



DEBATES

OF THE

LEGISLATIVE ASSEMBLY

FOR THE

AUSTRALIAN CAPITAL TERRITORY

HANSARD

20 October 1992

Tuesday, 20 October 1992

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MADAM SPEAKER (Ms McRae) took the chair at 2.30 pm and read the prayer.

PAPER

MR HUMPHRIES: Madam Speaker, I seek leave to present a petition from interstate petitioners.

Leave granted.

MR HUMPHRIES: Thank you, Madam Speaker and members. I present a petition from 717 interstate residents, requesting that the Assembly prohibit the availability of all X-rated material and the possession of child pornography.

QUESTIONS WITHOUT NOTICE

Liquor Tax

MR KAINE: I would like to direct a question to the Treasurer. In light of the High Court ruling on the legitimacy of the X-rated video excise, does the Treasurer see any need to revise the tax arrangements for liquor to provide for collection in arrears rather than in advance?

MS FOLLETT: I thank Mr Kaine for the question. It is a very interesting one, and one which, I have to say, is not yet fully resolved, Madam Speaker. The Full Bench of the High Court have ruled that under section 90 of the Constitution the ACT Legislative Assembly is precluded from imposing duties of excise. It is a very specific ruling that they have made. There will be further very close and detailed examination of that decision, but on the face of it at least it does appear to place both the ACT and the Northern Territory on the same basis as the other States in relation to revenue raising.

I would like to say for a start that this decision does not invalidate any ACT revenue laws. The court needs now to consider whether particular taxes are indeed excises. The one that is under scrutiny is the Business Franchise ("X" Videos) Act. The next part of the High Court's consideration is whether that franchise is actually an excise. The X video scheme is a regulatory scheme which is similar to tobacco and liquor taxing regimes, and it incorporates all of the features of those franchise arrangements. So, there are similarities, and I am sure that Mr Kaine is aware of those.

Madam Speaker, the High Court in the 1989 Philip Morris case decided that tobacco and liquor franchise schemes operating in Victoria were not excise duties. I think that is relevant because the ACT tobacco licensing scheme closely follows that Victorian scheme. The ACT's petroleum franchise scheme mirrors that of tobacco, and there have been no challenges to petroleum franchise schemes

operating throughout Australia. But we do need, as I am sure Mr Kaine is aware, to closely examine the ACT revenue laws in the light of the decision that has been received, and the Commissioner for ACT Revenue is undertaking that activity in conjunction with the Government Solicitor. In the meantime, Madam Speaker, the commissioner will continue to administer all ACT tax laws on the basis that they are all valid.

MR KAINE: I ask a supplementary question. My question related specifically to liquor, and the Chief Minister and Treasurer did not refer to that specifically in her answer. If it is deemed necessary to move to a collection of tax in arrears rather than in advance, and given the changes that we have made in the taxation of liquor in the last couple of years, does the Chief Minister see any possibility of a loss of revenue as a result of having to make that kind of change?

MS FOLLETT: Madam Speaker, Mr Kaine is quite right in pointing out that the liquor taxing laws, as well as a number of others, do need to be examined in light of the decision. I think it would be premature at this stage to say whether there would be any loss of revenue. Clearly, that examination is going on. At this point we need to be very clear on what the High Court has decided and what it is yet to decide. In the meantime, as I say, that close examination of all of our revenue laws is going on.

Multicultural Children's Service

MS ELLIS: My question is directed to the Chief Minister. Is she aware of the current position of the Multicultural Children's Service? What steps has the Government taken to help the service to obtain suitable and affordable accommodation?

MS FOLLETT: Madam Speaker, this is another very topical question, and I thank Ms Ellis for it. I have also received, late this morning, a letter from the Leader of the Opposition on the same subject. It is clearly an issue which has a great deal of sympathy amongst members of the Assembly. I would like to say that the Multicultural Children's Service has my full support. It is a wonderful service. I have been to visit them. I admire the work that they do, and I am totally supportive of their continuing to do that work.

The service is a Commonwealth-funded service, first and foremost, Madam Speaker, and that is a very important point to make. It is funded by the Commonwealth Department of Health, Housing and Community Services, specifically to promote multicultural awareness in children's services in the ACT. As a Commonwealth-funded service, Madam Speaker, we on this side of the house have, I think, supported the funding of the service to the Federal Government on a number of occasions. I certainly raised with Mr Howe, the Federal Minister at the time, back in March, the question of adequate funding for this service. I know that my colleague Mr Connolly has written in similar vein to Mr Staples.

