




Speech By  
**Hon. Cameron Dick**

**MEMBER FOR WOODRIDGE**

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Record of Proceedings, 15 September 2016

**HEALTH AND OTHER LEGISLATION AMENDMENT BILL**

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (5.28 pm), in reply: I start my closing remarks by thanking all honourable members for their contribution to the debate on the Health and Other Legislation Amendment Bill. This bill contains important health reforms for Queensland. I am very heartened to see that these reforms are supported on both sides of the House. I just want to address, if I can, some of the points that were raised in the debate.

I am pleased at one level that the member for Surfers Paradise has read the draft sexual health strategy, and I am also pleased to provide the House with detail of the steps we are taking to educate young Queenslanders. I note that the member for Surfers Paradise indicated there was nothing in the draft sexual health strategy to support sex education for young people. This came as a surprise to me given the extremely unfortunate and damaging history of the LNP when it comes to supporting sexual health in Queensland. Members who served in the previous parliament—not just members of this parliament who were returned at the last election but all Queenslanders—will know that the Newman-Nicholls government stripped funding from sexual health services across Queensland.

**Ms Trad:** Shame!

**Mr DICK:** I take the interjection from the member for South Brisbane and Deputy Premier. It was a terrible thing for that government to do. Members will recall that the LNP all but shut down the Biala sexual health service. They sacked public health education prevention officers in the far north of our state where we have now seen rates of sexually transmitted infections increase since those cuts were made. The history of the LNP is very clear. When it has access to the purse strings of our state, when it has access to the treasury benches, it seeks to cut essential sexual health services that impact on Queenslanders, often vulnerable Queenslanders.

The Queensland sexual health strategy is draft. It is not yet finalised. We seek the views of the community and public health experts in finalising that strategy. We are even happy to receive submissions from the LNP if they wish to make submissions on this very important public document, but I will give this commitment to the parliament: we will not close down important public health services in our state, particularly in the sexual health space, and we will not change things either without properly consulting and receiving the advice of experts.

I agree with the member for Surfers Paradise that education for young people about their sexual health is important. I hope this is a matter that is genuinely engaged with by the LNP. We have seen some terrible attacks by members of the LNP both in this parliament and in the federal parliament on the Safe Schools program and on programs that are designed to provide information and support to young people, particularly as their own sexuality develops. Young people need support. They do not need judgement and discrimination if they are to develop fully as individuals. That is why we are discussing the reforms before the parliament.

While we are the last state in Australia to standardise the age of consent, we will be the first state in Australia to have a statewide sexual health strategy. The final strategy, which I intend to release later this year, will be underpinned by action plans designed to respond to specific sexual health issues. It will also include a focus on the importance of education of children and young people. Our government, the Palaszczuk Labor government, has committed \$5.27 million over four years to implement the priority actions of the strategy including the focus on relationships and sexual education programs for children and young people. We will continue to monitor the effectiveness of these education programs to ensure that we make the best use of taxpayers' funds.

In terms of education programs already in place, I note that it is primarily the role of parents to educate children about sexuality and relationships. Families play an important role in that space but individual state schools in Queensland develop and deliver age appropriate relationships and sexuality education programs for their students. Opportunities currently exist within the Queensland health and physical education years 1 to 9 curriculum to address relationships and sexuality education. Comprehensive relationships and sexuality education covers a broad range of topics including sexual and reproductive health, relationships, growth and development, identity, interpersonal and intrapersonal skills and decision-making.

These programs are developed in consultation with the school community, and parents may elect for their children not to participate. The school principal, in conjunction with teachers and the school community, makes decisions about the resources and delivery of the school's learning program. In addition, school principals in Queensland have access to a range of external education programs. School based youth health nurses employed by Queensland Health can provide sexual health, healthy relationships and sexual inclusivity education and advice to students, parents, teachers and the broader school community to promote positive health outcomes for young people through the delivery of accessible, appropriate and culturally respectful primary healthcare services in the state school setting. The Life Education Program, which is funded by Queensland Health and delivered by Life Education Centre Foundation Queensland, also provides programs. The program principally offered by Life Education offers three modules that are focused on identity and diversity, reproduction and relationships. Life Education Queensland delivered sexual health education to 90,000 Queensland students between 1 July 2013 and 30 June 2016. The Love Bites program, delivered by the National Association for the Prevention of Child Abuse and Neglect, focuses on respectful relationships, consent, rights and responsibilities and sexual assault scenarios.

