



Speech by

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COMMUNITY SERVICES LEGISLATION AMENDMENT BILL INDIGENOUS COMMUNITIES LIQUOR LICENCES BILL

Miss SIMPSON (Maroochydore—NPA) (4.42 p.m.): It is with pleasure that I rise to support this legislation in this cognate debate. Following in the steps of the Deputy Opposition Leader, I reiterate that the opposition is supporting this legislation. There has been a very good and wide-ranging debate with contributions from members across the chamber who have genuine concerns about the extent of violence linked with alcohol abuse and other substance abuse in indigenous communities. We acknowledge that alcohol abuse and other substance abuse is something that touches society, whether it is white or black. However, the issues in certain communities where there is a need to empower those communities and involve them in the processes of stepping forward require new and different solutions. This plan has many merits to it, but the success ultimately will not be in the publication of a plan or the legislation but in its implementation. This has been the crux of many failures before—that is, there have been plans, good intentions and reviews as to how best to deal with these difficult and complex issues without adequate action.

The opposition, in giving support to these bills, has clearly stated that it wants to see accountability in how the implementation is carried forward and appropriate resourcing to ensure that this plan and legislation are successful. My portfolios cover the liquor licensing area as well as health, and I want to touch on some of the issues to do with liquor licensing enforcement. That goes hand in hand with education and working with the communities to make this legislation effective.

In last year's estimates debate I was most concerned when I read the Ministerial Portfolio Statement for Tourism, Racing and Fair Trading—in particular the liquor licensing section. With regard to the number of indigenous communities which are being assisted to develop alcohol management plans, the department had a target for developing those plans in 10 communities in 2000-01 but it in fact only achieved an outcome of seven. For the following year it revisited the target to establish nine alcohol management plans in those communities.

Turning back to last year's MPS, it is important to look at the footnotes. I raised this issue with the minister responsible for liquor licensing at the time. The reason given for its failure to meet its target in establishing alcohol management plans was: 'Due to delays in the appointment of licensing officers to work in indigenous communities, the target was not able to be achieved'. This year's MPS for the same portfolio states—

Following Government endorsement of the Cape York Justice Study recommendations, the Department of Aboriginal and Torres Strait Islander Policy will assume a co-ordinating role in the establishment of further community reference groups to develop relevant Alcohol Management Plans.

But the Output Statement states that the department had achieved the target of nine even though it was a lower target than the previous year and in this financial year it would have a target of having helped establish 12 of those communities. I ask for some explanation from the government with regard to the communities that have actually been listed as having received that assistance, because last year's portfolio statement lists Hope Vale but excludes Hope Vale from this year's portfolio statement. In effect, there has been a net gain of two communities which have been assisted to establish alcohol management plans, but one community is no longer listed there. I want to know what the status of that community's progress is with that plan.

Essentially, we recognise that these are complex issues and that it is not easy to develop plans and then implement them in the communities. This brings me back to the issue of resourcing. As has already been touched on in the debate by my colleague the member for Gregory, there is a need for more officers to help implement and work with communities with these management plans. We have been told that there are only two liquor licensing officers who are actually dedicated to this process to work with communities in the establishment of alcohol management plans. If that is the case, even double that number would be insufficient to effectively support the implementation and development of those plans. This is an area which has to be resource intensive in order to make it work. But why have we seen failures in the past? In the last 12 months we have talked about the failure to meet very critical targets. The reason is that there is a lack of resourcing, a lack of putting people in the field.

I bring that issue to the floor of the parliament because if these things are to succeed it will take a lot more than statements. For it to work it will take putting those people in place to drive the process and coordinate the range of services. Those services are wider than liquor licensing, but that is a fairly important area, particularly given that these are models involving more people in the enforcement and development of plans. They are going to need assistance to be able to implement those laws and not find themselves falling foul of those laws themselves as they seek to do the best thing by their communities. How many officers will the government commit in future to liquor licensing? It has to be a lot more than what we have already seen in this area, and that goes across into other portfolios.