Madam Speaker, the role of members on this side, the ACT Government, has really been in relation to accommodation for the Multicultural Children's Service. When I first became aware of the service's accommodation needs late last year I asked my colleague Mr Connolly, in his capacity as Minister for Housing and Community Services, to consider the service's request for suitable

accommodation. The Government, through the Housing and Community Services Bureau, subsequently made an offer to provide the Multicultural Children's Service with concessional accommodation at a community rate which is well below the current market rate. So, we have, I think, offered at least that level of support to the service.

As I say, we have repeatedly made representations to the Federal Government on behalf of the Multicultural Children's Service, and I understand, Madam Speaker, that negotiations are still continuing between the Federal agencies involved and the service in relation to funding matters. The Multicultural Children's Service's requirement is for, I think, supplementary funding in order to meet their accommodation costs. I support them in their bid for that supplementary funding. I think we have made clear to the Federal Government this Government's support for the service and, in relation to our side of the equation, which is the provision of accommodation, I believe that we have made a suitable offer. I sincerely hope that the Multicultural Children's Service is able to sort out these difficulties, that the Commonwealth Government is able to find the supplementary funding that is required, and that they will be able to continue what I believe is a very valuable service to the ACT community.

Agency Heads - Selection Process

MR DE DOMENICO: Madam Speaker, my question is to the Chief Minister. I refer the Chief Minister to the answer she gave to my question without notice on Thursday last when she admitted that one of her political staffers was on the interview panel which selected the Under Treasurer. Will the Chief Minister now advise the Assembly which political staffer was on the selection panel?

MS FOLLETT: Madam Speaker, that was a four-member panel, from memory. The member of my staff that I think Mr De Domenico refers to is my Principal Adviser, David Wedgwood.

MR DE DOMENICO: I ask a supplementary question, Madam Speaker. Besides being at the helm during the time when the ACT ALP was, I believe, \$1m in the red, what other qualifications does Mr Wedgwood have to be put on such a panel?

MS FOLLETT: Mr Wedgwood is my principal staff member, Madam Speaker. I think that he is eminently qualified to serve in such a role. I am quite surprised that members opposite, having apparently exhausted the scandals involved in the appointment of Ms Vardon to Education and Training, are now seeking to bring into question the appointment of Dr Rosalky to the Under Treasurer position.

Mr De Domenico: No; it is the process, not the personality.

MS FOLLETT: Madam Speaker, I have been completely open about the process that is involved. Members will be aware that this Government has decided on a merit selection process. That involves the advertising of positions. It involves a selection panel conducting an interview process and making recommendations to the Government. I think that is an entirely appropriate process to adopt.

I resent the implications, in the question about the Under Treasurer's selection panel and, of course, the Secretary of Education and Training's selection panel, that all the other members of that panel could be influenced in some way by one member. This is a bit of a slight on some very prominent people, Madam Speaker. I would again like to contrast our merit selection process with Mr Kaine's selection process. He simply plucked a name out of the air, it appeared, and appointed that person, without advertising, without, as far as I am aware, Madam Speaker, any sort of a merit selection process - and he thinks that is not a political action. What a load of nonsense!

I think members opposite are guilty of great hypocrisy on this matter. As I say, they are attempting to bring into disrepute some very eminent members of the community - not just this community, but interstate as well - who have served on selection panels. If people are to be subjected to this kind of smear, Madam Speaker, then I would have to ask how we can go on inviting people to join in these merit selection processes when members opposite seem to think that one other member can bring their entire process undone. It is purely nonsense.

Bus Passes for Schoolchildren

MS SZUTY: Madam Speaker, my question without notice is to the Minister for Housing and Community Services, Mr Connolly. Recently officers from the Housing and Community Services Bureau advised parents of schoolchildren that new criteria would apply to the provision of free bus passes. Under the new guidelines primary schoolchildren who live less than a kilometre from school and high school children who live less than two kilometres from school will no longer be eligible for free travel unless there are particular difficulties. Can the Minister inform the Assembly as to what would constitute particular difficulties?

MR CONNOLLY: I thank Ms Szuty for her question. The provision of free travel for persons in the community attending school is an issue which obviously affects the ACT revenue, and during the budget deliberations this year we decided to introduce some criteria to provide other than open slather. We were aware that there were situations where children who, for example, lived opposite a school were being issued free bus passes when they simply had to cross the road to go to school. Clearly, they were not using that bus pass to travel to and from school; they were using that bus pass for other reasons. As there is a real cost in providing school bus travel, our attempt was to focus that government contribution to those in need.

