevant measures that could have been pursued rather than codifying something which already occurs in consulting rooms across Queensland. One of the biggest issues facing the industry at this point is the role of nurse injectors when it comes to cosmetic injections, such as botox and collagen. These cosmetic medicines can only be prescribed to doctors and administered by qualified nurses under supervision. Yet in most cases what actually happens is that nurses—and in some cases even beauty therapists with only basic training—administer treatments without supervision. Many of these

cosmetic medicines are schedule 4 drugs and poisons under the Health (Drugs and Poisons) Regulation 1996. These drugs are prescription-only medicines, with strict requirements attached as to who can administer the drugs.

This is now extending to dentistry. On the Gold Coast I know that bleaching clinics are being set up in pharmacies and a procedure which under the dental act should only be done with strict supervision is now being done unsupervised by untrained consultants. We know that the standards are not being followed. I suggest that the government should be pursuing these people who are providing dental services when they should not be.

We know that the standard of administering drugs is not necessarily being followed because the law in this area is not certain. It is unenforced and the perceived benefit, usually financial, is significant. Providing clear-cut guidelines and standards of practice for nurses and beauticians who administer cosmetic drugs would arguably be far more beneficial to young people, particularly women, than passing off a motherhood statement as a major government initiative.

Returning to the issue of dental veneers, I also advise the House that there is a new franchise type system coming out where porcelain veneers are now going to be provided where there is no tooth reduction at all. A mould is taken as for a mouthguard and then the veneers are prepared and added to the teeth, which will make the veneers virtually reversible. The normal principle of doing a veneer is that you would remove a bit of enamel which does not make it reversible. If the veneer came off you would have to have a crown or another veneer. I will be interested to hear how the minister will respond to this issue. If veneers are done without any preparation, they could then be removed and the teeth would be back to the way they were. In that case, the principle of having a law that says, 'You're not allowed to provide porcelain veneers,' is virtually like saying that you cannot provide false fingernails. If the procedure can be reversed then it becomes a simple procedure almost like providing a false fingernail.

Mr Robertson: They are the ones that adhere to the teeth.

Mr LANGBROEK: Yes, they are cemented. Under this legislation, porcelain veneers are not supposed to be provided. I can understand that if it were for a child up to the age of 18 where you did tooth reduction. But there are new veneers that are coming out where there will be no reduction at all of the tooth—in other words, no touching of the tooth with a drill. Therefore, you could take the veneers off at some later stage. To have a carte blanche ban on veneers I think would be impractical. I provide that information to the minister because I heard about this particular procedure last week.

Another glaring omission in this bill is the issue of commission-driven sales consultants for cosmetic surgeons. This is a huge issue, especially on the Gold Coast where a few industry sharks operate from. These are people who solicit and consult potential patients for cosmetic surgery procedures on behalf of surgeons. Patients usually respond to an advertisement and make an appointment to see a consultant—a person who is completely unqualified to be giving any sort of advice pertaining to a medical procedure and who is paid a handsome commission by the surgeon. This financial arrangement is not disclosed to the patient at any point during the consultation or the procedure. In these instances, patients usually do not even see a doctor until a few days before surgery. In some cases they meet their surgeon for the first time the very day they will go under the knife. This sort of arrangement is completely inappropriate, yet there is nothing illegal about this sort of behaviour.

In spite of my criticism, I do believe this bill has a number of positive aspects. The primary benefit of the bill is that under-age patients and their doctors will be forced to think twice before the patient undergoes a permanent, non-vital and invasive medical procedure. The proposed new section 213B of the Public Health Act 2005 creates a new offence by which persons who perform or offer to perform a cosmetic procedure on a child may be imprisoned for two years or fined up to \$150,000 or 2,000 penalty units.

'Cosmetic procedure' is defined in new section 213A. This section has caused a bit of anguish in the medical fraternity. I note the minister has tried to deal with this with the amendment. Some practitioners are unaware of what was encapsulated by the definition. In my own profession I know a number of dentists who questioned whether they could carry out certain corrective maxillofacial procedures without contravening the legislation. Again, I note that the minister has included that in the amendment. The feedback I have received on this particular aspect of the bill is that the apparent attempt to define 'cosmetic surgery' as a list of procedures is a simplistic way of categorising procedures on the basis of their aesthetic effect, rather than the underlying motivation for the procedure, which in many cases will be the correction of a deformity. The bill itself should make it crystal clear that the target of the legislation is procedures undertaken merely for aesthetic enhancement rather than the correction of congenital or traumatic deformities. While this was explained in the minister's second reading speech, I believe that it should be addressed in the legislation itself to ensure that minor patients with a genuine medical need for surgery are not precluded from receiving timely treatment.

With the time available, I note part 3 of the bill pertaining to the Radiation Safety Act 1999, banning certain radiation practices. The bill is scant on detail. Rather than detailing the radiation practices which should be banned, the bill leaves it up to regulation to determine. It is clear from the

health minister's second reading speech that the banned radiation practices in question refer to use of tanning salons and solariums by minors. Currently the solarium industry in Queensland is largely self-regulated. The LNP supports tougher regulations on the solarium industry. I note many members' comments about the untimely death of Clare Oliver.

One of our responsibilities as parliamentarians is to ensure that the most vulnerable members of society are protected by laws that seek to look after their interests. This bill goes part of the way in achieving this. However, more work needs to be done to ensure that the cosmetic surgery industry in Queensland is regulated to ensure that patients are protected.

Ms LEE LONG (Tablelands—ONP) (3.58 pm): I rise to make a brief contribution to the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008. This bill has two main objectives, both aimed at improving the health outcomes for children. As can be seen from the title of the legislation, one of those objectives relates to cosmetic surgery on children. The amendments before us today are expected to protect children from the dangers connected to the higher risk and more invasive cosmetic procedures where it is not considered that these procedures are in the best interests of the child. Examples include tummy tucks, eyelid surgery, breast augmentation and porcelain veneer attachments to front teeth.

The second objective is aimed at protecting children from the potentially harmful effects of exposure to ultraviolet radiation through the use of solariums. We are all well aware of the 26-year-old in Melbourne who died from melanoma cancer after treatment in a solarium. That was a very sad event and it brought home the dangers that face anyone exposing themselves to too much radiation, whether they get it from the sun or from solariums.

Young people are growing up in a society that is plagued by body image issues, but I do not think this is a new issue. Like the member for Sandgate, I, too, remember when I was growing up—thinking back, I think I would have been probably 12 to 15 years of age—and it was not so much the magazines, the radio or the celebrities that affected me, although I used to follow them and admire them; it was more the people in my local community. I used to look around and see these lovely young ladies who would get married. They were lovely and slim. They would be going out to work. They would get married, have one or two children and the next thing they would let themselves go. I used to think it was awful.

Honourable members interjected.

Ms LEE LONG: They did. They used to let themselves go. I was probably 12 to 15 years old, thinking, 'I don't want to be like that when I grow up.' So I started to take more notice of what I was eating. I used to look at the diets in the papers, and I got to know what was fattening and what wasn't and all those things. I used to look at those pear-shaped women and think, 'I don't want to be one of them!' We do blame the media—we do blame TV and all those sorts of things—but we ought to give our young people some credit. They do have a brain in their head, too.

I believe that some people are affected by the media—by newspapers, by television and all those sorts of things—and others are not. If you are going to get affected, you are going to get affected. At this point in time I know of two people—and they are not young people, either; one is aged 26 and another is in her early 30s—who are absolutely terrified of putting on weight, especially around the hips. One of them will swear black and blue that she is eating properly, but she might have half a sandwich a day or something like that. She is just terrified that if she eats any more than that she will put some weight on her hips. For her height, she is just a bag of bones.

The other one, who is about 26, used to say, 'There's nothing wrong with me,' while everyone around her knew that there was something wrong. She, too, was becoming a bag of bones. Finally, she recognised that she did have a problem. There are clinics you can go to. She lives in my electorate. She went to Brisbane to a clinic where they train you to eat a bit more. She came back thinking that she had got over it but she has had some relapses. Her only problem is that she will not eat. So she ends up in the mental health unit in Cairns from time to time. She popped into my office just a week or so ago and she had had another stint at the mental health unit. She said that she had relapsed. She came into my office last week to tell me about it, but she thinks she is right again now. She is a 26-year-old and is studying at a university. She is a clever girl, but she just does not want to put on weight. Even when I was pretty weight conscious I knew that I would never become anorexic or anything like that because my appetite was too good, unfortunately. I have always had to keep an eye on it, as most of us do, I think. As I said, I think some people are affected and others are not.

We talk about all of those who are underweight, but there are many overweight young people nowadays at the other end of the spectrum. There are a great many who are overweight and there are a lot who are underweight. The underweight ones are often influenced by the beautiful people who are promoted on catwalks, magazines, TV shows and so on. For them, there is a great deal of pressure to conform. For them, it is no longer confined simply to what clothes they wear or what music they listen to. They struggle with issues such as basic body shape as well. While parents undoubtedly do what they can, there is a great deal of influence by the television, movies, magazines and other media for those kind of people. The slim, trim image is put forward.

There are also reality TV shows where young people are attacked for having too much weight when in fact they are normal, healthy and attractive just as they are. It is ridiculous, but it is all part of the impossible image that is pushed onto many of our impressionable young, especially our young girls. I believe almost everyone would be aware of the ravages of eating disorders and other problems caused by body image issues. Unreasonable risks are caused by unnecessary cosmetic procedures as well, and I believe that is becoming a problem of a similar nature and can be seen as an easy way of fixing the problems these young people imagine they have. It is, however, unclear how extensive this problem is, as no figures for Australia are available and those offered relate to the US, where less than two per cent of cosmetic and non-surgical procedures were carried out on those under 18. Despite that, the understanding is that the number of procedures being carried out on children here in Australia is growing. So I believe it is appropriate to act before the problem becomes any more widespread.

In many cases, for example, if someone is overweight there are far less intrusive alternatives available beginning with, I would suggest, healthy, regular exercise and more attention to a nutritious diet. Sometimes that does not work and you do have to take those other extraordinary measures. As I said, it is not the answer for everyone, but they should certainly be a first option rather than things such as gastric-restriction surgery or liposuction.

Amendments to the Public Health Act will make it an offence for a person to perform or offer to perform a cosmetic procedure on a child other than when the person believes on grounds that are reasonable in the circumstances that performance of the procedure is in the best interests of the child. It will also be an offence for a person to procure or offer to procure for payment of a fee or other reward the performance by someone else of a cosmetic procedure on a child.

In a similar vein, restricting young people's access to solariums also appears to be simply common sense. Here in the far north, the dangers of excess exposure to the sun or to the UV rays in sunlight are very well understood. There has been the long-running 'Slip Slop Slap' campaign and the provision of shaded areas in many of our schools. These are all evidence of the wide knowledge of the dangers of skin cancer in the far north.

Solarium operators at present are self-regulated, and about 80 per cent of those surveyed have supported moves to regulate the use of solariums by people under the age of 18. Those under 18 normally will not be permitted to use solariums for suntanning as part of package deals such as those offered by gymnasiums, or coin-operated or token-operated solariums, or suntanning units used in the home. There will be a maximum penalty of \$30,000 for individuals and \$150,000 for companies who break the law. I believe these amendments are welcome and I support the bill.

Mr CHOI (Capalaba—ALP) (4.07 pm): I rise this afternoon to render my support for this very important piece of legislation. In doing so, first of all I offer the wonderful people of Cairns and far-north Queensland well-wishes from the people of my electorate of Capalaba. I would also like to thank them for the laid-back but warm north Queensland welcome.

It is my view that our children are unique in the sense that they are the very first generation since Adam and Eve who have been exposed to the massive and unrelenting impact of the media from birth. Children are therefore subject to the media at a very young age—more often than not while they are still in their nappies. We are only now beginning to witness the consequences of this saturated exposure. One of the most disturbing facets is the quest for physical perfection by our children and, more importantly, the unrealistic dissatisfaction with their own bodies. For an increasing number of young people, this quest involves subjecting themselves to invasive cosmetic surgery procedures and solariums, despite the well-documented short- and long-term risk, in the belief that physical beauty is necessary to achieve acceptance and, therefore, happiness. Unfortunately, this quick fix does nothing to educate that self-confidence is simply not possible without self-acceptance.

The current self-regulation of both industries, while admirable, does nothing to prevent unscrupulous practitioners from preying on the insecurities of our young people. In fact, studies by Cancer Council Australia have revealed that the solarium industry has a 'demonstrated lack of capacity for effective self-regulation'. They further state that 'Australia urgently requires comprehensive government regulation of the solarium industry'. Clearly, self-regulation is not working. The Bligh Labor government is leading the way by being the very first Australian state to take definitive measures to address this issue.

As legislators, we have the responsibility to safeguard the health and emotional wellbeing of our children and to ensure that decisions with permanent and far-reaching consequences are left until they are intellectually and psychologically equipped to accept these consequences. We currently have laws in place which prevent children from taking out loans and obtaining credit cards or entering into legal contracts because we recognise that to be accountable for the decisions they make they must be an adult. Our courts make the distinction between adult and juvenile offenders for the very same reason. Why then should we continue to allow our children to make adult decisions about their health and wellbeing? We owe it to them to legislate to protect them from themselves until such time as they have the maturity to make informed decisions.

Children by nature desire acceptance by their peers. When a child perceives that the criteria for acceptance is focused on physical appearance, this leads inevitably to self-esteem issues and the belief that they are ugly if they are not perfect. We live in an age where beauty and celebrity are held up as the pinnacles of achievement and success. This obsession with youth and physical beauty is reinforced by the media's fixation on the beautiful and famous. Pick up the latest copy of any magazine aimed at the teen and pre-teen market—in fact any of the popular women's magazines—and you will find page after page of impossibly beautiful young men and women, never mind the fact that the magazine's photoshop-rendering program has been running overtime. Our films and television shows are just the same.

Popular author Maggie Alderson sums it up perfectly in her short story *Fash mag slag off*. She says—

I hate my life. I'm so ugly. I have no clothes. My home looks like the Ikea sale area. I used to think my ankles were slim and now I realise they are chunky. All my shoes are horrible. I am so fat. I want everything, in every colour. I want to go everywhere. It's not fair, why can't I have a beach house on St Barts? Why aren't all my friends film stars? I feel so left out. I don't normally feel like this, but I've just read a fashion magazine. If it's a good fashion magazine, that is how it makes you feel. The worse you feel, the better you know the magazine is.