The member for Currumbin expressed some concerns about the age of consent. The expert panel considered this issue, noting that existing data suggests the average age of an individual's first sexual experience in Australia is just under 16 years of age. The government has no intention of further changing consent ages without evidence indicating it is necessary or appropriate. I note that it has not been changed in any other jurisdiction including jurisdictions that standardised the age of consent to 16 many decades ago.

The member for Currumbin also took us back to 2015 with her comments on the childcare vaccination bill that was passed by the parliament in that year. I appreciate the comments made by many members in this debate around the importance of vaccination and immunisation. I say again what I said in October last year—

We need to be careful about giving any credence to the connection that some in the community put forward between autism and vaccination. Research indicates that there is no difference in the rates of autism between vaccinated and unvaccinated children. From a public health perspective, it is essential that we follow the national immunisation schedule. I think we need to act on the advice of experts.

**Government members** interjected.

**Mr DICK:** I take the interjections from the members for Sandgate, Brisbane Central and Greenslopes. Vaccines cannot be separated. It just does not work that way. They are simply not available on the market as separate vaccinations, I am advised, and there is no evidence whatsoever that they should be separated. Again, I call on the member for Currumbin to stop encouraging anti-vaccers by talking in the Legislative Assembly of Queensland about the link between autism and vaccination.

**Mrs STUCKEY:** Madam Deputy Speaker, I rise to a point of order. The minister is offensive in his words. I ask him to withdraw. He is also misleading the House.

**Mr DICK:** I withdraw. All members of this House—no matter where they sit in the chamber, no matter what party they represent, whether they represent no party or whether they are Independents on the crossbench—should be resolute in their support for science, for the power of vaccination and for the strength of immunisation. Anything that anyone does in this chamber or in the Queensland

community or the Australian community that draws any link at all between autism and vaccination undermines the importance of immunisation and vaccination in Queensland and in our nation. We know that immunisation saves lives, and we put at risk the lives of our children, the lives of elderly citizens, the lives of all Queenslanders and Australians if we do not continue to increase the rate of vaccination in Queensland.

**Mrs Stuckey:** You just lied to the House.

**Madam DEPUTY SPEAKER** (Miss Barton): Order! Member for Currumbin, that is an unparliamentary term and I ask that you withdraw.

**Mrs STUCKEY:** I withdraw.

**Mr DICK:** The member for Currumbin also sought clarification regarding the amendments to minimise the administrative burden on medical researchers when working with persons with impaired consent. During the committee process, there was some confusion from stakeholders about the effect of these amendments, but I am pleased that through the committee process—a process that has been enshrined in our Constitution this very week—those stakeholders who were confused have had that confusion dispelled. Let me assure the member for Currumbin that the amendments do not remove safeguards for persons with impaired consent. Medical research will only be conducted where the research has been through the ethics approval process and, importantly, the patient's substitute decision-maker has agreed to their participation in the research.

We have also heard today a number of members of the House speak on other important amendments being progressed through the bill, including those amendments relating to the GP-Viewer. The member for Lytton's experience dealing with her late parents' healthcare issues and the member for Mackay's experience while travelling with her children highlight the importance of GPs having prompt access to clinical information following a patient's hospital admission. Amendments to the Hospital and Health Boards Act 2011 will improve connections within our health system by granting GPs access to the Viewer. Ensuring GPs have access to up-to-date clinical information from Queensland Health is one of the 11 initiatives outlined in the *Specialist outpatient strategy* which I released last week.

Turning to the Public Health Act, I was delighted to hear members from both sides agree that it is vital that Queensland children can access immunisation and oral health services. As I said earlier, immunisation is a proven way to protect our children against vaccine preventable diseases. Since 2007, the School Immunisation Program has proven highly efficient in ensuring adolescents are kept up to date with their immunisations. Much of the debate today was focused on the importance of immunisation. Of course I wholeheartedly agree with the honourable members who spoke in favour of those amendments.