In New South Wales and Queensland free bus travel is provided on a 1.6-kilometre for primary school or 3.2-kilometre for high school basis. We have a one-kilometre or two-kilometre basis. In Western Australia and Victoria there is no free bus travel at all. So, we are still generous by Australian standards. Letters were sent on 6 August 1992 to all of the applicants for free bus travel, advising them of this distance criterion. We have introduced that from the fourth school term. There have been some representations from people who fall within the one- or two-kilometre basis for special treatment. The policy that is being applied within the department is that we will look at every application on its merits.

If there are special grounds, such as ill health or disability, or where a simple application of a ruler to a map would indicate that they are within one kilometre but in fact there is no safe and practical route to school within that one kilometre, we will reassess. To date we have received 16 reapplications, and they are all being considered on merit. If any parents feel as though fair merit consideration is not being given to their application, I would ask them to contact my office, and we will ensure that every case is looked at on its merits. The overall policy driving this is to ensure that the government contribution is well focused and that people who need the service are getting it, but that we are not providing free bus passes to those who, for example, live opposite a school.

MS SZUTY: I ask a supplementary question, Madam Speaker. Mr Connolly, why has this change been implemented at the start of term four in 1992 instead of at the start of term one, 1993, which would have been of greater convenience for parents and students?

MR CONNOLLY: Well, Madam Speaker, when do you start any service? We made a decision during the budget process. The advertisements went into the *Canberra Times*, the *Chronicle* and the *Valley View* between 11 and 22 August. We had a fair period of notice and we believe that it was sensible to start at the final term this year. Had we decided to start at the first term next year we, no doubt, would have been criticised for doing it at the beginning of the school year whereas we should have left it until the middle of the school year. When you start these programs is always a question of judgment.

Agency Heads - Selection Process

MR HUMPHRIES: My question is to the Chief Minister. I refer the Chief Minister to the Electoral Bill which she presented in the Assembly last week, and in particular to the provisions of the Bill which deal with the appointment of a chairperson of the Electoral Commission. Given that the chairperson of the commission is a position of considerably more sensitivity, arguably, than either of the other positions that have been mentioned already today in question time, will the Chief Minister guarantee to the Assembly that the selection committee which is to choose the chairperson of the commission will not contain either a staff member of any Minister in her Government, or otherwise any person who is a member of a political party?

Mr Berry: I raise a point of order, Madam Speaker. The question that Mr Humphries asks seems to me to anticipate discussion of a matter which is already before the chamber. It is largely hypothetical. The Bill has not been passed. It strikes me that Mr Humphries's question anticipates discussion of the issue. Perhaps he might be patient enough to wait until the debate - - -

Mr Kaine: Are you a bit sensitive about it, Wayne?

Mr Berry: No, not at all. Although I know that he is long rested, he might be patient enough to wait until the Bill is discussed. Subsequent to that he might wish to raise questions about the particular parts of the Bill which relate to the issue that he raises, if they happen to be passed. It is largely hypothetical.

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Mr Humphries: Madam Speaker, may I address you on the point of order?

MADAM SPEAKER: Yes, Mr Humphries, you may.

Mr Humphries: Madam Speaker, this question is not hypothetical. It is a question of the Government's policy with respect to the administration of the provisions in that Bill. Madam Speaker, the Assembly has not passed the Bill; that is true. It may not pass the Bill, or not pass the Bill in the present form, I would suggest, on the strength of the answer the Chief Minister gives to questions like this. The Assembly has no power to ask such questions of the Chief Minister except in question time, and we have a right to know how the Government proposes to administer legislation of this kind before, not after, it is passed by the Assembly.

MADAM SPEAKER: Mr Humphries, I have indulged you on a further point of order because it is a borderline issue in my head. I might speak to the Clerk for a moment, if you would permit me a little time.

Members, it is very, very borderline. I do not see it as being actually hypothetical, because in time an electoral commissioner will be appointed. The element that comes under discussion then is clause 20 of the Bill to be debated, which says:

The Executive may, by instrument, appoint a person to be the Electoral Commissioner.

My problem with your question, Mr Humphries, is that in the debate of this Bill this area may well be discussed and may well be amended or changed. We have no way of knowing that. So, you see my problem: If I allow the question it means that we are, in a sense, anticipating an outcome of a Bill which is not yet passed. I would like to leave it for the moment, and I will give you the call again. Mr Humphries, I am not determining that you are not to ask the question at all. I will go on with the next question. Perhaps you would like to consider that and try again, and rephrase the question in that light.

Mr Moore: Madam Speaker, may I address the point of order?

MADAM SPEAKER: If you have a point of order, yes.

Mr Moore: I address that point of order, Madam Speaker. Standing orders 114 and 116, particularly 116, refer to a member not being a Minister answering a question relating to any Bill. What worries me is that we may have a ruling - we had a similar ruling some time earlier - that tends to indicate that there will be no questions relating to Bills. I think it is quite clear from the standing orders that questions relating to Bills are quite in order.