This is from an intelligent, educated woman—a best-selling author, no less. It may be tongue-in-cheek, but it is still accurate nonetheless.

What chance do our children have at the most vulnerable and impressionable time of their lives? Is it any wonder they are seduced by these images of unattainable perfection? They look at themselves in the mirror and find themselves wanting, and they really believe that attaining this perfect image is important, that it is a worthy goal, that it really matters above all else. Enter the quick fix of cosmetic surgery and hefty dose of UV radiation.

A young woman who undergoes breast enhancement surgery in her teens may later regret the fact that she cannot breastfeed her child due to the invasive nature of the surgery. What she thought was necessary at the time to give her self-confidence and a sense of self-worth has now become a source of deep regret. A worst-case scenario is when the lump which has developed in her breast grows unchecked due to the implants which have hindered detection. These were possible consequences which were explained to her by a counsellor prior to surgery but which held little meaning at the time. Children live for the moment and, at that point in time, the most important thing in her life was her looks. This inability to look beyond the moment is the underlying factor in why teenagers continue to indulge in high-risk activities—such as binge drinking, smoking and drug taking—despite comprehensive education and aggressive advertising campaigns by this government to curb this.

It absolutely mystifies me why anyone would subject themselves to a solarium, where the UV radiation levels are reportedly up to five times the strength of the midday sun. This generation has been educated about the dangers of UV exposure since birth. As parents, we slip, slop, slapped our children every time they went outdoors. They were not allowed to play in the playground at school unless they had a hat on. Yet, despite all of our efforts, it means nothing when Megan Gale parades her body on the catwalk with her rich, smooth and intense olive coloured skin. At that moment, that is the purpose of life and nothing else matters for a lot of teenage girls, and they are quite prepared to play Russian roulette with their health for the sake of a suntan. Despite the recent tragedy of Clare Oliver—a young woman who died of skin cancer at the age of 26 after years of solarium use—they will continue to ignore the risks because, despite the fact that they may appear to be mature in their looks, they are in fact children and they live for the moment.

The journey through adolescence will always be a difficult and challenging one, and it is simply not possible for those undergoing these rapid changes to understand that the adult who emerges at the end of the journey will be completely different psychologically and physically to the child en route. By giving children access to the quick-fix solutions of cosmetic surgery and solariums, we as adults are validating their quest for physical beauty and denying them the opportunity to accept and appreciate their own unique gifts. By restricting access to those under the age of 18, this legislation will not only safeguard the physical health of our young people; it will allow a little more time for the emotional development and maturity essential for decisions with permanent and irreversible outcomes.

I would like to finish with a letter from the parents of Amanda Carter, a constituent of mine whose life was tragically cut short from melanoma cancer at just 25 years of age, and I quote—

Amanda Carter (*my darling beautiful daughter*) touched the hearts of so many people in her life. At just 25 she lost her brave battle with **Melanoma Cancer** on the 12th of November 2007.

From October 2005 till when she lost her battle in November 2007, Amanda endured many major operations, including hip replacement and restructure, spinal and brain surgery, ongoing radiotherapy, scans, tests and intense pain management, Amanda endured this with immense dignity and strength way beyond her years and beyond any ones comprehension.

It was during her spinal surgery and her month long stay in hospital that Clare Oliver was hitting the media with her plea of Solarium closures. Amanda's voice, (*now through me*) is "**That if there is even the slightest chance why risk it**". Amanda did use the solarium under the age of 18, and again several sessions before her wedding day. AND her skin type was not checked she had very fair and burn easily skin (TYPE ONE) and should have been advised NOT to use the solarium.

During her last few conscious days I promised her that she was not going to go through all this horrific pain and parting this world as we know it so soon, for no reason, I would be her voice and help grant her wish for **Melanoma Awareness**, that it is not “just” a skin cancer that can be cut away, it *can* invade the body aggressively in any of the organs or bones. In her case was 1st her hip, then her spine. She had the hip replacement on June 7th and spinal surgery on Aug 27th. THAT’S how AGGRESSIVE it was for her, now she is gone! It is **SERIOUS** and does take peoples lives, aggressively, painfully and quickly!

Amanda has left behind a devastated community of broken hearts, her husband Jay, her beautiful son James, who constantly asks his Dad “daddy can you get the ladder to go up to heaven and bring Mummy back”, or “I want my mummy to come back”. Her Dad Rhett, her brothers Brendan and Michael, and me, her numb but determined, Mum.

Our warning to teenagers out there who think a tan is cool and makes you look healthier. Amanda thought a tan was cool; she thought maybe she’d look healthier. Amanda is no longer with us!! Solariums are linked to Melanoma, Melanoma kills. Being dead is not cool or healthy! If there is even the slightest chance why risk it? Love The Skin You’re In! Protect and Nurture!

Honourable members, how can we not pass this bill? I commend this bill to the House.

Ms CROFT (Broadwater—ALP) (4.19 pm): On reading the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill, I reflected on when I was a teenage girl at boarding school on the Gold Coast. As fun as it all was, I remember only too well the pressures that manifest in such environments for girls to genuinely feel that the way they look, the shape of their body and the tan of their skin are crucial to becoming popular and confident. As an adult, I read this legislation that amends the Radiation Safety Act 1999 with the objective to protect children from the potentially harmful effects of being exposed to ultraviolet radiation through solariums and I think, ‘if only I knew back then what I know now.’

Yes, I can shamefully admit that in my youthful days I was also one of those who succumbed to the teenage pressures and felt the need for the perceived ‘Gold Coast look’ of an all-over tan. Looking back now, I can distinctly recall how aloof the tanning studio staff were about informing me and my friends about the time one should be under the rays and the degree at which one could still burn, depending on skin type. On weekend leave from boarding school in the lead-up to formals, dances and other events, a trip to the tanning studio was the done thing. We were all told back then that tanning in a studio was safer than lathering ourselves with baby oil in the sun—a trend of the eighties that I am sure many members will recall.

I did not realise the dangers until a regular customer at a Japanese restaurant I was working at during my university years—she happened to be one of the leading Gold Coast dermatologists—pulled me aside after one of my rather obvious trips to a tanning studio and informed me in very stern words that tanning machines use high doses of UV radiation and can indeed damage the skin and increase the risk of skin cancer. This particular lady’s advice for me ranks high on the list of the best words of wisdom I have ever received. I never went back to a tanning studio. Years later, the passing of Clare Oliver in 2007 ignited the debate over the safety of solarium use, and her campaign to warn other young people about the dangers of being obsessed with trying to look the part and to fit in brought tears to my eyes. At 26 Clare died of skin cancer and her message to young people was very clear: do not follow the fads.

It is an easy message for us as adults to try to pass on to young people, and I want to acknowledge the work of many organisations on the Gold Coast that support young people in trying to get them to accept their bodies the way they are, to look after and appreciate their bodies, to be healthy in other ways and to gain confidence through other measures. We all know now that exposing one’s skin to almost five times more radiation than the midday sun week after week is bad and crazy. As I said, as adults we now know, but for young people reading magazines and searching to be like the sun-kissed beauties on TV the unrealistic images certainly do cast a shadow over the very real harmful consequences.

The Bligh government has moved to regulate the solarium industry and provide protection for young people. The bill makes it an offence for people under the age of 18 years to have access to solariums in various commercial settings. I want to congratulate the Minister for Health for his persistence in ensuring the solarium industry was regulated rather than having the industry adopt a code of practice or continue its self-regulation regime.

This bill also amends the Public Health Act 2005 to prohibit cosmetic procedures being carried out on a child. The bill provides sufficient safeguards to ensure procedures can still be carried out if such a procedure is in the best interests of a child. Cosmetic surgery as defined by this bill includes cosmetic procedures that are defined in section 213A to include not only tummy tucks, liposuction, facelifts and breast enlargements and reductions but also a range of other procedures such as skin resurfacing, botox injections and teeth veneers.

As adults and as a society we have a need to ensure that children are safe from harm and to provide protection for them. It is indeed alarming that there is a growing trend in Australia of young people having these procedures done in order to change their appearance, purely because they are not satisfied with the way they look. The bill, however, does provide that in some circumstances cosmetic surgery for young people can have positive outcomes, and we have heard from many members today on both sides of the House examples of young people finding it difficult to enjoy just being children. They

have found it difficult to play in the playground because of taunts due to a deformity that they may have or a particular look that is not to the liking of their so-called friends. That does make it really difficult for parents, because they see their children coming home distressed and upset.

Section 213B of the bill provides that no offence is committed if the person reasonably believes that performance of the procedure on a child is in the best interests of the child. In response to the shadow minister's concerns about parental rights, I think that is adequately covered by the safeguards in section 213. These provisions actually encourage parents to learn more about what their children's concerns are and talk with them and not use cosmetic surgery as an option to overcome those kinds of issues—that is, that children may feel that they have to go and adjust their body to fit in with their friends and adjust their bodies so they fit in and conform with some kind of look that is accepted by society.

Section 213 provides that a person will not be able to rely on the best-interest defence if it is established that sufficient regard was not had to the views of the child, where sufficient regard was not had to a child where he or she is able to form and express views, if sufficient regard was not had to the views of the parents where practicable and the child's physical health and the child's physiological health and the timing of the procedure was not considered. In response to the shadow minister's concerns, this provision gives plenty of scope for medical practitioners to discuss the consequences of surgery and to discuss alternative options with the parent and the child to ensure that whatever surgery is done is done in the best interests of the child. I completely support the bill and commend it to the House.

Mr FOLEY (Maryborough—Ind) (4.27 pm): Body image is important to all of us, and you do not have to look too far to see that a body like mine is just not created without a disciplined program of overeating and a studious avoidance of exercise. That is my personal story for the day! I have four daughters and a son, and let me tell you that I know firsthand that body image is very important to young people. But it is not just young girls. In fact, these days young boys are very concerned about it. Certainly I know a good many teenage boys who know their way around a hair straightener and wear their pants down so low that I have offered to staple them up on many occasions.

Ms Jarratt: We're not banning hair straighteners.

Mr FOLEY: We are not banning hair straighteners; I know that. One of the—

Government members interjected.

Mr FOLEY: I take that interjection. The members for Sandgate and Brisbane Central have been horrified at the thought of banning hair straighteners.

Of course, fashion magazines have a lot to answer for in that they represent, via airbrushing and other great techniques, a picture that young people aspire to that is unhealthy in many respects and certainly something that should not be desired at all. In 2007 in the United States of America, nearly 11.7 million cosmetic and non-surgical procedures were performed. Of those procedures, fewer than two per cent were performed on persons under the age of 18 years. The most common procedures for this age group were laser hair removal; microdermabrasion; chemical peel; otoplasty, or ear surgery; and rhinoplasty, or nose surgery. While we are not yet at that same level or percentage as the USA, it always frightens me how much and how quickly we follow fashion and image trends via a proliferation of American based television programs as well as magazines.

We need to be very careful when it comes to these types of procedures, because the decisions that you make as a teenager may be very different from the decisions you would make as an adult. Parents who have had to live with the tragedy of children with anorexia or bulimia know all too well the havoc that these diseases, which are really all about a distorted body image, can wreak on families. In my capacity as a pastor I have spent many hours counselling people and just sitting alongside them while they grieve over their children in hospital and long-term care. We know that diseases such as anorexia seem to occur within very high achieving families. It is about a person's whole image and a wondering of where their place is in the universe.

We need to be very careful to define the difference between cosmetic surgery and plastic surgery. Cosmetic surgery is usually performed by well-trained doctors—and I certainly hope they are well trained—whereas plastic surgery is a specialty. Someone will go through their normal medical training and then specialise as a plastic surgeon. There is a major difference between those two types of surgeries. Some of the advertising refers to cosmetic surgery. People who do not know the difference between cosmetic surgery and plastic surgery can expect to get plastic surgery when they are, in fact, being treated by a doctor and not by a specialist. I do not mean to demean the very many good practitioners of cosmetic surgery, but the differentiation needs to be made.

Members of this House have been very honest. I commend the member for Sandgate for her very honest assessment of her geometrical concerns as a teenager. I have participated in more diets than the Japanese parliament and they finally seem to be working.

The explanatory notes state that in 2007 Mission Australia conducted a national survey of young Australians. Mission Australia surveyed 15,000 young people between the ages of 11 and 24 years. The survey revealed that body image was of significant concern to approximately one in three young people. Twenty per cent of the responses in this survey came from Queensland. The primary issue for young Queenslanders was body image, with around one in three also indicating that body image was of a significant concern. I may say—and I am sure many members of this parliament would agree—that has to be a concern to all of us. I want to commend the health minister for introducing this bill, which is a sensible way of controlling this issue.

An issue that I seek clarification on is the onus on businesses if a young person comes in and produces a fake ID. Fake IDs are fairly readily available and we see them around schoolies week. If someone comes into a business and says, 'Here is my ID. I am 19 years of age. I want some cosmetic surgery' or something like that, what is the onus on the practitioners? In essence, this bill penalises people who provide services to under-age people.

Solariums need to be slipped, slopped and slapped into the industrial bins of Australia. Solariums are an absolutely dangerous blight on our society. I cannot understand why people will go to solariums and expose themselves to radiation, which is clearly linked to cancer. Recently in Australia we have seen a number of deaths occur as a result of solarium use. If young people really want to look brown, they should go and get a spray tan, which is a non-invasive treatment.

Ms Grace interjected.

Mr FOLEY: That is right. That is why I said if they really want to or they really must. The member for Brisbane Central is right. I have a number of teenage daughters and I tell them all the time that I have a can of mission brown down in the shed and a spray-gun. I will do it for free. It will be a very long-lasting procedure.

A government member interjected.

Mr FOLEY: That is probably true. At least I am not doing it commercially. Clearly, young people like to give expression to their particular look. I know a good many wonderful young people who have more bits of metal hanging off them than King Arthur and the Knights of the Round Table. For them, it is artistic expression. I think that is fine, but not for under-age people. That is the difference. If someone is old enough to make those decisions for themselves, that is a whole different ball game from what we are looking at here in this bill.

There clearly is a place for cosmetic surgery. We only have to look at the members for Bundaberg, Robina, Bulimba, Southport, Kallangur and, of course, Maryborough to see the necessity for some cosmetic surgery intervention from time to time. I did not hear too many 'hear, hears' there. So what is the story?

