



Speech by  
**Mr TERRY SULLIVAN**  
**MEMBER FOR CHERMSIDE**

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Hansard 31 May 2000

**NEEDLE EXCHANGE PROGRAMS**

**Mr SULLIVAN** (ChermSIDE—ALP) (6.34 p.m.): I rise to support the motion before the House. The ChermSIDE/Stafford area has one of the highest percentages of constituents aged over 60 in the State. A large number of these people are patients with diabetes or other diseases which require injections. In fact, in the Prince Charles Hospital Health District I believe there are more than 14,000 patients with either type 1 or type 2 diabetes.

I thank very much those from the Prince Charles Hospital Health District and the community workers who treat these patients over an area from the Brisbane River to the Pine Rivers Shire. I also thank Alison Edwards, a local member of the Labor Party in the ChermSIDE area who raised this important topic with the ChermSIDE branch of the ALP last year. The branch supported her motion unanimously and we forwarded our concerns and our suggestions to the relevant Health Ministers. I thank the State Health Minister for her reply. We have not yet heard back from any Federal agencies.

As was alluded to earlier, today's paper notes that Australia is in the grip of what has been called a diabetes epidemic, with one in four suffering from the disease or at risk of contracting it. The report goes on further to note research which shows that the number of people with diabetes has doubled in the last 20 years and that Australia is now ranked as having one of the highest rates in the developed world.

Queensland, fortunately, is leading the way in responding to effective management of diabetes in the community. I am pleased that a five-year health outcomes plan for diabetes mellitus has been developed. This plan identifies priorities and strategies to be progressed and recognises the role and responsibility of key players, which of course includes the patients. The primary health outcome of the plan is to reduce the rate of increase of diabetes mellitus, its health impact on the Queensland population and associated health systems costs. This plan is the first and only of its kind in Australia. Even the Commonwealth has not developed such a plan, despite recognising diabetes as one of the six national health priority areas.

The priorities and strategies identified in the Queensland Health outcomes plan cover the areas of prevention, early detection, management and systems issues. The Queensland Government does not just have a plan; it is also responding to patients' needs in a practical and efficient manner. The Minister touched on a number of the activities that the Government has funded through Diabetes Australia (Queensland) which are undertaken on behalf of the patients.

I take the point made by members opposite who have spoken in this debate that there is an anomaly between those who have free access and those who have to pay for needles. I take the point of the member for Thuringowa, who said that, while there are free needles available through the needle exchange programs, the atmosphere or ambience of those centres sometimes militates against, for example, a mother going with children to pick up needles for a diabetic child. The same may apply to an elderly person, who may feel a bit threatened in the atmosphere of that needle exchange program, which often has in attendance younger persons whose presentation can sometimes generate some anxiety in older persons. So the honourable member is correct: while free needles are available to diabetics, there is probably a factor which militates against their availing themselves of that program at the same rate as other people. As the Minister said, this plan is about collaboration across Government, the community and the individual. That is what we as a Government want.

I congratulate the Community Diabetes Care Service, which operates from the Prince Charles Hospital. The service commenced in October 1997 with the aim of providing a multidisciplinary educational service for people with diabetes in the Brisbane north area, involving the general practitioner as the coordinator of care. The Minister will know that I have written to her on a few occasions about this matter. Dr Barbara Cooper is a very strong advocate of that service. I believe that members opposite have raised concerns of equal magnitude that apply to their own electorates. I am very happy to support the motion before the House.