The school dental program also plays a critical role in providing dental services to children who are most in need of dental care, particularly those from socially disadvantaged backgrounds who are unlikely to be able to access private dental care. The school dental program offers dental services at accessible clinics at no cost to families with child focused dental practitioners. These amendments will help to ensure all parents are given the opportunity to access both the school immunisation and school dental programs, even if their son or daughter forgets to hand in the form.

I thank honourable members for supporting the amendments to the Queensland Institute of Medical Research Act which will allow employees and those individuals working at the QIMR Berghofer Medical Research Institute to benefit financially from successful discoveries and inventions. That is a way to ensure we retain the best and brightest in Queensland.

I move finally to the amendments to the Criminal Code in relation to standardising the age of consent for sexual activity in Queensland. Those amendments to the Criminal Code are not just about removing discrimination from our statute books; they will also improve sexual and mental health outcomes for young people. I reflect on the comments of the Minister for Innovation, Science and the Digital Economy and Minister for Small Business, the member for Algeester, about her experience with young people whose mental health was affected through an adverse interaction with the health system.

As the Attorney-General and member for Redcliffe highlighted, public policy debate about lawful sexual practices should be focused first and foremost on improving the sexual health and wellbeing of Queenslanders. I thank the Attorney-General and member for Redcliffe for her support to have this amendment to the Criminal Code progressed in a Health portfolio bill. I want to commend the Attorney-General, as I have done on previous occasions, for the work she is doing to reform the law in our state.

**Mr Ryan:** Hear, hear!

**Mr DICK:** I take the interjection from the member for Morayfield. She has led by example and worked on significant reforms. She restored the law in relation to civil unions in Queensland that was taken away by the previous LNP government. She has moved forward on amendments in relation to the law of provocation, the so-called gay panic defence. She has worked on expunging criminal convictions for historical homosexual offences. She has moved legislation through this parliament to protect members of the community from the adverse effects of alcohol. She has introduced legislation in this parliament today to ensure that 17-year-old Queenslanders who are convicted of a serious criminal offence and spend time in juvenile detention serve their period of detention in a juvenile detention facility. She has also ensured the law of Queensland remains strong in relation to serious and organised crime. I thank the Attorney again for her work and also for supporting me as I move these amendments to the Criminal Code in a Health portfolio bill.

A number of members have spoken today about the need for young people to feel that they can talk openly and honestly with their doctor about their sexuality and sexual practices. As a government and as a state, we do not want young people holding back information that might impact their medical treatment because they are afraid they or their partner may face legal consequences.

I was particularly compelled by the expert panel's advice about the potential mental health impacts of the current laws on young LGBTI people. These concerns are reflected in the submissions made to the committee, particularly submissions by the Queensland AIDS Council. As Minister for Health, I am concerned greatly about the impact of current laws on the mental health and wellbeing of young people. Young LGBTI people are already at higher risk of experiencing mental health issues, and we must do everything we can as a community to reduce these impacts. By removing anachronistic, value laden language and ensuring equality in the age of consent, the bill will improve not just sexual health outcomes but also mental health outcomes for young Queenslanders.

These amendments were overwhelmingly supported by stakeholders. I acknowledge those who made submissions to the committee about these amendments, including the Queensland AIDS Council, the LGBTI Legal Service, the Anti-Discrimination Commission Queensland, Health Consumers Queensland, the Public Health Association of Australia, the Caxton Legal Centre, Protect All Children Today and a number of sexual health experts in their individual capacity.

The reforms to the Criminal Code that we are soon to vote upon in the Legislative Assembly have been a long time coming. This debate has had a long and extremely difficult history. It is a debate, I regret to say, that has done untold damage to LGBTI Queenslanders. I was a young man in the time of the Bjelke-Petersen government, and I recall that being a young gay male at that time in Queensland was a choice between being silent and lying to the world about who you were or being honest and facing a barrage of abuse, often violence and homophobia. The disparity in the age of consent was one brick in the wall of discrimination enshrined and legitimised by legislation. It is a privilege for me as a member of this Labor government and as health minister to facilitate the removal of that discrimination.