Honourable members interjected.

Mr FOLEY: The rest are fine. There is not a problem. That is my non-technical opinion. The rest are pretty good. But a couple of those frequent flyers I mentioned really need a bit of help, especially me.

I think good common sense is being put to the people of Queensland through this legislation, especially the amendments to the Radiation Safety Act 1999. I could not say too strongly that I would like to take every solarium in Australia and bury it. They are just death machines with a 240-volt plug on the end of them and they should be banned completely.

With reference to young people needing cosmetic surgery, I welcome the amendments from the health minister and also from the member for Caloundra. I know a good many young people who unfortunately have been born with ears that stick out. They suffer mercilessly from the jibes of children. There is a saying: sticks and stones may break my bones but names will never hurt me. That is entirely untrue. Some young people's self-esteem is crushed in their early primary school years through name calling and some of the cruelty that is meted out to young kids by their classmates because they look a little bit outside of the norm. I have firsthand experience of that. A relative of mine as a young girl had her ears surgically pinned back. That made a magnificent change in the life of this relative of mine, and it has been a good thing. We need to have the legislative framework for skilled medical practitioners, in concert with parents—who ultimately have the responsibility for their children until they reach adulthood—to make those decisions.

Generally, I think this bill is a great step in the right direction. As I said, the only thing I would have done is go a little bit further and get rid of all the solariums. I commend this bill to the House. I think it is good legislation.

Mrs MENKENS (Burdekin—LNP) (4.40 pm): I am happy to make a short contribution to the debate on the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008. While supporting the intent of the bill to protect children from unnecessary cosmetic procedures, I fear the implementation of it could be difficult. Those of us who have children know that starting from when they are as young as five they are conscious of their bodies. They have a perceived image and idea of what they believe is normal. So many are keen to change the

way they look in an effort to conform to the way they think they should look. That is human nature. Very few people, particularly children, are ever happy with the way they believe they look. We often say it is young girls but I believe that young boys are in exactly the same position. In fact, they are probably in a more vulnerable position because boys do not talk about those things.

Quite rightly, the community is concerned that the quest for normal body or facial features can often lead these children down the path of wanting cosmetic surgery. I believe that access to television and being so much more aware of what is available for youth now does make it so much more appealing and, of course, our young people are so much more knowledgeable now. There are some parents who may allow their children to indulge in this but the majority, I believe, would want their children to wait until they are older before making a decision that will impact on them for the rest of their lives.

There is no publicly available data on the type and numbers of cosmetic procedures being performed in Australia, but data is available in the USA. At the risk of repeating figures no doubt nearly every speaker this afternoon has already outlined, in the USA there were nearly 11.7 million cosmetic and non-medical procedures performed in 2007. Less than two per cent of these were performed on people under 18 years of age. As we have heard, the most common were hair removal, microdermabrasion, chemical peels and ear and nose surgery. That is quite a significant number of young people who are under the age of 18 years. One would imagine—in fact I have no doubt—that the figures would be similar in Australia. There would be a comparable percentage of young people in Australia wanting these procedures for purely cosmetic reasons.

As such, the community is quite rightly concerned that the number of children under 18 wanting these types of surgeries is on the increase. In 2007 the survey of our youth between 11 and 24 years of age revealed that body image was of significant concern to one in three of the almost 15,000 participants. Naturally it is! The Mission Australia survey also showed that body image was the No. 1 concern for Queensland youth. That is another figure that we have heard quoted many times this afternoon, but it is a very relevant figure on which to base the reasoning for this legislation.

As children enter their preteens and teens they become extremely vulnerable to social pressure and feel that they need to conform to stereotypes and cultural norms. They are worried if they have an imperfect nose or they are a little bit chubby. Often the most beautiful looking people are never aware that to the eyes of other people they are beautiful because they feel they do not conform to the desired standards and they think they will not be acceptable. The stereotypes put forward in the media and in advertisements are regarded by this age group as how they should look. As they grow older their perceptions of what they should look like change and any procedures they have undertaken at a younger age may be regretted.

Of course, we do see cases of anorexia and other types of dieting illnesses that come about that I have no doubt are as a result of girls being so concerned about their body image. It does appear that young girls are the hardest hit by the need to look perfect but, as I said earlier, I believe that boys are just as vulnerable. Preteens and teenage girls are bombarded with unrealistic images of body perfection. Many of the images in magazines targeting this age group have been digitally enhanced to make the images look much better. The young readers of these magazines are not aware of this and want to look like the people in the pictures.

For many people, especially those in their early teens, body image can be closely linked to self-esteem. That is because as kids develop into teens they care more about how others see them. While there has been some change in the choice of realistic or healthy sized models in magazines and by modelling agencies, more must be done. The use of cosmetic surgery to enhance beauty is on the increase. One only has to look at the growing number of cosmetic surgeries that are appearing probably in the more affluent areas of Australia to see that this is a growing industry.

Channel 9's *Good Medicine* did a program on children undergoing cosmetic surgery. They interviewed a number of children, one of whom was a 17-year-old London girl who wanted to be a star. A model agent had said she should get a breast enhancement. She had been worried about her small breasts since she was 15 and after much cajoling her mother allowed it. She had the surgery. At first she was happy with the result. Six weeks later she was not impressed by her scar and at a modelling shoot for a newspaper discovered that the photographer thought that her breasts were too big for her body and the newspaper editor thought she was too young to have had a boob job. Surgeons on the program felt the girl had this surgery for all the wrong reasons. So goodness knows how this young girl felt at the end of the time.

At the other end of the spectrum on this particular Channel 9 program was a five-year-old girl who had surgery to correct her prominent ears. Her mother had worried that her daughter would be embarrassed and teased at school because, as we know, children can be frightfully cruel at times. Adults can be, too. As those who have been teased at school can attest to, it stays with them for the rest of their lives. To prevent this for her daughter the girl was allowed to go ahead with what is seen as a straightforward procedure and the family was delighted with the result. A surgeon on the program said it was a tough decision for parents to make as they often felt guilty about putting their children through a potentially unnecessary operation. But it can make a big difference to a child's personality and outlook on life.

I believe that many parents do have quite a lot of difficulty in making these decisions. I am aware of a family whose second daughter was born with a turned eye. As a young child she wore a patch and carried out corrective techniques that are recommended for this type of affliction but to no effect. As she grew up she still had this turned eye. Many other family members put quite a lot of pressure on the parents, asking why they were not doing something medically to straighten her eye. However, the advice that they had had from specialists was that it was a very painful operation. As far as they were concerned, this should be left until the girl was old enough to make the decision herself. That girl grew up with heaps of self-esteem. She was probably one of the most self-assured young girls I know. When she got to university she made the decision herself and the next time we saw her after that she had actually had the operation. Although this may not be described as cosmetic surgery, it was not needed for health reasons. It was a decision that the parents had to make and I have no doubt that at the end of the day it was the right decision and it did not adversely affect this girl. I know her well; she is my niece. Often there can be some hard decisions for parents to make.

This bill will make it an offence for a person to perform or offer to perform a cosmetic procedure on a child other than when the person believes, on grounds that are reasonable in the circumstances, that performance of the procedure is in the best interests of the child. That is well and good, but then who will decide what is in the best interests of the child: the child, the parent or the doctor? Is Queensland Health able to monitor all procedures that may involve a child? For our children's sake, I hope so. If we allow our children to follow this path of instant gratification then we are failing as parents.

According to Tina Cockburn, a senior lecturer in law at the Queensland University of Technology, this piece of legislation is desirable to protect vulnerable young people from invasive, high-risk cosmetic procedures which they might later regret. Giving such policy legislative force may be an effective way of achieving these ends. Piecemeal change around the country is not the way forward. She goes on to point out that there is legitimate concern that uncertainty in the proposed legislation and differing laws in other states means that young Queenslanders might jurisdiction-shop for cosmetic surgery. While this legislation goes some way to protecting our youth, it appears that there may be more work needed to ensure a higher standard of protection.

The member for Noosa discussed body piercing. Shouldn't this issue be addressed in the bill? Surely body piercing should be included as there are risks of infection and it is only undertaken for cosmetic reasons. Where are the regulations that cover that issue? At the end of the day, let us stop all unnecessary use of cosmetic surgery, be it invasive or non-invasive, on our children.

The other issue addressed in the bill is the use of solariums by people under the age of 18. Once again it is the perception that having a tan is healthy that gets our youth into artificial-tanning salons. They see celebrities with tans and want to emulate them. They do not realise that their exposure to the UV radiation in the solarium may lead to an increased risk of skin cancer and damage to their skin. They do not realise the damage they can be doing. It will not be until they get into their 40s or later that they will see the results of that exposure to UV radiation and the general damage to their skin. We only have to compare the skin of a 50-year-old who has lived in north Queensland all of their life with that of a 50-year-old who has lived in Tasmania or the UK. There is a vast difference, whereas at age 18 they may feel concerned if they are not tanned—

Mr Robertson interjected.

Mrs MENKENS: That is one way of looking at it. However, I can assure the minister that their skin will last much better. I speak from experience.

Skin cancer is something that all Queenslanders are well aware of thanks to the 'Slip Slop Slap' message. Studies show that using solariums can cause just as much damage to the skin as the sun. I certainly support the move to restrict our children's access to solariums through this bill. It may just save our youth from getting skin cancer later in life. I commend the bill to the House.

Mr GRAY (Gaven—ALP) (4.51 pm): I stand in this place to address the important bill before the House. I sense that many in this place, including the minister, would rather that we did not have to bring this bill before the House, but the government is compelled to do so because of the influences in our society that fail to act in the best interests of children. It is then the responsibility of members of this place to take measures that protect children from such influences. This is not a responsibility we should run from; it should be constantly upon the conscience of every member of this House. We must be mindful of assuming too much in our obligation to act in the best interests of a specific group in society and by legislating may be accused of removing individual rights and thus be seen as running what is euphemistically called a 'nanny state'.

At its heart this bill contains amendments to the Public Health Act that will protect children from risks associated with undergoing high-risk and invasive cosmetic procedures where it is not considered that those procedures are being performed in the best interests of the child. Those procedures are set out in chapter 5A of the bill and include such operations known as tummy tucks, eyelid surgery, arm and brow lifts, liposuction, facelifts, thigh and body lifts, breast alterations, rhinoplasty or nose improvements to name but a few. The bill also amends the Radiation Safety Act 1999 to, as many have said, protect children from the very real dangers of overexposure to ultraviolet radiation through the use of solariums.

In respect of the first of these amendments, today young people and their parents are subject to a large amount of media hype which is directed at achieving a desirable body image, facial image and lifestyle. Trying to fit the whole of humanity in the Western world to a narrow desirable image that is constantly promoted by all forms of the media is causing a deal of stress for many children, depending on the degree of variance from this desired norm. Bullying, teasing and at times years of harassment lead to a personal desire to reshape perceived body image, and young, immature minds develop a desire to resort to surgery as a quick and desirable outcome. Parents see the stress occurring at times and support their child's desire rather than support the child to respect their body and feel comfortable in their own skin.

This area of human psychology is of course highly subjective, and extremes are witnessed in children who develop anorexia and other body image illnesses. The difficulty for legislators, then, is to walk a fine line between prohibition and personal freedom. Therefore, a quality test is required to enable this line to be walked. I am content with the approach taken in the principle inherent in this legislation—that of acting in the best interests of the child. This bill makes it an offence for a person to procure or offer to procure for payment a cosmetic procedure on behalf of a child. This offence is specific to brokerage and advisory services.

Like many others, I wish to relate a story from my previous work. As many know, I worked in the education department. I had a lot to do with children with disabilities. Some 20 years ago a parent with a child who had the condition Down syndrome, which is a fairly common chromosomal abnormality, came to see me. The parent had taken the child overseas to have a procedure performed that either was not permitted in Australia or no plastic surgeon would undertake. The procedure involved having the child's eyes reshaped and, because children with Down syndrome have a large and protruding tongue, the child's tongue reduced. That is an excruciatingly painful procedure for a young child to go through. The child did not know that they had Down syndrome. At the end of the procedure the child was unaffected, other than suffering years of pain because of growth and other factors. However, nothing else changed for the child. The child still had an intellectual impairment. In that case the interests that were served were not those of the child but of the parent.

That leaves us with a dilemma, because there is a group who will feel that they are acting in their child's best interests, so it will be crucial that we apply the test very carefully. Down syndrome children are beautiful children. They are very loving and they learn well when taught under the right conditions and with the right amount of help. They enjoy a very comfortable life. I make no criticism of Down syndrome children or their parents. This is a criticism of one parent's desire to make a child different from how they were born.

The amendment to the Radiation Safety Act 1991 will protect children from the very real dangers of overexposure to ultraviolet radiation through the use of solariums. In respect of the first of these amendments, young people and their parents are subject to a large amount of media hype. Very highly intrusive cosmetic surgery, as mentioned above, will be prohibited under the act. There will be occasions when these procedures are justifiable, for example when a physical deformity results from a burn, accident or other trauma or is the result of congenital abnormality. For example, once a cleft palate or harelip is corrected, speech patterns can be regular and within the normal range. It is not the intent of this legislation to prevent surgical intervention where, as previously stated, it is in the best interests of the child.

The provisions set out in sections 213B and 213C of the act seek clearly the required proof in respect of committing an offence or not. Example is given for clarification. These areas of legislation are difficult to draw, but the intent is clear and interpretation is possible.

It is not my intention to speak about the other parts of the legislation because others have talked about those today. The desire of our mostly Caucasian population to tan our skins is driven by the distorted images promoted by the media because they are linked to large advertising budgets. Profits drive those motives and the distorted images. It is the same as in the movies of the past, when every actor smoked. Why? Not because they all smoked but because the movie studio received large amounts of money from the tobacco companies. It is exactly the same thing today. There is no difference over the last 50 years. It is profit driven. The intent to make money should come from doing good for the people of this country, not from exposing them to these dangers. I have left the examination of that section to others.

Finally, it is somewhat sad that this parliament has to legislate against the excesses of society which are directly promoted by the advertising industry, which gives little thought to the long-term effects of their profit-driven desires. There are some efforts in the industry to regulate the excesses, but they are few and not well supported. Good public health is a desire of this government, and this legislation gives support to that intent. I support the legislation and commend it to the House.