MADAM SPEAKER: Thank you, Mr Moore, for that advice. The problem is that we also have a standing order that says that we may not anticipate government business, and in this case it may well anticipate debate that we are not sure of. This is not a Bill that has come through. That is, in part, my dilemma in being able to give a clear-cut ruling. Having said all that, the Chief Minister may well wish to answer the question, and I will give her the floor.

MS FOLLETT: Madam Speaker, thank you. I take your point that this Bill is before the Assembly, and we should not pre-empt the passage of the Bill or of any part of it. I would like to make clear to members that at this stage the Government has given no consideration to how that position might be filled. I would like, however, to say that we have put on the record the government approach to the filling of agency head positions in general, and that is a public statement, which does involve, as I have said on many occasions, a merit selection process, advertising of positions, and the arrangement of a selection panel, if another Minister is involved, in consultation with me.

We have made a number of appointments in recent times, some of which have involved a staff member, others of which have not. I think it would be quite unfair of members opposite to assume what might be the composition of any selection panel which might be involved in putting together a recommendation to the Government for the filling of any position. Clearly, this question is aimed rather at casting a slur on previous appointments than on the matter that is in hand. I really do believe that the way that the Government handles appointments is fair and does adequately reflect the nature of the relationship between an agency head and his or her Minister. As I have said, Madam Speaker, we have gone in for an open process like that, which is in contrast to Mr Kaine's actions; he simply took the decision. Mr Kaine and his colleagues ask us to believe that a staff member is in some way more political than he is. Really, that is just sheer nonsense.

Madam Speaker, as I say, the Government has not considered the question that Mr Humphries raises. I can assure members that, if and when we do consider that matter on the passage of the Bill, and that particular part of it, the arrangements made for the filling of the position will be fair, will be open, and will, perhaps most importantly, be a subject of scrutiny by this Assembly.

MR HUMPHRIES: I ask the Chief Minister whether the Government has at the present time a policy which applies to the composition of selection committees of the kind to which she just referred, and whether that policy makes reference to participation by staff members on selection committees?

MS FOLLETT: No, Madam Speaker. As I have repeatedly said, the composition of a selection panel is at present a matter for discussion between me and the Minister. They have varied. In the appointment of the Auditor-General there was no such staff member on the panel; in other ministerial arrangements there has been. Members opposite continue to try to make this point, Madam Speaker; that one member of a panel can sway the other three, or however many it is. This is extremely insulting to some very prominent members of our community. It is an extraordinary assertion.

Industrial Relations

MR LAMONT: My question is to the Deputy Chief Minister in his capacity as Minister for Industrial Relations. I refer you to the perennial opposition's industrial relations policy launched today in which they say that they intend to abolish industrial arbitration. How will this affect workers in the ACT?

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MR BERRY: Thank you, Mr Lamont. Nothing has changed with the Liberals' approach to industrial relations.

Mrs Carnell: Have you now read it?

Mr De Domenico: Have you read the document yet?

MR BERRY: Certainly nothing has been changed amongst those opposite. They cannot help but interject instead of being patient and listening to the answer to the question which has been asked. Mr Howard has long been arguing that workers across Australia should be more flexible; that is, they should be prepared to give up their wages and working conditions just to satisfy the Liberals.

Mr De Domenico: Rubbish! That is rubbish.

MR BERRY: Rubbish indeed. "Flexibility" is a word that is often used, and the flexibility is one way. How flexible will it be for the workers? Will they be able to set their own wages and working conditions? Not so. The word "flexible" is used in a very selective way. Today we saw the announcement of an industrial relations policy which is aimed at reducing the wages and working conditions of Australian workers across the board. What will occur, and what is aimed for, is that those workers who are in a strong industrial position will survive but the weaker ones will go under. That is what this industrial relations policy of the Liberals is about. The overall result is reduced costs to employers and the end result is, of course, a fall in living standards for ordinary Australians. That is what the Liberals are about - reducing the living standards of ordinary Australians.

Mr Humphries: I take a point of order, Madam Speaker. It seems to me, in accordance with your earlier ruling that anticipating matters which are not yet before the Assembly is hypothetical, that this matter is surely highly hypothetical and very much not a matter for concern by the ACT Assembly and therefore should not be discussed.

MADAM SPEAKER: Mr Berry, you have the floor. I do not think there is a point of order. Please continue, Mr Berry.