I thank my colleagues in the state parliamentary Labor Party for their unswerving and unstinting support for this legislative amendment. I again thank the Attorney-General and my cabinet colleagues for allowing me to move these amendments to the Criminal Code through this legislation. Every day in this parliament for the past many months we have heard the opposition say that this government is frozen at the wheel. I am so delighted that this important legislative reform demonstrates not only that the government is not frozen at the wheel but that all members of the LNP support this important reform for Queensland. I am delighted that they are supporting the legislative measure being moved in the parliament today. A reform measure of this type will only ever be moved in the parliament of Queensland by the Australian Labor Party. We are the only political party that will reform the law, bending the arc of history towards justice and equality for all people.

I want to in particular acknowledge and pay tribute to the advocates for this reform, some of whom are in the gallery today and some who come from across the state. I want to acknowledge these champions, these leaders—people like John Frame, Phil Carswell, Dr Wendell Rosevear, Michael Scott, the Queensland AIDS Council, the LGBTI Legal Service, Rainbow Labor and Young Labor, just to name a few. For decades they have sustained the campaign for reform. They have remained steadfast in the face of opposition and doors being closed, often slammed shut, to them.

In Queensland the only determinant for access to safe and reliable health care should be a person's Medicare card, not their age, gender, sexual orientation or any other discriminatory criteria. With the passing of this bill we can say that we are a step closer to this being true.

I want to thank and acknowledge the opposition for their bipartisan support to standardise the age of consent in Queensland. In acknowledging that bipartisan work, I do have to reflect on the federal LNP. I do have to acknowledge and express my extreme disappointment that the federal LNP and those

members of the Queensland LNP who serve in the House of Representatives and in the Senate have not taken a leaf out of their Queensland counterparts' book in relation to marriage equality. The federal parliament could make marriage equality a reality right now. Instead, there is a bill that has been introduced in the parliament by the Prime Minister, who once was a man of Liberal leaning, a man who would have supported that reform. He has now introduced a bill into the House of Representatives that will ultimately, if passed, waste \$175 million of taxpayers' money on an opinion poll that many of those LNP senators and members of the House of Representatives have said they will not respect. They have said that even if the plebiscite is held, even if Australians vote in favour of marriage equality, those LNP senators and members of the House of Representatives will not support it.

**Mr LANGBROEK:** I rise to a point of order. I refer to relevance. The minister is now referring to a matter that is not the subject of this Health and Other Legislation Amendment Bill. There has been some leniency allowed but I think he has gone on long enough.

**Madam DEPUTY SPEAKER (Miss Barton):** Minister, I would ask that you remain relevant to the long title of the bill.

**Mr DICK:** Obviously that is a sore point for those opposite. I will in my concluding remarks indicate that I believe that Malcolm Turnbull should follow the example of the Queensland LNP in this House and get together with the rest of the federal parliament to pass a marriage equality bill.

In conclusion, I acknowledge the Legal Affairs and Community Safety Committee and the committee staff of the parliament, who work so hard supporting committees in their detailed consideration of this bill.

I also want to acknowledge, as I always try to do when it comes to legislation, the very dedicated and hardworking officers in the Public Service in Queensland who work so very hard to bring these legislative measures to the parliament. In this case I do want to acknowledge officers of the Department of Health and also the Department of Justice and Attorney-General, two great departments of state, and the Office of the Queensland Parliamentary Counsel for their work in developing the bill. A miscellaneous bill such as this one requires the collaboration of officers across departments and between departments. I am not able to mention all of those involved. However, I want to particularly thank the Department of Health officers Scott Brown, Dr Peter Osborne, Narelle Doss, Melissa Hagan, Katrina Brosnan and Craig Humrich; and the Legislative Policy Unit, particularly David Harmer, Eve Gibson, Kirsten Law, Sally Stubbington, Alessandra Atkinson, Megan Pretorius and Oakley Corn; as well as Jo Hughes from the Department of Justice and Attorney-General. This bill contains important reforms for Queensland. I commend the bill to the House.