Mrs MILLER (Bundamba—ALP) (5.00 pm): I would like to make a brief contribution to the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008. I would like to talk briefly about what the minister said in his second reading speech. He said—

It is increasingly clear that the presence of cosmetic surgery in advertising and TV shows has added to age-old pressures affecting our children about their appearance.

As a mother of two daughters—Stephanie is 23 and Brianna is now 18—I have to say that many of these magazines that they read do make an impression on them. Magazines like *Dolly* and *Girlfriend*, which I still read, and *Woman's Day* and the *Women's Weekly*—which is in fact published monthly—and a lot of these other magazines really do have an impact on young people these days. Coming here this morning I picked up from the local newsagency a copy of *Who* magazine. It has on the front cover 'The body issue' and 'Our diet and body survey—the shocking results'. I thought I would read to the House a little bit of the survey.

A government member interjected.

Mrs MILLER: No, you are not in there. It says, 'What bothers readers most about their own bodies?' This is quite interesting because it must rub off on our daughters and the younger people in our society. Two per cent do not like their faces, four per cent do not like their arms, 63 per cent say that their tummies bother them the most about their bodies, 32 per cent say that they are concerned with stretch marks, 12 per cent do not like their bottoms, 49 per cent say that cellulite is an issue and 19 per cent dislike their legs more than any other body part.

It goes on to talk about 'Would you consider plastic surgery?' It goes on to say that one-third of the women surveyed would be willing to pay \$10,000 or more to get a better body. The top choices were a tummy tuck, which was favoured by 52 per cent of those thinking about surgery. The second most popular was liposuction followed by botox injections which was favoured by 28 per cent, and breast implants were the fourth most popular procedure. But eight per cent said that if they had the money they would have all of the above, which is quite frightening. So they would have a tummy tuck, liposuction, botox as well as breast implants. Good God! What has society come to when we have this sort of thing happening.

I am also concerned about the images on television. When I get around my electorate I often talk to people about what is on TV. Has anyone ever seen Marlina from *Days of Our Lives* washing up or doing anything like normal mothers or parents do? No, but we see her looking beautiful all the time. And what about Brooke, for heaven's sake, on the *Bold and the Beautiful*. Have we ever seen her do the washing, the washing up, vacuuming or sweeping the floors?

Ms Darling: Changing a nappy.

Mrs MILLER: Or even changing a nappy. I take that interjection. These people do not do normal things. They are airbrushed. The photos that we see in magazines are not real at all. I would like to say to all of our younger people out there that they should take a good look at magazines and regard them as fantasy, because a lot of these images from the photographers are fantasy because they use techniques like airbrushing. Beauty lies within yourself. It is internal. It is my belief that we have become too Americanised, which I think is a shame. Also, probably in our community we need to learn how to be happy. We should be happy within ourselves and happy with our own bodies, and we also need to be content.

In conclusion, I pay tribute to the Redbank Plains State High School, which runs a self-esteem program called the Shine program, and also the Redbank Plaza Shopping Centre model competition, which I was a judge for recently. We chose real sized, real women as real models, and there was not a skinny rake amongst them. I thank the minister for bringing in this legislation. I think it is to the betterment of protecting our younger people that we have it before us today.

Ms GRACE (Brisbane Central—ALP) (5.06 pm): I rise to support the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008. This bill, as we all know, amends a number of acts aimed at improving and protecting the health and wellbeing of Queensland's children. The provisions of this bill are directly age related and relate to cosmetic procedures and the use of solariums. These provisions are about protecting young people in Queensland from potentially harmful health outcomes.

For those members who do not know, today is exactly 12 months since I was sworn in as a member of this House. It is amazing how quickly time flies. They say that time flies when you are having a good time, and I have thoroughly enjoyed my time as the member for Brisbane Central. I have been working hard with my constituents on many and varied issues that come through my office. If I am getting to know the constituents better—and I have lived in the electorate of Brisbane Central all of my life—I firmly believe that they, too, would support this bill and in general would support what this bill aims to achieve.

This bill will prevent children from undergoing unnecessary, risky and often invasive cosmetic procedures and solarium use and makes it an offence for anyone to perform or offer to perform certain cosmetic procedures on children other than where it is in the best interests of the children. We know that that is sometimes difficult to interpret, but I am sure that the legislation will give the teeth that will enable this to happen.

I believe that this bill strikes a good balance between, on the one hand, prohibiting high-risk invasive cosmetic procedures and, on the other hand, allowing procedures to take place where they are justified on medical grounds. In these cases the legislation will provide an exemption from an offence. I

have a good example. I have a niece in Tasmania who was born with a number of moles on her face. They were very noticeable and they were actually very large moles. There were about three or four of them.

A government member interjected.

Ms GRACE: They were very dangerous. I take that interjection. On medical grounds, when she was about 11 or 12 it was agreed that the best course would be to remove them earlier rather than waiting until later in life. My niece understood exactly what was happening. I think she was also teased a bit at school. When we have something on our faces, young people tend to tease us at school over things like that. With her consent and the consent of her parents and obviously under medical supervision and under medical advice, it was agreed that the scarring would be minimal and that they would remove the moles. She was holidaying in Queensland in September just recently and you really could not tell that any surgery had actually taken place. Young skin has a fantastic ability to heal, and there is no evidence whatsoever of these moles having been removed. I believe that it is these types of situations that illustrate the good balance that this legislation is striking here in Queensland.

I was also amazed when I read the statistics and saw how many young people would consider getting cosmetic surgery—I note the figures given by the member for Bundamba—for purely cosmetic reasons. When this is coupled with peer pressure, concerns about body image and the desire to conform to stereotypes, I believe this bill is most timely. I commend the minister and the Bligh government for tackling this situation now, particularly after the Premier was informed by doctors last year that there was an increase in adolescent patients not only inquiring about cosmetic surgery but also, in some cases, demanding cosmetic surgery. Surely allowing the situation to continue unchecked would definitely not be in the best interests of children.

I was also amazed to read the statistics about the emergence of brokerage and advisory services as part of the cosmetic industry in Queensland and, indeed, Australia. I believe that this bill, which I support, will provide the teeth to make it an offence to procure or offer to procure for payment a cosmetic procedure for a child. This offence will be specific to these brokerage and advisory services. However, this offence does not apply where a registered health practitioner makes a clinical referral to another practitioner—for example, a GP referring a patient to a plastic surgeon such as in the case of my niece in Tasmania. In cases, however, where a petitioner is found to have acted in contravention of this bill, the legislation will have the teeth so that action can be taken against reported alleged contraventions. The chief executive of Health can report contraventions to the Health Quality and Complaints Commission and the practitioners registration board, and authorised persons under the act will also have entry and monitoring compliance powers. I support these measures that are encompassed in the bill.

We all know, and we have heard it many times today, that Queensland does have a higher incidence of skin cancer—in fact, the highest in the world. It is alarming that 80 per cent of any damage often occurs in the first 18 to 21 years of life. This is from the dangers of UV radiation. My husband, Michael, who is an ex-bricklayer, is suffering today, as is the member for Caloundra, for his exposure to the sun. He often—I think every six months—has either some radiation treatment or skin removed in order to control his now unfortunate skin cancer caused by those many days of exposure to the sun.

I think the solarium industry is an interesting industry. It is one which I understand is currently self-regulating. We all know what self-regulation does. We only have to look at the financial industry at the moment to know that self-regulation does not work in every instance. Operators at the moment voluntarily adhere to the Australian standard, and that includes a requirement to obtain consent from anyone who is under the age of 18. However, research has shown that just over 40 per cent set a minimum age of 18 which, on balance, is allowing 60 per cent of children to use solariums.

Like other members in this House who have spoken in this debate, I do not get the use of solariums. Maybe it is seeing those horror movies where people get trapped in the solarium and cannot get out or perhaps it is an aversion to just lying in a very confined space, but I do not see the benefit of going to a solarium. I have never used one and never will, although I have had a bad case of sunburn. I know what that is like, and I would dread to think of the damage these solariums cause to our skin and our young people, in particular.

I think it is great that we are taking a nationally consistent approach. I congratulate the minister. It is pleasing to see that 80 per cent of operators are backing moves to regulate the use of solariums by anyone under the age of 18. The Cancer Council Queensland and the Australasian Solarium Association are among a number of organisations supporting the Bligh government's stance and the benefits that this bill will deliver to young people in Queensland.

There has been extensive consultation with stakeholders regarding the bill. It is pleasing to see that this is a common-sense bill. It is a bill that makes you proud to be a member of this Labor government. It is great to see that the House is supporting it. I commend the bill to the House.

Mr WETTENHALL (Barron River—ALP) (5.14 pm): I rise to speak in support of the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill. This bill is about protecting the young people of our community. It is also designed to reduce some of the negative repercussions that surround our young people's perception of body image. Recent survey research has demonstrated that one of the prime concerns for young people is their body image, and this trend points to a rise in the number of young people accessing cosmetic surgery and artificial tanning. Unfortunately, particularly with respect to artificial tanning, there can be negative side-effects.

Research suggests that solarium use can contribute to skin cancer, a disease which regrettably I am only too familiar with, having recently had cancers cut out of my hand, my neck and the side of my face. Growing up here in north Queensland was great—fresh air, plenty of sport and heaps of sun. The unfortunate part about skin cancer, whether non-melanomic or not, is that you usually pay later for the sins committed when younger. Suffice it to say, the effects are cumulative. I only wish I had been better guided with regard to how much time I spent out in the sun when I was a youth. The unfortunate part about being young is that you are not that inclined to listen to the oldies, in particular on issues regarding how you look.

This legislation—and I note the amendments to the Radiation Safety Regulation—will restrict our young people's access to solariums. I am in support of this legislation because it creates limits to protect our young people. As is the case with drinking alcohol, these procedures might make you feel good in the short term but they can have damaging and lasting side-effects. This is not an antisolarium action. In fact, about 80 per cent of operators back moves to regulate the use of solariums for people under the age of 18 years. This legislation is about recognising the responsibility we have to protect our young people. I think it is fair to say that perhaps in some cases we have to protect them from themselves. For that reason, I am of the opinion that people who have access to solariums should be limited to adults over the age of 18 years. I congratulate the minister and his team for bringing forward this bill, and I commend the bill to the House.

Mr JOHNSON (Gregory—LNP) (5.16 pm): Mr Deputy Speaker—

A government member: Here we go!

Mr JOHNSON: Here we go, all right! I was not going to speak to this piece of legislation, but I decided at the eleventh hour that I would. I want to congratulate the health minister on the aspects in the legislation relating to solariums. I remember about eight years ago my daughter, who is a hairdresser, had a salon in Quilpie in western Queensland, where I come from, and she hired a solarium. She had it for five minutes and I said to her, 'What have you got that for, love?' She said, 'Well, the girls like it and you get a suntan all over.' I said, 'Well, get rid of the bloody thing,' for the reasons that members have been talking about here today—and she did. I have to say that for people who have skin like I have—and there are a few others like me around the chamber and in this great state and nation of ours—

Mr Fraser: The Irish.

Mr JOHNSON: The Irish; you've got it. We were not designed to be subjected to the sun the way we are. There are education programs now in place to alert people to the ill health effects that can arise from overexposure to the sun.

I want to comment on another issue in relation to health and image. I do not know if she is still in the chamber, but earlier I heard the member for Bundamba say that we have become too Americanised. No truer words have ever been said. We have some of the most fantastic people in the world in this country, regardless of what they look like, their body shape or anything else. What we have to do, especially with our young people and especially with our young women, is promote them and make them feel good about themselves.

I think I heard the member for Surfers Paradise make mention this afternoon of all the ways people can lose weight and all the mod cons there now are to lose weight. Like the member for Surfers Paradise said, I think the most important thing is for people to eat properly and do the right amount of exercise. We can talk all day about many different aspects of this legislation, but the most important aspect relates to people who do not feel good about themselves. I believe that we have a responsibility to address that. I think legislation like this goes a long way towards that goal.

It is absolutely paramount that we recognise the needs of young people in our society today. A young girl who I know pretty well came to me recently and said that she wanted to get a job. She is covered in tattoos up her arm, she has got earrings, nose-rings and everything else. I said to her, 'Listen, darl, it's going to be a bit hard to find a place where we can get you a job.' She is a great kid, a real top little girl, but because of that image she was rejected. We have to encourage people to realise that these kids are good kids but it is just the times they are going through.

I think what the member for Bundamba said about being too Americanised is true. A lot of it is on TV. We see those marketing strategies and whatever else on TV, and I think that is why our society has become materialistic. People have become so focused on beauty and how good you look that they have forgotten about what is underneath the skin. I remember an old neighbour of mine from Quilpie many years ago—bless her soul, old Mrs Edwards has passed on and gone to heaven now; her son is the mayor of the Quilpie Shire Council today, Councillor David Edwards—used to always say to me,

'Vaughan, beauty is only skin deep.' And I have got to say that beauty is only skin deep. We have to make certain that those people who do not feel good about themselves know that they have qualities somewhere else.

This situation is the responsibility of each and every one of us. We see so many kids out there who do not feel good about themselves because of obesity or whatever else, and the next thing is they cannot get into a relationship—both boys and girls—and they think nobody wants them, nobody loves them and they have got no purpose in life. Then they go down the path of suicide, depression or whatever else. I believe it is our responsibility to make absolutely certain that all people get that encouragement, regardless of where they live, who they are, what colour they are, what ethnic group they belong to, what part of Queensland, or Australia for that matter, they live in. I say to the minister today that there are many aspects that fall in his portfolio that could certainly go a long way towards improving the lives of those people. Those people we are talking about are the most important natural resources we have—our children and our young people.

I want to come back to the issue of sun protection. The old adage of slip, slop, slap has died a natural cause lately, but I think we should continue to promote it for what it is. I am like Jeff Fenech: 'I love yous all.' I love everybody, I love the women too. We have got to make sure that our girls feel good, regardless of what colour their skin is, what complexion they have or what shape they are. We have got to make our people feel good.

Hon. S ROBERTSON (Stretton—ALP) (Minister for Health) (5.22 pm), in reply: The intent of the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill is to protect children from cosmetic procedures that are high risk and more invasive, that result in permanent change and that are performed on otherwise healthy young people for purely aesthetic reasons. I thank all members for their contribution to this debate, and I thank the opposition in particular for their support.