MR BERRY: Thank you, Madam Speaker. It is a major issue for people in the ACT because, as is well known, Federal awards, which are controlled by the Federal Government, set the wages and working conditions and therefore the living standards for ACT residents. It is true that if the Liberals have their way the living standards of many ACT residents will fall. That is quite aside from the threats to the jobs in the ACT that have already been proposed in the "frightpack" package, the big attack on Canberra by the Liberals.

In relation to the specific issue of industrial relations, there has been almost 90 years of industrial arbitration and conciliation in this country. That was a great step forward in the industrial world. Disputes were able to be settled by the Industrial Relations Commission in its various forms, and they were able to be settled by way of either conciliation or arbitration; the result being that we have had a fairly stable industrial relations climate in Australia, more so than exists in many other countries in the world from which the Liberals seek to import their industrial relations ideas. It is not a new idea, Madam Speaker.

It is something that has occurred overseas in the past. It occurs in places like the Philippines where millions upon millions of people live below the poverty line by virtue of industrial relations policies which are very similar to those which the Liberals are proposing. They can chuckle and laugh, but workers are horrified - - -

Mr Kaine: I raise a point of order, Madam Speaker. I would suggest that the Minister's attention should be drawn to the standing orders which require that he not make ministerial statements and that his answers be brief and concise. He has already made a very long political statement. I would suggest that you ask him to terminate it.

MADAM SPEAKER: Thank you for your advice, Mr Kaine. I am sure that the Minister will soon be concluding his answer.

Mr Kaine: You are not concerned about standing orders?

MADAM SPEAKER: Mr Kaine, I ask you to withdraw that.

Mr Kaine: Madam Speaker, I asked you to make a ruling and you declined.

MADAM SPEAKER: I ask you to withdraw your comment that I am not concerned about standing orders.

Mr Kaine: I withdraw it, but I would suggest that you ask him to terminate his zealous speech.

MADAM SPEAKER: I took your advice, Mr Kaine. There was no point of order. It was advice. I accepted your advice and gave it to Mr Berry.

Mr Kaine: Why don't you get on with it, Minister, and sit down?

MR BERRY: Madam Speaker, the interjections will not cover up the horror that most workers will feel about the Liberals' industrial relations policy. Nobody is fooled by the rhetoric. It is finely tuned rhetoric, but nobody is fooled by it because they know and understand that the aim of the Liberal Party and these Liberals opposite is to reduce wages and working conditions and the living standards for all Australian people. There is no question about it; there will be a system of industrial relations in this country which will result in many people being much poorer than they are today, and this will be particularly relevant in the ACT. Madam Speaker, this is something where we are poles apart. We are poles apart on this issue. There is one thing that we can be grateful for: Now Australian workers will see the wide gap between themselves and people like the Liberal Party and the policies that they propose.

Consumer Affairs Seminars

MR STEVENSON: My question is to Mr Connolly and concerns public courses being run by the ACT Consumer Affairs Bureau. There are four such courses being run, I believe, next week during Business Week. What is the total annual expenditure for seminars provided to the public free by the Consumer Affairs Bureau? How well attended have such seminars been in the past? How are results evaluated, and will they be evaluated for the coming seminars?

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MR CONNOLLY: We have not conducted seminars in the past; but during Business Week we are conducting a series of seminars across Canberra directed generally to the community but particularly to the small business community, to advise them of their rights and responsibilities under ACT consumer laws. The total cost of those seminars has been: Advertising in the *Canberra Times*, the *Chronicle* and the *Valley View*, at an approximate cost of \$400, and venue hire for two of the seminars, at \$113, and no cost for the remaining two seminars.

So, for some \$500 we will be conducting a series of seminars across Canberra, putting the small business community in touch with the Consumer Affairs Bureau and advising them of, as I say, both their rights and their responsibilities under consumer laws. It has been quite well received by the business community. We are not aware yet of the full attendance at seminars, but we expect perhaps 40 participants at a maximum at each seminar. Participants at the seminar will be asked to complete an evaluation form so that we can decide whether this is a sensible process for the future.

Ms Follett: Madam Speaker, I would ask that further questions be placed on the notice paper.

Tilt Train Proposal

MS FOLLETT: Madam Speaker, on 14 October Mr De Domenico asked me a question concerning the tilt train proposal. I have an answer for him. I do not think it adds a great deal to the answer that I gave in the Assembly, so I would seek to have it incorporated in the *Hansard*.

Leave granted.

Document incorporated at Appendix 1.

Secondary Colleges - Future Directions

MR WOOD: Madam Speaker, I would like to table an answer to a question from Mr Cornwell that I took on notice on 13 August. It concerns the paper on the future directions of secondary colleges.

