



Speech by

Dr LESLEY CLARK

MEMBER FOR BARRON RIVER

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RETRACTABLE NEEDLES

Dr CLARK (Barron River—ALP) (6.20 p.m.): It is with pleasure that I second the Minister's amendment, which seeks to achieve a measured and responsible approach to what is an issue of genuine and widespread public concern. Unfortunately, the Opposition has displayed yet again its willingness to jump on a contentious issue and exploit community concern in a shameless political manner. If the shadow Minister had done her homework, she would have known that the National Intergovernment Committee on Drugs was already examining this question. She would know that at its May meeting it will be considering a standard for a safe and effective retractable syringe, and that is what is under active consideration and needs to be pursued.

Mr Sullivan: Maybe she did know and still went ahead with her statements.

Dr CLARK: It had occurred to me that perhaps the honourable member did know that this was already on the agenda and had deliberately tried to pre-empt the deliberations of the committee to gain publicity for herself. But I hope that is not the case. In any event, it makes no sense at all for Queensland to go alone on retractable needles prior to the responsible national committee concluding its deliberations on this issue. It makes no sense at all for Queensland to be doing something separate and independent from what is occurring in other States. This is not a State problem, it is a national problem and it needs a uniform national response. I sincerely hope that commonsense will prevail and the Opposition will support the Government's amendment so that we can have a bipartisan approach on this difficult and contentious issue. There is no one simple solution. There is also no doubt that the community is looking to us, as leaders, to work together on this problem and adopt a bipartisan approach. That will engender confidence in the community that we are acting responsibly.

In my contribution to this debate, I wish to put this issue into the broader context of drug and alcohol abuse, because there is far more to this problem than just the provision of needles, whether they are retractable or not. It is important that this debate also canvasses some other aspects of these broader issues and acknowledges some of the positive work being done by health workers in both the Government and non-Government areas.

In recent years, a wide variety of strategies has been developed to address these vexing issues. These strategies include health promotion initiatives, early prevention programs, treatment and rehabilitation services, community development initiatives, a school nurses program and, as we heard today in this place, the introduction of drug courts.

Queensland Health has recently completed an inventory of specialist drug and alcohol services operating in Queensland. The results should be of great interest to all honourable members and, accordingly, I table this report of the inventory carried out last year. The inventory identified a total of 253 specialist agencies operating in Queensland. Of these, 130 are Government, 105 are non-Government and 18 are private. What is particularly interesting about this latest inventory of services are the changes that have occurred during the past three years since the last audit was carried out. I wish to run through some of the key changes since the last inventory in 1996, because I think they demonstrate a strong level of both Government and community commitment to addressing drug and alcohol issues.

Acute walk-in crisis services provide immediate and short-term crisis care, and in total there are 33 of those services in Queensland. There are nine sobering up facilities—an increase of five since

1996. There has also been an increase of 17, or 35%, in the number of comprehensive assessment and referral services, bringing the total to 39. An additional four agencies are providing residential withdrawal services—up from the 19 reported in 1996. The number of non-residential withdrawal services has increased by 16, or 84%, which brings the total number to 35. The number of agencies offering non-residential counselling therapy services has increased by 14, or 20%, bringing the total number to 85. There are 29 more needle availability and support programs than in 1996, representing an increase of 39%. That demonstrates that, yes, there is a reason—

Time expired.