I think it is appropriate to reinforce that the government is aware that there are children who may require a procedure listed under section 213A to be undertaken to restore function or reconstruct a body part as a result of an abnormality, deformity, illness or trauma. For example, in order to correct a craniofacial abnormality, a child may be required to undergo a series of medical procedures, including rhinoplasty, reshaping of the chin and the insertion of facial contour implants. This government recognises that, under these circumstances, the key outcome being sought is not purely cosmetic, although there may be an associated aesthetic benefit. It is appreciated that certain procedures listed under section 213A may need to be performed in the best interests of a child to correct a growth or congenital abnormality or the physical effect of a medical condition, illness or trauma.

It is important that the offence under section 213B about the performance of cosmetic procedures be read in context. A practitioner who performs, or offers to perform, a cosmetic procedure listed under section 213A does not commit an offence under subsection 213B(1) if the person believes, on grounds that are reasonable in the circumstances, that performance of the procedure is in the best interests of the child. Section 213B then goes on to place the onus of proof on the prosecution, not the practitioner, to establish that the practitioner did not have sufficient regard to all of the matters listed under subsection (3) informing their belief that the procedure was in the best interests of a child. In order to help address any residual concerns that a procedure listed under section 213A may not always be performed as an elective procedure for purely cosmetic reasons, I will be moving an amendment during the consideration in detail stage of this bill.

I note that the member for Caloundra is proposing that amendments be made to the provisions in the bill dealing with cosmetic procedures. We will not be supporting those amendments, and I will address those issues further during the consideration in detail stage of the bill.

I am aware that some people may be critical of the government for not looking at the regulation of cosmetic surgery more broadly. However, let me reassure members that protecting our young people is only the first step. I note the concerns raised by honourable members around how a determination will be made about which procedures will be proscribed under the legislation. I can confirm that the list of cosmetic procedures will be those listed under section 213A. If necessary, additional procedures may be proscribed under regulation in response to new developments in the cosmetic industry. Also, in order to remove any doubt about which procedures are not to be captured as a cosmetic procedure, these procedures can also be proscribed under regulation. My department will be consulting with key stakeholders about the development of any regulations, as occurred during the development of this bill.

It is intended that guidelines and other materials will be developed in consultation with key stakeholders to support implementation of the legislation. As part of this material, the list of procedures will be developed in a format suitable for clinicians to interpret and apply. If changes are made to the accepted procedures, then information will be distributed to clinicians as well as the peak industry bodies. Information will also be maintained on Queensland Health's web site.

With respect to the member for Robina's query about how the legislation will be enforced within existing resources, it is intended that the legislation will be implemented by Queensland Health's Population Health branch. The regulation of solarium will be overseen by the Radiation Health Unit, and the regulation of cosmetic procedures will be overseen by the Office of the Chief Health Officer. Both of these areas have staff who have extensive experience in the administration of health portfolio legislation, and as such have well-established processes and procedures that can be adapted to ensure that these new provisions are monitored and enforced.

Officers within Queensland Health will be allocated responsibility for responding to allegations that the restrictions under section 213B or 213C have been breached and will be appointed as authorised officers under the Public Health Act. Therefore, they will be able to use the monitoring and enforcement powers under this act to investigate any alleged breaches of the legislation.

I note also the member for Noosa's concerns about tattooing and body piercing. The piercing of minors and the tattooing of minors is not dealt with under this legislation but is dealt with under the Summary Offences Act. Under section 18 of that act, a person must not, as part of a business transaction, perform intimate body piercing on a minor—that is, a young person under 18 years. Section 19 of that act imposes a blanket prohibition on the tattooing of minors—that is, a young person under 18 years.

I note the member for Currumbin's query about the inclusion of bariatric—or lap band—surgery. Lap, or gastric, banding is not considered to be a cosmetic procedure so therefore will be dealt with in the same way as general surgery. The member for Currumbin also queried the restrictions under the legislation for young people with disabilities. Young persons under 18 years with a disability will be treated in the same manner as any other young person. It will be an offence to perform a cosmetic procedure on a child unless it is reasonably believed that it would be in the best interests of that child. Consideration needs to be given to the health and psychological benefit to the child, taking into account the overall condition and lifestyle of the young person as well as the views of the young person and the young person's parents.

I note that the contributions made by members from both sides of the chamber presented a wide range of opinions and interpretations about how these matters should be handled. That reflects the complexity of this bill and the thought that has gone into this bill to try to establish a middle road, taking into account the often quite wide divergence of opinion that exists within the community.

I also note the query by the member for Surfers Paradise about dental veneers. Dental veneers was included in the list of cosmetic procedures and was supported by the Australian Dental Association of Queensland. I note that the member has indicated that there are new procedures that mean this procedure is less invasive and reversible. The amendment I will be moving to clause 5 about the circumstances under which a procedure is not considered to be a cosmetic procedure will provide a means of addressing this issue. My department will consult with the ADAQ about this new development and the need to address this issue under the proposed regulation-making head of power.

I also note the query by the member for Moggill about whether advertising is captured by 'to offer to perform' in section 213B. I have been advised that, under contract law, an advertisement and an offer are not the same thing. An advertisement is to the general population at large; an offer forms part of the bargaining process for a specific product or service. I am informed that this provision does not capture advertising. My department will have primary responsibility for enforcement of the legislation. Hence, I do not believe that there should be any confusion regarding the application of this provision.

At the July 2008 Australian Health Ministers Conference it was agreed that work be undertaken through the Australian Health Ministers Advisory Council to examine measures which could be implemented to regulate the cosmetic surgery industry and provide greater consumer protection—for example, to address concerns like the advertising and marketing of cosmetic procedures; the level of confusion amongst consumers about the titles, memberships, training and qualifications of those persons performing cosmetic surgery; and that the public demand for cosmetic surgery will encourage inappropriate business activities within the industry in order to meet consumer demand.

I believe it would be a significant achievement if a nationally consistent model for the regulation of the cosmetic surgery industry could be adopted. I think there would be general support in this chamber for such a move given the contributions to this debate by members on both sides of the House. I once again thank my opposition health spokesperson and all members who contributed to this debate. I commend the bill to the House.

Question put—That the bill be now read a second time.

Motion agreed to.

Bill read a second time.

be higher risk and more invasive, was likely to result in permanent change and may be performed on an otherwise healthy young person for purely aesthetic reasons. I commend these amendments to the House.

Mr McARDLE: I thank the minister for his explanation. Before I make comment, I want to commend the member for Capalaba for his reading into the record of that letter from his constituent. I think that really highlights the issue of solariums and puts in focus better than anybody else possibly could a parent who has lost a child in those circumstances. So congratulations to you, member for Capalaba.

The amendments proposed by the minister certainly are practicable and they take into account, as he said, the changing medical procedures that occur on a daily basis. Again, this is an area that is evolving on a regular basis.

I have a point or two for clarification. Could the minister simply reiterate the procedure that he will put in place to ensure the advice he receives under proposed subsection (3)(a) is from an appropriate body? That will also flow from 213A(i) about the regulation under the initial items that may not be undertaken.

In addition to my concerns in relation to the views of the parent, I certainly understand the comments made by government members. However, I have concerns with regard to the views of the parent in relation to parents who are separated. The explanatory notes simply refer to making a telephone call or contacting the parent that the child lives with. That may not be sufficient given that parents who separate do in fact continue to have joint rights in relation to the ongoing medical treatment of their children. Simply stating the views of the parent that the child lives with is not sufficient, because there may well be in existence court orders by the Family Court that place the obligation on both parents or, if not, the obligation rests with both parents to take care of their children with regard to their long-term care, welfare and development, and that incorporates medical treatment. This form of medical treatment outlined in the document here is certainly long-term welfare, care and development.

Mr Robertson: What section is this?

Mr McARDLE: Subsection 213B(3)(b) relates to the views of the parent. It is only an indication that the views of the parent that the child lives with—if the children are separated from the parents or live with only one parent—may not be sufficient if Family Court orders exist or an arrangement exists between the parents. It may not be sufficient simply to phone the parent that the child lives with.

The other quick point, of course, is that I take very clearly the issue the minister has raised about the prosecution having the onus of proof. There is no doubt, however, that the dentist or doctor in these circumstances would need to keep copious notes in the event that he was called upon to defend an application made by the police or other relevant authority, but certainly we support the amendments proposed by the minister.

Mr ROBERTSON: With respect to the ongoing consultation with industry, I think it is fair to say that a feature of this bill in its development has been very close consultation with the various professional interest groups, including the college of plastic surgeons, in terms of ensuring we find an appropriate balance. We would, of course, commit ourselves to ongoing consultation, including in the development of the regulations underpinning this legislation. I am happy to provide today our commitment to continue that level of consultation. That will be overseen by the Chief Health Officer, who will be responsible for that level of consultation with key stakeholders.

In relation to the matter to which the member referred—new section 213B(3)(b)—whilst I appreciate where the member is coming from, and I suspect we are going to have a much broader discussion, given the nature of the member's amendments about the issue of family responsibility and the giving of permission by one or more parents, this new section has been put in place to reflect the fact that there are many families who are single-parent families. So again, whilst I understand where the member is coming from, I think on this occasion, whilst there may be circumstances where both parents may not be able to be contacted, nevertheless it is the responsibility, not just under this particular process but more broadly, of a clinician to establish what the family and parental arrangements may be in any circumstances affecting the treatment of a child.

Therefore, during that natural process of inquiry by a doctor to establish whether one or more parents are active in their responsibilities, I think that is the better way to approach it than try to construct regulation to cover every circumstance where one or more parents may be involved. That new section gives recognition to the fact that, unfortunately these days, it is becoming increasingly common that parents live apart from each other—often on different sides of the country and often in different countries. This new subsection establishes the need for at least one parent to be consulted during this process.

Mr McARDLE: I have just one very quick point of clarification. New subsections 213B(3)(a) and (d) refer to the child's wishes being expressed. In the event that a medical practitioner is prosecuted for a breach of this legislation, I would have some concerns about a child giving testimony before a court in relation to their wishes. Is there a mechanism that the minister would envisage whereby a child's wishes could be given to a court other than under a regime that is prosecutorial in nature?

Mr ROBERTSON: Without having the benefit of being a lawyer, I would expect the reasonableness test would apply in those circumstances as to how evidence is adduced from a child should court proceedings occur in a case of prosecuting a clinician for undertaking procedures on that child. Obviously, it would be up to the judge to direct how that evidence would be adduced to ensure that the facts were made available to the court without necessarily causing distress to that child. As the member would know, there are many ways to do that when there are some very difficult cases where children need to provide that information. I certainly would not suggest for one moment that this is of the level of gravity that would apply in cases of child abuse, for example. Nevertheless, one would expect the presiding judge or magistrate to be sensitive to the needs of the child whilst ensuring that factual information and the rights of the accused are protected as well.

Amendments agreed to.

Mr McARDLE: I move the following amendments, and I table the explanatory notes to the amendments—

1 Clause 5 (Insertion of new ch 5A)—

At page 6, lines 16 to 19—

omit, insert—

“(2) A person does not commit an offence against subsection (1) if—

- (a) the person believes, on grounds that are reasonable in the circumstances, that performance of the procedure is in the best interests of the child; and
- (b) for the offence of performing the procedure on the child—the parents of the child consent to the performance of the procedure on the child.’

2 Clause 5 (Insertion of new ch 5A)—

At page 6, line 22, ‘(2)’—

omit, insert—

‘(2)(a)’.

3 Clause 5 (Insertion of new ch 5A)—

At page 6, lines 29 to 32—

omit, insert—

- ‘(b) for the offence of offering to perform the procedure on the child—the views of the child’s parents, including whether the parents are likely to consent to the procedure being performed on the child;’.

Tabled paper: Explanatory notes to Mr McArdle’s amendments to the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill.

The amendments insert within the terms of the bill the rights of the parents in relation to them having a final say as to whether procedures can be undertaken. During the second reading debate, one of the government members made a very pertinent point when they made the comment that children live for the moment. That is correct. With an adolescent, there is in that child’s mind a very clear understanding of what they want to achieve based on an image they have seen in a magazine or on a TV program or in a movie.

However, in my opinion we have to understand that our society focuses on the role of the parent in bringing up their child or children as best they can. My concern about the bill is that it continues to take from the parent or parents the role they should play in determining whether procedures or other matters undertaken for or on behalf of their child should occur. I am concerned that our society, by legislation and other means, continues to erode what I think is a very important concept and that is the role of the parent in the upbringing of their own child. These amendments acknowledge parents’ rights. They require parental consent before a procedure can be undertaken. When we are talking about invasive procedures, I think those amendments are appropriate.

Certainly, there may well be parents who are recalcitrant in relation to their consent. But in those circumstances court applications and other applications can be made. The basic tenet of the amendments is simply that we as a society are continually taking away the role parents have and giving that role to other bodies and other institutions in terms of how our children should be brought up. I think it is time we stopped that. I think it is time we gave parents a greater say in their children’s lives than we have at this point. In my opinion, placing within the bill the right of the parent to say yes or no and making that consent or refusal final is an important step in protecting the role of children and the role of parents in our society.

Mr ROBERTSON: We will be opposing the amendments proposed by the member for Caloundra, the opposition health spokesperson. Whilst I appreciate the sentiments underpinning why the member is choosing to go down this path, nevertheless there are some practical difficulties with what is being proposed. If passed, the amendments would remove the right of a person under the age of 18 to receive medically indicated cosmetic procedures without parental consent. The purpose of the best-interests requirement in the bill is to ensure that procedures which may otherwise be considered cosmetic can be provided for sound medical or health reasons. Procedures that are in the best interests of the child should continue to be available to the child, as with all other types of medical interventions.

At present, children who are of sufficient maturity and age to understand the nature of a procedure as well as the risks associated with it are able to consent to that treatment without parental consent. Requiring parental consent for those cosmetic procedures that are listed under new section 213A could be detrimental to some young people. For example, a 17-year-old who has had significant scars or deformity from an accident or illness would not be able to receive corrective treatment if their parents did not consent.

There may be many reasons a parent would withhold consent. For example, the child and the parent may be estranged, or the parent may hold particular religious or cultural beliefs that may preclude certain procedures or treatments. The instance that would most commonly come to people's mind is where the parents are Jehovah's Witnesses. As a result of their beliefs, they may not allow a procedure to be undertaken because that procedure would require a blood transfusion.