MADAM SPEAKER: Mr Wood, do you want that incorporated in *Hansard*?

MR WOOD: Yes, I would ask that it be incorporated, Madam Speaker.

Leave granted.

Document incorporated at Appendix 2.

**LAND (PLANNING AND ENVIRONMENT) ACT LEASES
Papers**

MR WOOD (Minister for Education and Training, Minister for the Arts and Minister for the Environment, Land and Planning): Madam Speaker, pursuant to the Land (Planning and Environment) Act 1991, I present leases in accordance with the list circulated.

The list read as follows:

Land (Planning and Environment) Act - Leases, together with executive statements -

Ainslie, section 26, block 9.
Charnwood, section 97, block 6.
Dickson, section 33, block 3.
Fyshwick, section 6, block 6.
Greenway, section 7, block 11.

**SUBORDINATE LEGISLATION
Papers**

MR BERRY (Minister for Health, Minister for Industrial Relations and Minister for Sport): Pursuant to section 6 of the Subordinate Laws Act, I present subordinate legislation in accordance with the schedule of gazettal notices for a determination, and a rural fire control manual.

The list read as follows:

Careless Use of Fire Act - Rural Fire Control Manual - No. 153 of 1992 (S177, dated 15 October 1992).

Public Place Names Act - Determination No. 156 of 1992 (S181, dated 14 October 1992).

**MEDIA DEPICTION OF CANBERRA - 60 MINUTES REPORT
Discussion of Matter of Public Importance**

MADAM SPEAKER: I have received letters from Mrs Carnell, Mr Cornwell, Mr De Domenico, Mr Humphries, Mr Kaine and Mr Westende proposing that matters of public importance be submitted to the Assembly. In accordance with the provisions of standing order 79, I have determined that the matter proposed by Mr De Domenico be submitted to the Assembly, namely:

The Government's responsibility to correct the erroneous depiction of Canberra in the *60 Minutes* report of Sunday, 18 October.

Mr Wood: We have. You notice that they did not use the Assembly in the program this time. So, we have done it. Why don't you acknowledge that, Mr De Domenico?

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MR DE DOMENICO (3.07): Patience, Mr Wood, is indeed a virtue. Madam Speaker, the initial wording of the matter of public importance, until we were advised by the secretariat that the words "The Government's responsibility" should be added to it to make it a salient matter of public importance, was "The erroneous depiction of Canberra in the *60 Minutes* report on Sunday, 18 October". This is a matter of public importance that concerns not only the Government, quite obviously, but every member of this Assembly and, in fact, every Canberran. With that point, Mr Wood, touche; but that is the explanation.

Madam Speaker, from time to time and, in fact, more recently, virtually every week, there is no doubt that we should not be talking about *60 Minutes* and serious journalism in the same breath. There is nothing new in that. *60 Minutes* and other television programs say all sorts of things from time to time. As a former journalist, the old adage, "Never let the truth spoil a good story" is perhaps one way of describing Mr Carleton's outrageous report on Sunday night. In fact, it was not even a good story. It was absolute and utter rubbish and scurrilous. For someone like Mr Carleton who, as we are all aware, has lived in this city, and has lived in this city for a long time - - -

Mrs Carnell: In Mugga Way.

MR DE DOMENICO: In Mugga Way, as Mrs Carnell correctly says.

Mr Westende: There is nothing wrong with Mugga Way, mate.

MR DE DOMENICO: Well, there might be, Mr Westende. Very few of us can afford to live anywhere near Mugga Way - not too many of us even in this Assembly.

As I said, Mr Carleton's report was scurrilous. The Liberal Party today, Madam Speaker, at Federal level, has lodged a formal complaint and a written complaint to the Australian Broadcasting Tribunal about the *60 Minutes* program. *60 Minutes* has clearly indicated that researching the facts was not a major priority in the production of the story. It is the responsibility of journalists to present facts, not to make them up. I think we all agree with that. From time to time we also agree that some journalists tend to follow the Richard Carleton school of journalism.

The program, Madam Speaker, has again brought into question the role of the journalist, in my opinion. Is it to report an opinion contrived by an individual or is it to report facts and opinions in a balanced and reasonable way? I do not think any of us would agree that Mr Carleton's report on Sunday night was either balanced or reasonable. I suggest, Madam Speaker, that any professional journalist who knew Canberra - and Mr Carleton does - would immediately understand that several points were simply wrong. Others were ignored. Certainly, balanced opinion did not form a large part of the program segment.