I turn now to the health arena. I acknowledge that in Meeting Challenges, Making Choices, the Queensland government's response to the Cape York Justice Study from April 2002, some principles and commitments were given as far as what the Queensland Health Department would be undertaking. There were statements such as that health workers would be given support in an effort to prevent and reduce the incidence of alcohol abuse and violence through awareness raising and educational programs, a commitment to a new rehabilitation service hub for residents of the northern peninsula and a comprehensive rehabilitation study.

In the Health estimates this year the Health Minister outlined that there would be recurrent funding of \$800,000 for an integrated indigenous alcohol and drug service, and I welcome that. That is a start. We know that, once again, this is going to be an expensive process. Ultimately, \$800,000 sounds like a lot of money but the process will be a lot more expensive than that. However, I ask the government: in implementing drug and alcohol rehabilitation services to people in these remote communities in culturally appropriate ways, what accountability will the government have as to when those services will be in place and the training of workers? We have seen delays in implementation and delays in the alcohol management plans. We have seen the wheels fall off through a lack of driving to ensure that the process is carried out.

Unfortunately, very few targets and performance indicators are printed and published in the Health portfolio, which has one of the biggest outlays of taxpayers' money. When talking about Aboriginal health and the issues within this legislation, we must ask government to be accountable for how it is implementing its promises. To date, we have seen very little outline of the targets and time frames for rolling out those services. That is something that we would expect any government to do. As I said, there is bipartisan support for the plan but we need to know that the plan is accountable to this parliament and, most importantly, accountable to the people that it states it is going to help.

In the government's response to the Cape York Justice Study it also said that there would be a focus on environmental health and that this would be based on the Aboriginal and Torres Strait Islander Environmental Health Strategy 2001 to 2006 developed by Queensland Health. Once again, I would ask the government to provide an outline of where it is at in that process, how much money it has quarantined for that process this year, what its action plan is in rolling that out over the course of that strategy and how effective it has been to date. The stated aim of this strategy was to deal with issues such as water quality, waste disposal, dust, sewage treatment, roaming animals and other things which pose a risk to the health of the community. I know that we have been talking about alcohol abuse and these issues, but it has been acknowledged here that there are complex issues in lifting health standards and lifting the hope of the people and empowering the people in these communities.

There is also a statement that there will be community action plans. Once again, where are these community action plans at? This is in the document, but there has been little published to date as to the implementation of this community action plan with regard to health as part of the government's response to this study. I ask the government to be accountable to this parliament. My colleague the member for Gregory asked for quarterly reports in this regard, and that is not unreasonable because we are talking about accountability for government. We are not talking about punishing the people of the communities. We are talking about accountability for government, because that is where the greatest failure in the past has been—that is, government and the bureaucracy of government being able to effectively coordinate and get outside the silos of its thinking between the various portfolios and between the different levels of government to work together to achieve outcomes

but to do it in a way which is not paternalistic and insensitive to the needs of the people in these communities.

An aspect of the alcohol action plans in relation to which there has been criticism is the need for more focus upon other substance abuse issues. While I acknowledge that the Health estimates mention rehabilitation in relation to other drugs, in terms of management plans and legislation giving power to communities to implement them I believe we need to look at the broader issues. Abuse of alcohol is certainly the biggest problem, but there are other substances, either taken on their own or in combination, that are ripping the hearts out of young and old people alike. Paint sniffing has been mentioned by my colleagues as a devastating issue. Our effectiveness in working with communities to address these issues has to be taken into account.

In conclusion, I ask for some answers in regard to the failure to meet previous targets in this regard. I reiterate: we are supportive of this legislation, the process and the way forward. We acknowledge that the important aspects are implementation, effectively targeted resources and consultation with communities. The biggest issue is often making sure that departments work with themselves, that government gets out of its silo thinking and is willing to listen to the issues at the grassroots level and, as has been mentioned, to tailor those solutions at the local level.

The success will be in the implementation. We will be looking for the government to bring reports to this parliament on a regular basis—to publish its own targets and indicators for success so that we will know where we are in this process. That is important so that the parliament in 10 years' time does not come back again and acknowledge through another review, another painful process, the sum total of people's misery through the effect of violence as a result of substance abuse and alcohol.