The child may not hold those same beliefs and therefore should have the ability in that circumstance to consent without receiving the support of their parents. Again, this would be an arguable point to some people. In my view that is a circumstance where I believe that a child under the age of 18 should have the right to indicate consent without requiring the consent of the parents. In addition, there are children who are parents themselves so it is illogical to provide them with the responsibility for making decisions about their own children which they cannot make about themselves. I appreciate that both of those cases would be in the minority. Nevertheless, I think those circumstances need to be respected.

The Scrutiny of Legislation Committee's observations centred on the prohibition on the removal of a parent's right to decide if their child should undergo a medical procedure when that procedure is for purely cosmetic purposes and not in the best interests of the child. The amendments proposed by the member for Caloundra would not address this breach. Rather, they would raise another breach by removing the rights of competent children to make decisions about their own health care.

I understand that persons who will be performing or offering to perform a cosmetic procedure listed under section 213A will in the main, of course, be doctors, dentists and specialists within these fields. The legislation recognises that these clinicians are well placed to make an informed and impartial decision that takes into account the views of the child as well as the child's parents. When making such a clinical decision these practitioners will be able to call upon their training and expertise to balance the views of the child and the child's parents against what is in the best interests of the child from a developmental, health and psychological perspective. The amendments proposed by the opposition health spokesperson, however, do highlight a very complex issue that health and legal practitioners have been dealing with for many years. In closing, I refer to the Scrutiny of Legislation Committee's report where it states—

... consent for medical treatment given to patients under 18 years of age is still generally required from parents. Nonetheless, there are circumstances in which children under 18 years can consent to their own treatment, and the common law recognises that a child may have the capacity to consent to medical treatment on his or her own behalf and without parental knowledge. A parent's authority in this respect is no longer absolute. Indeed, in some circumstances, a court may override the views of both parent and child regarding consent to medical treatment.

Given that that is a very complex issue that has bedevilled lawyers and legislators, I suspect for decades if not generations, I do not believe that this bill is the appropriate platform for addressing this issue and moving away from some fundamental concepts in our common law. I am concerned that the proposed amendment, rather than provide clarity, will add to the situation by creating one standard for the making of decisions about the performance of a procedure listed under section 213A and another for all types of medical interventions concerning a child's health and welfare. But I would not like it to be thought that I do not appreciate the principles enunciated by the opposition spokesperson. I understand the sentiment of what he is trying to achieve. However, the government nevertheless will not support those amendments.

Mr McARDLE: I thank the health minister for his comments. Certainly I agree that it would only be in a rare minority of cases that a parent may well disagree in relation to medical treatment of the kind referred to that needs to be undertaken, and I accept that point. Legislation generally always leaves some people unsatisfied or unhappy in relation to what has taken place. As the minister indicated, there is always an avenue open for people who are dissatisfied and that is the court. There are courts throughout this state and Commonwealth that can deal with applications along these lines.

The point I am making is that if we accept that the basic tenet of our society is the family unit—and I understand, of course, that families do break down—then the ultimate role of the parents is to bring up their children to a standard where they will be the best possible adults that they can be. I think it is wrong for legislation, well intended or otherwise, to remove the right of the parent to have a direct say in their children's lives—perhaps not a controlling say. I understand that point of view. The issue here is invasive surgery. In this legislation, on a current reading as I see it, the views of the parent are certainly not ignored—they are taken into account and are required to be taken into account—but my amendment simply says that parents have a right in relation to these matters to have a direct input into whether or not surgery occurs. That right should be respected. We have eroded for too long now the rights of

parents, not just in Queensland but generally throughout this country, and it is time parents were reminded that they do have an obligation in relation to their children and that we will support that legislation.

Division: Question put—That Mr McArdle's amendments be agreed to.

AYES, 25—Copeland, Cripps, Cunningham, Dempsey, Flegg, Foley, Gibson, Hobbs, Hopper, Horan, Johnson, Knuth, Langbroek, Lingard, McArdle, Malone, Menkens, Messenger, Nicholls, Simpson, Springborg, Stevens, Stuckey. Tellers: Rickuss, Elmes

NOES, 44—Attwood, Barry, Bombolas, Choi, Croft, Darling, Fenlon, Finn, Fraser, Grace, Gray, Hayward, Hinchliffe, Hoolihan, Jarratt, Kiernan, Lavarch, Lawlor, Lee, McNamara, Miller, Moorhead, Mulherin, Nolan, Palaszczuk, Pitt, Purcell, Reilly, Roberts, Robertson, Schwarten, Scott, Shine, Smith, Spence, Stone, Sullivan, van Litsenburg, Wallace, Weightman, Wells, Wendt, Tellers: Male, Jones

Resolved in the negative.

Non-government amendments (Mr McArdle) negatived.

Clause 5, as amended, agreed to.

Clauses 6 to 8, as read, agreed to.

Clause 9 (Insertion of new ch 12, pt 2)—

Mr McArdle (6.01 pm): I move the following amendment—

4 Clause 9 (Insertion of new ch 12, pt 2)—

At page 9, lines 24 to 26, from 'if—

omit, insert—

'if—

- (a) the person agreed before the commencement, in the normal course of the person's business, to perform the procedure on the particular child; and
- (b) the child's parents, within the meaning of section 213B, consent to the performance of the procedure on the child.

This is an amendment consequential upon my earlier amendments.

Mr ROBERTSON: In order to be brief, for the reasons that we both discussed in the previous clause we will be opposing this amendment.

Non-government amendment (Mr McArdle) negatived.

Clause 9, as read, agreed to.

Clauses 10 to 18, as read, agreed to.

Third Reading

Hon. S ROBERTSON (Stretton—ALP) (Minister for Health) (6.01 pm): I move—

That the bill, as amended, be now read a third time.

Question put—That the bill, as amended, be now read a third time.

Motion agreed to.

Bill read a third time.

Long Title

Hon. S ROBERTSON (Stretton—ALP) (Minister for Health) (6.01 pm): I move—

That the long title of the bill be agreed to.

Question put—That the long title of the bill be agreed to.

Motion agreed to.

MINISTERIAL STATEMENT

Cairns Regional Parliament

Hon. RE SCHWARTEN (Rockhampton—ALP) (Minister for Public Works, Housing and Information and Communication Technology) (6.02 pm), by leave: On behalf of the Premier, who regrettably has had to head back to Brisbane to attend a major Brisbane function of significance to the state, I want to thank Cairns and the region for hosting this historic sitting of the Queensland parliament. It has been great to have parliament in this magnificent convention centre, which I might add was built by Labor governments. The fact that it was constructed by the department for which I am responsible gives me a great deal of pride and is testament to the competence of the Department of Public Works.

As the Premier indicated, this is the third occasion on which the parliament has left Brisbane since it was founded in 1868; 140 years later, here we are. I had the privilege of attending all three sittings, the last of which was in my electorate of Rockhampton and the first of which was held in Cairns' rival city of Townsville. I have to say that this sitting has yet again proven the worth of holding parliament outside of the capital city. I believe we have offered the people of this region a snapshot of parliamentary experiences. We had the first ever address to the parliament by a head of state, Sir Michael Somare. Robust debate over a range of issues, the fireworks of question time, the Aboriginal welcome and the bipartisanship of legislative reform were all examples of the business of this sitting. Another point that should be made is the diversity of the issues that we talked about this week. Crocodiles, wild pigs, the Great Barrier Reef, the Cairns Hospital, water storage, water quality, policing, Aboriginal issues, biosecurity, sports matters, cosmetic surgery and mining are just some of the examples.

A number of public events including a bipartisan sausage sizzle created an opportunity for the locals to engage with the pollies. I must also mention the number of locals who turned out to watch the parliament in progress. As the Speaker outlined this morning, last night 750 local people attended. In Brisbane we are lucky to get 50 people to turn up for question time. By my reckoning, Cairns beat Brisbane 15 to 1 last night.

Also, the fact that around 2,000 schoolchildren made trips here instead of a pilgrimage to the state capital I think in itself justifies the bringing of the parliament to our largest northern city. I want to acknowledge particularly the James Cook University students who volunteered to conduct those school students through the parliamentary sitting. What bright, enthusiastic young people they are and how smart they were to embrace this important and unique opportunity.

I table a list of staff who deserve recognition for their efforts in bringing the parliament to Cairns. I want to make a couple of special mentions and read out a couple of names to save time. I thank the Clerk and all the staff associated with this sitting. I thank the Speaker and his office for the effort they have put in. I particularly thank Shelley Francis, who is known to you all here, for the hard work she has put in. I particularly thank Lyndel Bates, who has acted as project manager. I thank Jason Gardiner, Kevin Jones, Glenda Emmerson, Brett Nutley, Mike Coburn and all the officers of the Table Office, the attendants and Hansard who have looked after us and whom we often take for granted.

Tabled paper: Document listing staff who assisted with regional siting in Cairns in 2008.

To the wider Cairns community, led by Councillor Val Schier and her council, I thank you for welcoming the Queensland parliament into your community so warmly. I also pay tribute to the local members of parliament, Desley Boyle, Warren Pitt, Jason O'Brien and Steve Wettenhall, for their enthusiastic promotion of the region that they call home, and they are obviously and rightly very proud to do so.

It is my opinion that the lives and careers of all 89 members of this Legislative Assembly have been enriched by this sitting and all of those who live away from this region will return to their electorates tomorrow with a greater appreciation of the far-north Queensland region. It should be remembered that, while Parliament House is situated in Brisbane, the parliament consists of elected people. To make the assumption that these elected representatives need to be in Parliament House to discharge their duty is wrong and the three regional sittings have proven that fact. More people live outside the capital than in it and as such it is logical, sensible and equitable that once every term regional Queenslanders get the same opportunity as those in the capital city have for the rest of the three years. While all three sittings have attracted criticism, in some ways that is a true part of democracy. The fact that local groups did as local groups do in Brisbane regularly—that is, use the parliamentary sittings as an opportunity to protest—reinforces the fact that bringing the parliament to regional citizens is a healthy thing for our democracy.

I think I can certainly speak for everyone on this side of the House in saying that not only do we have a Premier who loves Cairns but—if I might presume to speak for all honourable members, and the Leader of the Opposition will be able to do so as well in a minute—so do we all. I wish all members and their staff and everybody who has made this sitting a success a safe return to their homes. I move—

That the House take note of the statement.

Mr SPRINGBORG (Southern Downs—LNP) (Leader of the Opposition) (6.09 pm): I rise to acknowledge and thank the Leader of the House for the opportunity to speak on behalf of the official opposition. Certainly I share the affection which has been expressed by the Leader of the House in relation to the great city of Cairns and also far-north Queensland. This is a part of Queensland which has a truly magnificent history and has been widely involved over a long period of time in shaping the course of the history of this state. And you yourself, Mr Speaker, earlier this week mentioned some of those people from Cairns who have played a very significant role in elected life at the highest level over more than the last 100 years.

This has been a wonderful opportunity for us as the official opposition, and indeed all members of parliament, to bring the parliament to the people of Cairns and far-north Queensland so that all of those people in the community were able to see, if they wished to avail themselves of the opportunity, how a

true Westminster democracy works and the role of proper parliamentary process. On behalf of the opposition, I thank the local community that has been so supportive of the regional parliament in Cairns. As the Leader of the House has said, this is the third occasion on which the parliament of Queensland has met outside of Brisbane. The first occasion was in Townsville, then in Rockhampton and now in Cairns. The next venue will be determined by the government of the day.

I thank those responsible for the running of the Cairns Convention Centre for the way that they have assisted us in the carriage of our duty. They have assisted us so much and have made us feel so welcome over the last three days. I also join with the Leader of the House in thanking the parliamentary staff. I acknowledge and thank him very much for tabling a list, because the very great risk that you take when you stand up here is that you are going to miss somebody. That is one of the very great risks. Indeed, we should be very proud of all of our wonderful parliamentary staff who have looked after us so well here in parliament over the last three days in Cairns, as they look after us so very well in parliament when it regularly sits in Brisbane. I also thank all of the volunteers who have assisted around here—those people who have assisted on the displays and who have made the parliament such a pleasant reality for us all.

A large number of issues have been discussed during the last three days, and the Leader of the House has gone through those. We have discussed the issue of the Cairns Base Hospital—the issue of whether to redevelop as a matter of urgency or to go to a new greenfield site as a matter of urgency. People have protested out the front on a whole range of issues. I think it is fair to say that on Tuesday there were almost as many protesters as there were issues. A whole range of issues were displayed there on the day—people wishing to save the reef, people concerned about the placement of fluoride in their water supply, people protesting about law and order and people protesting about the forced amalgamation of their shire. Ambulance officers were protesting for a better pay deal and the firefighters were here yesterday protesting for the same thing. That is the great thing about democracy—people are able to come along and express their views.

As the Leader of the House said, we had a significant number of community events. The official reception, which was held on Monday night, was something that we all enjoyed very much. We were able to welcome Sir Michael Somare, the Rt Hon. Prime Minister of Papua New Guinea. That is the first time we have had a Prime Minister, I recollect, address the Queensland parliament. I think that was a very august moment for the parliament of Queensland. Also, we had the community sausage sizzle for the community of Cairns which in itself was an interesting event and probably turned into a battle of the T-shirts—and maybe it was not necessarily a very pleasant presentation in many cases. We fed very many people who were backpacking here and no doubt they will return to their home country thinking that we are very pleasant people here in Queensland and that it is certainly a great place to come for a free feed if they so want.

Mrs Reilly: And very attractive.

Mr SPRINGBORG: And very attractive in some cases, as the honourable member for Mudgeeraba said. I was very privileged to be able to attend the opening of the office of the Family Responsibilities Commission here in Cairns. Mr Speaker, I think that was a practical display of the proper use of parliamentary process in that earlier this year in a bipartisan way the government, the opposition and non-government members—the Independents—supported the establishment of a Family Responsibilities Commission, which was the motivation of Noel Pearson from the Cape York institute, to ensure that four communities could be covered and that we could improve the lifestyle and welfare of children in those particular areas. I say to those who are here tonight that this is a practical expression of a parliament that truly works in a bipartisan way, as it does on 80 per cent of occasions.