The Australian Broadcasting Tribunal, I believe, has a role to ensure that standards of journalism are maintained at a responsible level. That does not mean criticising journalists for taking an angle; it means criticising journalists from time to time for ignoring or selectively presenting facts, or even just getting them wrong. I think it is the responsibility of people who call themselves true journalists at least to make sure of the facts before the story appears in the

tabloids or on television. The Liberal Party, as I have said, Madam Speaker, has called upon the Australian Broadcasting Tribunal to publish a corrected version of Mr Carleton's story, and in doing so to censure Mr Carleton and the *60 Minutes* program for their standards.

Not only the Liberal Party is concerned about what is going on. I am not going to quote from the *Canberra Times*, but its editorial today perhaps hit the nail on the head. From time to time, when people are jealous or anxious, or when they feel depressed or repressed, they tend to pick someone or something as a scapegoat - to kick the cat, so to speak. I think it is about time that journalists and other people in this community realised that we, as Canberrans, are sick and tired of having Canberra picked as that cat to kick. When journalists write stories about Canberra they have to realise that they are writing stories about 300,000-odd people, not just the 300-odd people who happen to be Federal parliamentarians, only four of whom happen to live in Canberra. People have to realise, if they are angry about what is happening up there on the hill - whether it be a Liberal government or a Labor government does not really matter - that they ought to vent their spleen and their anger on the people who make those decisions, not on the Canberra community.

It is not a sin to have good planning and proper planning for our citizens. It is not a sin to have lower unemployment than other places in the country - that is adult unemployment, of course; we all realise that our youth unemployment, at 56 per cent, is the highest in the country. Those are some of the facts that Mr Carleton ought to read about before he dares to stand up and make fun of the people of Canberra, as I believe he did. A lot of people in our community have been hit by the recession that we had to have. Many of them knock on our doors, the doors of the whole 17 of us, every day of the week. It is a fact that 8.3 per cent of our community is out of work in this Territory; that somewhere near 56 per cent of those between the ages of 15 and 19 are out of work.

There is hardship. On Sunday afternoon, Madam Speaker, I had the pleasure of opening the mouth and foot painting exhibition. I say "mouth and foot" because I did have to practise and not say "foot in mouth", which from time to time many of us have been guilty of. I happily opened the mouth and foot painting exhibition on behalf of the Smith Family. Mr Morris from the Smith Family will tell you that they expect that they will need to help double the number of people this year in this community at Christmas time that they did last year. If Mr Carleton wants to find out exactly all about the ACT, let him spend some time in Canberra, with all of us here. I dare say he would not. He would not last long after what he said on Sunday night.

Ms Ellis: He would not get over the border.

MR DE DOMENICO: That is right. Let him try to look at the facts. Let him try to look at reality and not try just to make a cheap shot at the people of Canberra. In order to enhance his story who does he bring up? Professor Blainey, for heaven's sake. He is not what you would call a lover of the Canberra community - or anything else that he disagrees with, by the way. Who cares what Professor Blainey thinks anyway? Certainly not the 300,000 people that he chose to denigrate on the show on Sunday night. So, Madam Speaker, when people try to talk about Canberra, let them report the facts.

As I said, I welcomed the *Canberra Times* editorial this morning as well. It is not just the *Canberra Times*, Madam Speaker. This morning I got a copy of a letter that went from the Meetings Industry Association of the ACT to WIN television. Perhaps the tourism industry is the one that really is affected by the scurrilous things that were said on Sunday night. If we take the other point of view, perhaps the story that Mr Carleton presented on Sunday night will make people so envious of Canberra that we can expect hordes of them to come across the border to live here. If that is the effect, perhaps we ought to be applauding Mr Carleton. Let us look at what the Meetings Industry Association said to WIN. I am going to read only the last paragraph. It says:

If, in the future, WIN TV screens ANY incorrect or unsubstantiated statement affecting the community of Canberra [it] will result in the MIAA advising the Canberra region meetings industry, and through our sister organisations, the tourism industry, that they should examine their advertising and promotions budgets to exclude WIN from future contracts. The black banning of WIN TV from media releases and media briefings would also be put in place. It goes without saying that it will be promoted that other stations should be favoured for viewing, and a black sticker will be distributed throughout Canberra to place over the WIN selection button on the TVs.

Reaction like that is going to draw, and has been drawing, the Canberra community together. If Mr Carleton has done one thing, he has, I think, united this Assembly this afternoon into saying, "Mr Carleton, your report was not only scurrilous; it was false; it was wrong". Perhaps we can go as far as saying that it was unchristian, because how dare anybody blame the 300,000 people who live in the ACT for the ills that have been foisted upon us as a result of the Government we have had for the past 10 years on top of the hill?

