NEEDLE EXCHANGE PROGRAMS

Ms BOYLE (Cairns—ALP) (6.43 p.m.): I rise to join with other members of the House in supporting the motion before us. It is indeed a fine thing that we are able on these occasions to work together for better fairness for all members of our community.

I have long been a supporter of the availability of clean needle programs for illicit drug users, not so much because I worry about their health but more because I worry about our health, the impact on the broader community who are not illicit drug users and who should not be put at risk by those who are and by their unsafe practices or their waste disposal methods. Of course, it is important to give recognition to the effectiveness of that program in Australia. In fact, despite the doubts of the previous speaker, I must say that there is overwhelming evidence that the clean needle programs have worked in Australia in reducing the risk of passing on infections and serious viruses such as the AIDS virus. In fact, Australia leads the way with Sweden in clean needle programs.

At the same time, however, I entirely endorse the motion of the member for Gladstone and her recognition that there is a perceived unfairness. Australia is the land of the fair go, and while we have not yet discovered a system of government at any level that ensures that we are always fair, this is an inequity that is before us at the moment. I understand why people, particularly those of limited incomes, believe that it is, in a sense, as though we are rewarding bad behaviour by giving needles free of charge to illicit drug users while we charge those who have a medical need for them week in, week out, year in, year out. It is as though we are penalising good behaviour, charging them, when in fact it is those who are more troublesome in society who should, in principle at least, be the ones to pay. That is why we should have clean needle programs and offer easy availability of needles at no or extraordinarily low cost to all users, not only illicit drug users but also those who have medical conditions.

Particularly tonight we have given recognition to the importance in the management of diabetes of easy availability and low or no-cost access to clean needles and sharps containers. In speaking about diabetes tonight, I am reminded of the extent of the programs existing in far-north Queensland aimed at assisting diabetics. Unfortunately, the rates are high in Cairns. While the access to needles is one element of diabetes management, there is much more to do not only to keep those with diabetes under control but also to minimise the risk of diabetes in the generations of the future.

This is an opportunity for me to give recognition to the tremendously good work of the Cairns Diabetes Centre in Lake Street and also to the fine initiatives that were started by the Tropical Public Health Unit based in Cairns back in the early nineties. Their focus has been particularly on indigenous people in Cape York and in the Torres Strait, where there is a high rate of diabetes. Much of this has been related to diet and to exercise. They have, along with others such as the Cape York Health Council, the Torres Strait Health Council and the Health Promotion Council of Queensland, initiated programs that are culturally appropriate to assist people in cape communities and Torres Strait communities not only to look after themselves better once diagnosed but particularly to improve their nutrition towards a healthier future for their children.

We do not yet have figures proving that those programs have been effective, though we do have some early figures to indicate that the children of the latest generation born in the cape are much healthier than are their parents. So we can be hopeful that not only through the availability of clean needle programs and other support services for diabetics but also with continuing education programs we may well one day be in a position where we do not need so many needles.