Mr Speaker, this is of course the people's parliament. It is a parliament which is not only taken up with government time but also provides an opportunity for the opposition and indeed Independent members to speak and advocate on behalf of their constituency. It is a place of robust debate. It is a place of forthright opinion. That is what it is about, and this is a chance for the people to see what we do.

I acknowledge also the LNP's northernmost members—Andrew Cripps, Shane Knuth, Rosemary Menkens and Ted Malone, who looks after northern development on behalf of the LNP opposition. I thank them very much for their local knowledge and contribution.

It is important that we do take our parliament to the regions, and no doubt we will now be considering what happens from here with regard to the next venue. But there are probably a limited number of places that could actually host a regional parliament because of the facilities that you need, such as this and a range of other accommodation. But the question of course is: next time will it be Mount Isa or will it be Mackay or will it be another place? That is yet to be seen.

In conclusion, I thank the wonderful people of Cairns and indeed the far-north Queensland region for their hospitality. It was a great privilege to be here and to effectively represent the will and the wishes of the people as the official opposition.

Mr SPEAKER: Before we conclude, I will make some final remarks myself as Speaker of the House. I believe that we can declare this regional sitting of parliament in Cairns an outstanding success, with 5,271 people visiting the Cairns Convention Centre over the three-day sitting. I think the people of far-north Queensland have enthusiastically welcomed parliament to their region and, like the Leader of the House and the Leader of the Opposition, I thank them for their warm reception. The figures really speak for themselves, with over 5,200 people visiting the parliament in Cairns—more than the number of visitors to the previous regional sitting of parliament in Rockhampton.

This historic sitting has also been an opportunity for far northerners to witness democracy in action. It has particularly been an educational experience for almost 2,000 school students. Most school students who attended the regional sitting may never have had the opportunity to travel to Parliament House in Brisbane. They have come from as far as Thursday Island, Mount Isa, Cardwell, the tablelands and indeed Cairns and its suburbs. Making parliament real for schoolchildren I think is an important part of their education as the future leaders of our society.

I think if I had to nominate one key aspect in regard to our regional sitting it would be Wednesday evening, with question time attended by 755 local residents. That is one of the highlights of the week. As well as that, we actually had the four television cameras here for two hours, from 6.30 pm to 8.30 pm. It is most unlike the metropolitan media to be up at that time of night actually in the parliament. I think they covered the opposition debate for the first time in my history in the parliament and also question time. It was good to see the Brisbane metropolitan media deem itself able to be here for an evening sitting.

The regional sitting of parliament was designed to be as accessible as possible. As well as watching proceedings in the chamber, visitors toured the various parliamentary and departmental displays. Throughout the week I was thrilled with the cultural performances by Aboriginal and Torres Strait Islander people. An outstanding combined school choir comprising over 80 children performed on the floor of the parliament last night.

In terms of accessibility, I once again congratulate the member for Gympie and the member for Glass House for their ongoing efforts in working with me. I note the comments that were made by the member for Gympie in the House, and I thank him for those comments. For the third time in this three-yearly sitting of a regional parliament, we again had a large number of deaf people and hard-of-hearing people in the parliament yesterday with the appropriate sign language as well.

The people of far-north Queensland should be rightly proud of their week as the centre of state decision making. I conclude by saying tonight it is very fitting that we have our sisters from the Asia-Pacific area watching the final part of the parliament. It is very pleasing to see you here with Dr Lesley Clark, a former member of parliament. Again, on behalf of the parliament, I wish you well on the visit that you have had and on the work that you will be doing in your own countries as well. I look forward to meeting with you again after the adjournment. I congratulate the government, the opposition, the Independents and the minor parties for making this regional sitting of parliament the success it has been.

SPECIAL ADJOURNMENT

Hon. RE SCHWARTEN (Rockhampton—ALP) (Leader of the House) (6.21 pm): I neglected to mention that today was the first day that the Executive Council sat in Cairns. I would like to place that on the public record. Her Excellency the Governor of Queensland was here today, as indeed she has been during the week. I move—

That the House, at its rising, do adjourn until 9.30 am on Tuesday, 11 November 2008 at Parliament House, Brisbane.

Question put—That the motion be agreed to.

Motion agreed to.

ADJOURNMENT

Hon. RE SCHWARTEN (Rockhampton—ALP) (Leader of the House) (6.21 pm): I move—

That the House do now adjourn.

Mr SPEAKER: Order! Before calling the first speaker in the debate tonight, I have neglected to mention one very important component of what I meant to mention, and that is to thank the staff of the parliament. I know that they have been thanked by both the Leader of the House and by the opposition leader. I put on record tonight my thanks to the Clerk of the Parliament, Neil Laurie, and especially to Lyndel Bates, who was the project manager. Lyndel has done a superb job. I want to place on the Hansard record tonight the superb job that she has done. I know we have listed all of the staff who have been here. They have done a tremendous job. Let us thank our staff in the appropriate way.

Far-North Queensland, Fishing Industry

Mr CRIPPS (Hinchinbrook—LNP) (6.22 pm): I rise to discuss the very difficult circumstances being experienced by commercial fishermen in far-north Queensland, where, amongst other issues, including the serious impact that increasing state and federal government regulations are having on the viability of fishermen, extended periods of bad weather over the last 32 months have prevented commercial fishermen in far-north Queensland from getting out on the water, earning their living and providing a secure supply of fresh, domestically caught seafood to Queenslanders. For the information of honourable members and, in particular, the Minister for Primary Industries and Fisheries, I table the daily wind speeds for Green Island, the closest offshore observation station for this region.

Tabled paper: Document by the Australian Government Bureau of Meteorology containing the daily data for Green Island.

Once wind speeds exceed 20 to 30 knots, a strong wind warning is issued. Ideal offshore fishing conditions are wind speeds of under 10 knots. A wind speed of 10 to 15 knots is workable but tends to restrict commercial fishermen to operating closer to sheltered reefs and other fishing grounds protected from the weather. Once a strong wind warning is issued, commercial fishermen must not go to sea, as most vessels' insurance is null and void if they are operated in these circumstances.

Since March 2006 there have been 32 months of wind speed data recorded on Green Island in far-north Queensland. Of the 32 months recorded, 14 months have averaged wind speeds of 15 to 20 knots and nine months have averaged over 20 knots, attracting a strong wind warning. Only nine months since March 2006 have recorded average wind speeds of under 15 knots, where hardworking commercial fishermen have been able to get out in safe conditions without breaching their insurance in far-north Queensland waters to earn their income.

Coupled with this situation is the fact that, as reef line fishermen have been required to observe the three nine-day spawn closures imposed annually, the number of days available to commercial fishermen has been further reduced. The spawn closures this year have closed fishing grounds for one month over a three-month period during which the weather was more favourable. The above circumstances have combined to make for a grim outlook for small to medium sized commercial fishing operations, and even larger vessels have experienced difficulties retaining their skilled crew members.

I say to the state government and, in particular, to the Minister for Primary Industries and Fisheries: commercial fishermen in far-north Queensland need some assistance to get them through these tough times. Land based primary industries experiencing ongoing adverse weather conditions can access exceptional circumstances payments. Commercial fishermen are the primary producers of the sea. Today I plead with the Minister for Primary Industries and Fisheries to consider how he can assist commercial fishermen, who desperately need help. We certainly need to keep people in jobs in the far-north Queensland commercial fishing industry and secure the supply of quality, domestically caught seafood for Queensland consumers.

Great Barrier Reef

Ms JARRATT (Whitsunday—ALP) (6.25 pm): It has been such a pleasure to be here in Cairns this week to hear and learn a little more about the issues of interest to the people of Cairns. Like Cairns, the Whitsunday's proximity to the Great Barrier Reef and its reliance on the tourism industry mean that local people are passionate about the environment and the protection of its integrity. Balancing the need of a growing urban footprint with the desire to protect the natural environment will always be difficult and forever the source of conflicting perspectives, but this week has been a hands-down great week for those who love the Great Barrier Reef.

Last Friday the Premier announced the government's intention to legislate to protect the Great Barrier Reef from the impact of agricultural run-off. She based this decision on evidence provided through a document titled *2007 Water quality report: Great Barrier Reef catchments and inshore ecosystems*. Sadly, the evidence shows that much of the pesticide and herbicide run-off causing detriment to the reef comes from areas of intensive farming such as the sugarcane areas of the Mackay-Whitsunday region. While this is a fact, I would be very disappointed if the government's response was perceived by anyone as an attack on farmers and landowners. I know many responsible farmers in my region who have taken advantage of available technology and funding to laser-level their cultivated areas, to construct tailings dams and wetland areas that filter sediments and chemical run-off before it has a chance to enter the waterways and to use water-efficient technology in place of traditional forms of irrigation.

Modern land and water management practices are available, and when employed are demonstrated to reduce or eliminate unnecessary agricultural run-off during normal climatic conditions. We know that it can be done and we know that it must be done, but ours will not be a big-stick approach to the issue. The Premier has given a commitment to work with industry in the drafting of legislation and to provide structural adjustment funding for those who must make on-farm changes. In fact, our commitment to improving the reef water quality comes with an additional \$10 million per year over the next five years, taking the Queensland government's contribution to \$175 million.

Of course, the other great win for our local environment this week has been the passage of legislation through this historic sitting that will enshrine in law a 20-year moratorium on the developmental mining of oil shale at the McFarlane deposit in Proserpine. While the opposition had a great deal of difficulty pinning down its response to the threat of oil shale mining, I was pleased that in the final analysis it was able to give the legislation its support. On behalf of my constituents, I again express my genuine gratitude to the Premier, the Minister for Mines and Energy and the cabinet for supporting this unprecedented historic and courageous amendment to the laws of this state. It is a great win for the environment and a great win for my community.

Relocation of Crocodile; Fuel Prices; Bundaberg Port

Mr MESSENGER (Burnett—LNP) (6.28 pm): Today the minister for tourism was given the opportunity to compensate a number of Townsville small business owners and tourism operators on Magnetic Island who have lost significant business because a government-GPS-fitted croc which was taken from the cape and relocated to the Townsville coastline has been prowling the waters surrounding Magnetic Island. The minister failed to take that opportunity. She may yet take up that opportunity.

This government is clearly at fault and responsible for the significant loss of business due to and following the subsequent beach closures caused by that croc. One business is reported to have lost \$6,000 in two weeks. Today I call on the government to be fair and decent and compensate those businesses which obviously have lost business because of an unnecessary and bungled government experiment.

Featured in the *Cairns Post* on Monday was a Zanetti cartoon which, in a humorous manner, depicted the petrol commissioner and the ACCC as watchdogs asleep on the job. The cartoon showed a frustrated owner rightfully asking the question of the petrol commissioner and the ACCC: 'When are you two going to actually do something?' It is a good question and worth repeating in the chamber: when are the petrol commissioner and the ACCC actually going to do something?

It is not only the ACCC and the petrol commissioner who have gone to sleep; this government has gone to sleep, too, and it is the government's job to watch the watchdogs. It is the responsibility of this government to keep the ACCC and the petrol commissioner awake and on guard so they can bark and put the bite on the oil companies if they take Queenslanders for fools and try to rip us off. Given the fact that the price of oil has dropped by half in a matter of months, why has the price that Queensland motorists, tourists and small businesses are paying for fuel remained so high? It is proof that this government has dozed off as well and has failed to do its job.

I recently attended a public meeting at Burnett Heads which heard a proposal to establish a coal-loading facility at the Bundaberg port. On a show of hands, only six people out of a record gathering of approximately 200 were in favour of the proposal. It is a proposal which has been shrouded in secrecy for the last two years, except for a select group on the Bundaberg port board, including Mayor Pyefinch. It is a proposal on which the people of Bundaberg and the Burnett have not been consulted. It is a proposal which will not bring any more than a couple of jobs to Burnett Heads or Bundaberg and it has very little direct economic growth. However, it is a proposal which will bring with it the obvious, real and significant threats to people's health, property and environment from coal dust, and it is a proposal I strongly oppose.

Great Keppel Island

Mr HOOLIHAN (Keppel—ALP) (6.31 pm): I get really annoyed when I listen to rot like that which was just foisted upon us. I work quite closely with the tourism minister. Certainly there has been a downturn in tourism in Queensland, but any action that is taken by the tourism minister is designed to look after the tourism trade.

Opposition members interjected.

Mr HOOLIHAN: Oh, how the chattering monkeys talk. I would like to speak about an island in my electorate, Great Keppel Island. Great Keppel Island has had some problems, and I have worked with the tourism minister and the Minister for Natural Resources and Water in trying to resolve those. Great Keppel Island had a resort which was purchased by Tower Holdings in 2006 and, owing to some inaction and some action by the former Livingstone shire council, Tower Holdings was in fact forced to close that resort.

There are three areas that need attention. The Department of Natural Resources and Water is dealing with the first one, which is the Haven camping area, and action is being taken for that to be reopened. There is currently a land use study on lot 21, which is an environmental lease over the majority of the island. That closed last Friday and we are waiting for a decision in relation to a renewal of that lease. The third area is the old resort area, which is held by Tower Holdings on five or six leases. A comment was made by our federal member in parliament the other day, and it may have been better if she had checked with Tower Holdings before she commented, but that is a matter for her.

The thing that causes difficulties for the minister for tourism, her department and me is the continued suggestion by the former mayor of Livingstone shire council that there is dishonesty. He has criticised his own mayor, he has criticised Tower Holdings, he has criticised government ministers and he has even criticised statutory officers who cannot answer back. This is a man who, together with his cronies, including his former deputy mayor, drove the Livingstone shire council almost to the brink of bankruptcy, and they would have gone out the back door in a couple of years if it had not been for amalgamation.

Now he wants to deamalgamate, supported by the member for Warrego. One of these days I will have a discussion with the member for Warrego and point out the error of his ways. That being said, I think it is high time that the former mayor of the Livingstone shire council and the member for division 3 in the Rockhampton Regional Council either put up or shut up. If he has got some suggestion of dishonesty, he needs to bring it to the relevant authorities—bring it to the CMC or take it to the department of local government. He should put up or shut up.

Member for Beaudesert; Cairns Regional Parliament

Mrs CUNNINGHAM (Gladstone—Ind) (6.34 pm): At the outset I want to pass on my congratulations to 'Grandad', the Hon. Kev Lingard, the member for Beaudesert. In the last week or so the member for Beaudesert celebrated 25 years since he was first elected into this parliament. He has held a number of offices, including the leader of opposition business and Speaker. I would have to say from my perspective that I have found Kev Lingard to be a gracious and generous man with his time and advice, and he is a dab hand at football. So congratulations, Kev.

