



Speech by

Mark McArdle

MEMBER FOR CALOUNDRA

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MOTION: HEALTH OF QUEENSLAND SCHOOLCHILDREN

Mr McARDLE (Caloundra—Lib) (5.55 pm): It gives me great pleasure to rise to support the motion moved by the member for Cunningham. It is important to understand that the motion is geared towards children so that they do not become statistics in a future Queensland public hospitals performance report tabled at a later date in this House.

One only has to look at the statistics contained within the document to understand that bed numbers in the last 10 years have decreased by 500 and that elective surgery waiting lists are growing longer than ever before. At the same time, the Queensland Health budget in 2005-06 was \$5.3 billion and has now increased to \$6.65 billion in 2006-07. What we do not want is the children of this state to be any more afflicted by this government's crippling inability to provide health services to the people of this state.

Accordingly, the motion proposes very simple steps that will provide long-term health and benefit to our children. No-one in this House is going to deny that physical activity is essential to both physical and psychological wellbeing. A prime example in this building is the gym located on level 7. I wonder if a straw poll were taken of the members how many could say they consistently use the equipment, because if we are going to be debating an issue of this nature then I would have thought MPs should also set the example. Children watch and mimic adults more than we realise.

Between the ages of five and 12 physical activity is most important for a number of reasons. They include promoting healthy growth and development, improving cardiovascular fitness, improving posture, building strong bones and muscles, together with improving self-esteem. The federal government's Department of Health and Ageing recommends that children need at least 60 minutes of moderate to vigorous physical activity every day and to spend no more than two hours a day in front of the TV, computer games, internet et cetera and certainly not more than two hours during daylight hours. I do not believe that it is practical for schools on a daily basis to provide that form of physical activity. However, there is without a doubt a place for schools in this very important process.

More and more, schools are becoming part of the wider growing process of children. Schools have always, by definition, been the primary education facility that our children attend. If the children are healthy, if the children are receiving a good and adequate diet, then clearly it assists them in getting through the day, dealing with their lessons and undertaking other activities associated with modern schooling. It is common sense that physical activity at schools be introduced on a regular basis. It first and foremost benefits the children and ultimately must be a cost saving to the public purse.

On the question of the use of drugs, recently Sydney saw the very tragic death of a 20-year-old young woman who had taken the drug ice. Teenagers and young children today have an inherent belief that recreational drugs are simply that—for recreation. Nothing could be further from the truth. In addition, other drugs and alcohol constitute a major threat to our children's lives. If they do not succumb to an overdose of heroin, ice or some other amphetamine, then there is a real risk—much greater than the balance of the population—that they will be killed by a drink driver or cause the death of other young people by drink driving. It is therefore important that at a very young age children be educated about drugs and alcohol. Drug education must incorporate legal drugs—tobacco and prescription medicines—and not

just illegal drugs. Legal drugs will kill you or cause you long-term harm and detriment just as surely as illegal drugs will.

The National School Drug Education Strategy, which was developed by the Department of Education, Training and Youth Affairs in May 1999, has listed a number of principles for drug education in schools. Some of those principles include the belief that it is best taught in the context of the school health curriculum; that it is important that programs are not just a one-off but continue throughout schooling; that drug education messages across the school environment be consistent and coherent; and that drug education strategies be related directly to the achievement of the program objectives. In all, some 15 principles have been outlined to provide an overall drug education program in schools.

The necessity for this becomes obvious when one looks at the statistics on people who are using drugs irrespective of type. More and more young people are placing themselves at risk as drugs become more readily available. Youth has two beliefs: the first is that they are invincible and the second is that they will live forever. Anyone who has seen the effect of drugs on young people knows that neither is correct.