I would also like to salute the women of the Pacific. Congratulations to you. You are women of value and you are women of power. We wish you every success in your endeavours in the next few years. Be successful, know you are supported and know you are people of insight, vision and value.

On behalf of the Independents and the One Nation and Greens representatives in this parliament, I would like to thank the parliamentary staff, the attendants, security, the local police and detectives who have worked so well to keep these sittings safe, the volunteers and the staff at the convention centre. I thank the public, the students and the teachers who came and filled the gallery and observed the good, the bad and the ugly of parliamentary sittings, and I say that with the best of intention.

I also commend the demonstrators—the fire service officers, the ambulance officers, the residents of the former Douglas shire council who were opposed to amalgamation, the group here today from the stolen wages group and all the others who demonstrated here. That shows the strength of our democracy: the ability of these people to speak loudly and clearly in opposition to government policies of the day but still be free to walk away. I think that is the part of our democracy that we need to value so very, very much.

These regional sittings do bring the parliament to areas outside the south-east corner. It is vitally important that the government of the day, whoever that may be, follows up with that demonstration of valuing rural and regional Queensland by actions that emulate that value. I would like to put on the record the appreciation which I am sure is felt by constituents of the member for Tablelands, Ms Rosa Lee Long; she has worked very diligently to represent her community.

We are a privileged people. We are 89 people who are in a position to make very important decisions. We need to ensure that we make those decisions responsibly, valuing the role that we fill. I commend the people of Cairns for their hospitality this week.

Martel, Mr R and Campbell, Mr C; Cairns Regional Parliament, Student Visits

Mrs KIERNAN (Mount Isa—ALP) (6.37 pm): I would like to commence my speech tonight with a few words for the families of the two men who tragically lost their lives last Friday on the Cloncurry to Mount Isa road. My heartfelt condolences go to the Martel family, to Mother Queenie and to all the family, in the loss of a wonderful son and brother, Roy Martel, whose commitment to his family and community knew no bounds. To the Campbell family—Sally and children—I know that the community of Cloncurry will wrap you in their arms and help you through the tragic loss of your husband and father, Charlie.

Now on a brighter note, this week has been exceptionally pleasing for me as the member for Mount Isa because I have had some 41 students visit regional parliament from right across the Mount Isa electorate. My thanks go to the government, to Mr Speaker and to the staff for making this possible by providing funding to allow them to come over. Students came from Burketown, Normanton, Doomadgee, Cloncurry, the Christian college in Normanton, the School of the Air north-west region—for a young student from the School of the Air who resides 90 kilometres outside of Hughenden, his greatest pleasure was that he got a hug from the Premier of Queensland—Happy Valley in Mount Isa, Townview, Sunset, Barkly, the Spinifex senior college, St Joseph's, St Kieran's, the Good Shepherd Catholic College and St Joseph's Cloncurry. They all attended over the past two days.

It is the first time a number of these students had even visited Cairns and it was certainly a first to the Queensland parliament. Children from the gulf came by bus and air from Mount Isa and Cloncurry. Tour leader Sharron Peachier and Rod Kyle in the district office did a fantastic job in organising the trip, as did the parents and teachers who accompanied the students. In closing, I again thank Cairns for the wonderful hospitality and I extend an invitation from the students and constituents of the Mount Isa electorate to hold the next regional parliament in Mount Isa in 2011.

Australian Red Cross Blood Service

Mr DEMPSEY (Bundaberg—LNP) (6.40 pm): Giving blood is the gift of life, and this very special donation is best described as the greatest gift of all. Throughout this great country this vital service is administered by the Australian Red Cross Blood Service. Its vision and mission are to 'share life's best gift by the provision of quality blood products, tissues and related services for the benefit of the community'. Fundamental to the delivery of this service is the voluntary, non-remunerated donor system which epitomises the humanitarian spirit of the Red Cross movement—people helping people. Unfortunately, only three per cent of the Australian population gives regularly, but this small number of committed blood donors support six million people directly. In Queensland alone, the Blood Service needs around 1,100 donations a day just to meet existing demands, and that is without taking unexpected emergencies into account.

Each year one week is set aside as National Blood Donor Week when the Red Cross lets donors know how special they really are. During this week I attended the Bundaberg Blood Donor Recognition Ceremony and, as usual, the friendliness and excellence of centre manager Darelle Rechenberg, aphaeresis coordinator Lorraine Tyson and all of the team was evident. One could only be inspired by the touching story of blood product recipient and long-devoted donor Lynette Slapp. Lynette defied medical opinion to survive thanks to a number of transfusions after massive blood losses as a result of a stabbing attack in her youth. But the greatest heroes on the night were the 2008 milestone donors headed by Cheryl Bedford, who topped the magical 200 mark, and Ian Clarke with 150. Twenty-one others were acknowledged for reaching their century: Christine Blackley, Martin Cole, Iris Cross, Edwin Faint, Frank Garrett, Michael George, David Harris, Arthur Jennings, Tony Kimber, Michael Lincoln, Peter McCowatt, Brian McMahon, Brian Mitchell, Alastair Paulsen, Garth Petersen, Lindsay Ryan, Gordon Saxelby, Kelly Thornton, Michael Tompkins, William Tudman and James Wilkinson.

ARCBS Queensland Operations Manager Anthony Burke outlined the magnitude of these people's contributions when he revealed that the blood that they had given had helped save a total of 8,100 lives. Many businesses, clubs and high schools also received Club Red certificates of recognition for their ongoing commitment to the Bundaberg Blood Challenge. With 2009 being declared the Year of the Blood Donor in Australia, I urge every Queenslanders to give blood if they can and to do everything they can to promote and support the Australian Red Cross Blood Service within their communities. You have the gift to restore life. You have the power to help people with cancer. You can heal people with third-degree burns. You can give hope to people with heart disease. You have the power to help unborn babies. Every time you donate blood, you can help save three lives. I ask everyone to please get involved.

Breast Cancer

Mrs SULLIVAN (Pumicestone—ALP) (6.43 pm): An indication of the growing effects of breast cancer on our communities was evident at a breast cancer support breakfast I hosted recently. More than 60 people attended—double the number of attendees at the last breakfast I hosted in 2006—and over \$1,000 was raised, three times the amount raised in 2006. I believe these figures illustrate the growing number of people who have been or who know someone who has been affected by breast cancer. The breakfast was held at the home of John and Val Powell and raised funds for breast cancer research and survivors. The Dragon's Abreast Bribie Island branch also raised \$274.20 through raffles on the day which will go towards a dragon boat in our area.

The people who attended the breakfast are passionate about the cause and I have found that this year more than ever people are willing to show their support in any way they can. Supporters of the event included Peter and June Meij, Ned Fox, John McNaught, David and Anne Percival, Helen and Kevin Cornish, Gayle Anderson, Helen Barron, Helen Glisson, Herb Coleman from the Sandstone Point community association, Retravision Bribie Island, Melissa and Shane Daniels, Moreton Region Breast Cancer Support Group and John and Diane Oxenford. Pearl Duncan was again a great choice as our guest speaker. A breast cancer survivor herself, Pearl is a powerful role model. She inspired guests at the breakfast and her personal story was one of the many that the guests could relate to.

The event also gave guests an opportunity to celebrate the federal government's recent announcement that the Medicare system will reimburse women for new and replacement breast prostheses. Breast Cancer Network Australia praised the program which enables women to receive a quick and straightforward refund through their local Medicare office. The program will come into effect

from 1 December this year. However, women will be able to claim the reimbursement from purchases made from 1 July 2008. Breast Cancer Network Australia has also instigated a project to support breast cancer patients by placing breast cancer care nurses in regional areas.

Breast Cancer Network Australia, with the assistance of the district health manager and the director of nursing, appointed a breast cancer care coordinator to our region last year. The coordinator provides invaluable support and advice to patients and the initiative has proved to be a great success. Monday of this week—27 October—was the official breast cancer awareness day, but the month of October has become an important time of year to raise funds and awareness and pay tribute to those affected by the disease.

Breast cancer is the most common cancer experienced by women in Australia and we do not know what causes it as yet. We cannot prevent it. However, research has shown that early detection can be the difference between life and death. Our efforts in research and treatment have resulted in an impressive increase in the number of women surviving breast cancer and I encourage women to take the opportunity to have a free mammogram as part of the state government's preventative measure to combat breast cancer.

Volunteers

Mrs MENKENS (Burdekin—LNP) (6.45 pm): I am dedicated to promoting to the public an awareness of the contributions, achievements and ambitions of seniors and a real acknowledgement of the particular needs of this section of our community. As the numbers of our ageing population increase, it is important that we recognise the social capital that is contributed by older people to the community, including their roles as part-time carers or participants in community organisations.

I was particularly proud to be present at the annual Premier's Awards at Parliament House recently where two north Queensland women were among the 15 seniors to receive awards. These two ladies were the only northern winners and both reside in the Burdekin electorate. It was a privilege to be able to be there to congratulate Margaret Baison of Townsville and Vera Roberts of Ayr for their years of volunteer service.

Mrs Baison is originally from Papua New Guinea and 28 years ago established the Papua Nuigini Logo Association to give support to Papua New Guinea visitors and immigrants. She was also instrumental in forging Townsville's sister-city relationship with Port Moresby in 1983. Mrs Baison is a strong supporter of the Townsville Migrant Resource Centre and the International Women's Group and also helps Palm Island residents travelling to Townsville for hospital treatment.

Mrs Roberts was recognised for having spent 37 years volunteering with the Ayr Lions Club, the Lower Burdekin Lions Club, Meals on Wheels and the local seniors support group and for her part in revitalising the driver revival centre north of Brandon. Her achievements include collecting more than 700 pairs of used glasses and 250 hearing aids for recycling and sending on to Third World countries. Mrs Roberts also finds time to crochet jackets, booties and bonnets for premature babies that are donated to local hospitals.

It was good to see Mrs Baison and Mrs Roberts recognised for the valuable work they do for their respective communities. People like these two special women work hard behind the scenes. They never expect reward, so it was excellent to see their efforts acknowledged by these awards.

Those who volunteer are small in number, but it is their sense of community and unselfish devotion to bettering their community that makes a big impact on a lot of lives. Our position in Queensland reflects national trends. We have an ageing population, with many people living longer and retiring earlier. This means there is now a significant number of healthy, active older people who want to continue to contribute to community life. The majority of volunteers of course are drawn from the retired population. The contribution that these volunteers make to their community—locally, statewide and nationally—could be measured in very significant terms. I salute them all. I salute our volunteers and I commend their further efforts.

Springfield

Mrs MILLER (Bundamba—ALP) (6.48 pm): I would like to talk briefly about two issues affecting the Springfield community. Firstly, last Sunday the minister for transport, John Mickel, and I officially opened the new pedestrian bridge at Springfield which links the suburbs of Springfield and Springfield Lakes. This bridge cost \$12 million and it is a permanent bridge that links the two suburbs. It came about because school students were running across the busy Centenary Highway and it was costing Main Roads in excess of \$3,000 a week to repair the fences. It was a community issue and we wanted to make sure that the children were safe crossing from Springfield Lakes to Springfield to attend Woodcrest State College.

I would like to thank Brett Elphick, who is the head of department of arts at Woodcrest State College, for designing and being involved in the 250,000-piece mosaic which the community put in place. That wonderful artwork is a great tribute to the new suburbs of Springfield and Springfield Lakes. I would also like to say that if it saves one life it will be money well spent.

I would also like to thank the police minister. The police minister and I turned the sod on the new Springfield Police Station. It will be a regional police station for the suburbs of Redbank Plains, Augustine Heights, Brookwater, Springfield, Springfield Lakes and other suburbs. It is located at Augusta Parkway near the roundabout on the southern side of that roundabout. The police units that are planned to be stationed at that station are the Child Protection Unit, the Criminal Investigation Branch and the traffic and general duties branches. It will be a state-of-the-art police station and the architecture will fit in with the modern contemporary design in the local area.

I note that the police minister is with us here today. I would like to request of the minister that the school students of my local area be involved in the art projects within the police station, because they do a fantastic job. I am sure the art departments at Woodcrest State College and also Redbank Plains State High School would be very keen to be involved.

Police Commissioner Atkinson

Hon. JC SPENCE (Mount Gravatt—ALP) (Minister for Police, Corrective Services and Sport) (6.51 pm): Police Commissioner Bob Atkinson celebrates 40 years in the Police Service today. I am sure all Queenslanders would agree that we have been well served by his 40-year service to this state. His professionalism, his integrity, his hard work, his common sense and his humanity have served us very well in his 40-year career.

Our police officers have also been served well by Commissioner Atkinson and the pastoral care that he provides to every single officer in this state. The commissioner will make a personal phone call or a home visit to every officer who is injured on the job and he keeps those relationships with those officers and their families for many years—in the past and into the future. One of the things the commissioner does so well is engage with our ethnic communities. He is out there involving himself in the multicultural communities in this state and making sure generally that we all have a good relationship with our Police Service.

Question put—That the House do now adjourn.

Motion agreed to.

The House adjourned at 6.52 pm.

ATTENDANCE

Attwood, Barry, Bligh, Bombolas, Boyle, Choi, Copeland, Cripps, Croft, Cunningham, Darling, Dempsey, Elmes, English, Fenlon, Finn, Flegg, Foley, Fraser, Gibson, Grace, Gray, Hayward, Hinchliffe, Hobbs, Hoolihan, Hopper, Horan, Jarratt, Johnson, Jones, Keech, Kiernan, Knuth, Langbroek, Lavarch, Lawlor, Lee Long, Lee, Lingard, Lucas, McArdle, McNamara, Male, Malone, Menkens, Messenger, Mickel, Miller, Moorhead, Mulherin, Nelson-Carr, Nicholls, Nolan, O'Brien, Palaszczuk, Pearce, Pitt, Pratt, Purcell, Reeves, Reilly, Reynolds, Rickuss, Roberts, Robertson, Schwarten, Scott, Seeney, Shine, Simpson, Smith, Spence, Springborg, Stevens, Stone, Struthers, Stuckey, Sullivan, van Litsenburg, Wallace, Weightman, Welford, Wellington, Wells, Wendt, Wettenhall, Wilson