It is not the fault of the people of the ACT. The blame is fairly and squarely on the shoulders of the man who said that the recession is over, the man who said that it was the recession that we had to have - and that is Mr Keating and his Government. If Mr Carleton were to turn around and criticise Mr Keating for what he has done, that would be fine; perhaps we would all applaud him. It is not the fault of the people of the ACT, and it is about time that all of us here in this Assembly, as members and as representatives of those people, did what we can in a bipartisan way to make sure that this sort of gutter journalism does not appear on our television sets again.

MS FOLLETT (Chief Minister and Treasurer) (3.16): Madam Speaker, despite the wording of this matter of public importance, I am pleased that the Opposition has brought it forward because I think it is indeed a matter of importance to our community and, of course, also to the Australian community whose capital we inhabit. I think that very few people would disagree that *60 Minutes* as a program has made its reputation on sensationalism and on a particularly exploitative and misleading style of reporting. I think it is typical of *60 Minutes* that not only do they set out to insult the subject of their reporting but they also, I believe, insult their audiences. They put forward very simplistic proposals and I think they have long since given up any pretence of objectivity. Their report on Canberra was clearly in that mould.

I think the only thing that really surprised me about it, Madam Speaker, was that so many people, and so many Canberrans, saw fit to inflict themselves with watching this program on a Sunday night when they could have been watching the seventy-fifth rerun of *Rumpole of the Bailey*.

Mr Humphries: Or *The Simpsons*.

MS FOLLETT: Or *The Simpsons*. Anyway, Madam Speaker, the program regrettably does seem to have an audience and that audience feels outraged by the report, and so they should. On behalf of the Government, Madam Speaker, I quite unreservedly accept our role in correcting this very spiteful and ill informed depiction of the ACT. I agree with Mr De Domenico's comments on this matter.

Madam Speaker, I think that it is not the first time that the ACT has been attacked by *60 Minutes*. Members might recall that some time ago the same program did a piece on the removal of asbestos from Canberra homes. The point that they wished to make there was very critical of the asbestos removal program in the ACT. They claimed that it was unnecessary, was a waste of money and was a total overindulgence. Just by way of showing up their extreme opportunism, Madam Speaker, only last Sunday, I think, the same program ran a story on the Western Australian Government for the health risks that they were supposedly taking by not removing asbestos from houses. As I say, objectivity is not the strong point of this program. We have to recognise that.

The program that they ran on Sunday also left out another significant item that I happen to know about, and that was some work that the *60 Minutes* crew did at the Forrest Primary School. I am told that the crew spent at least half an hour filming at the Forrest Primary School and in fact left in some dejection because they found that it was no different from a state school anywhere else. Of course, that did not suit their story, so they left it out. The fact is that they had written the story before they arrived and they therefore set out to make that fiction match their view of reality. Madam Speaker, they came to the town with the story, as I say, and selectively put together little pieces that suited it. They have clearly demonstrated, I think, how little the program has to do with journalism and how slavishly they pursue ratings; but, as I say, it is my belief that in so doing they insult their audiences. People are smarter than that; they do not believe everything that Mr Carleton puts before them.

The ACT Government has moved to correct some of Mr Carleton's glaring inaccuracies. There is nothing, I believe, that we can do about his journalistic shortcomings. If that was the intention of Mr De Domenico's MPI, I am sorry; I cannot fix that. But I will certainly try to correct his story. Madam Speaker, I will be writing to the producers of *60 Minutes* to detail the many factual errors that were in the episode on Sunday. I have also invited any other national current affairs program which wishes to make an objective story about the ACT to come and have a look at Canberra and its citizens. I have offered them assistance in doing that.

I think it is very significant that Mr Carleton's program used so few Canberra citizens. They were nearly all outsiders. I think that we can always find people to criticise the ACT from outside; clearly he has. I think we ought to respond not only to the particular attack that Mr Carleton has mounted. I think that we cannot treat this matter in a vacuum and that we ought to look at what is being done to promote a positive image of our Territory to other Australians and to other countries. That effort is continuing.

The work and the recent great successes that we have enjoyed in tourism, I think, are largely due to the ACT Tourism Commission. They are having a dramatic and very visible effect, I think, on improving the image of the ACT and promoting our Territory amongst visitors and amongst other Australians. Their most sustained effort is on the tourism marketing side, and that is complemented by the work of the business development and marketing branch of my own department. Through those agencies we are promoting the ACT as a very new, innovative and responsible partner in the Australian federation, as well as a destination for tourism and for business, and that is what lies at the heart of those promotional efforts. Like Mr De Domenico, I have received a letter from the Meetings Industry Association. I hope that the producers of *60 Minutes* take that kind of criticism from the business community to heart. I think that it is only through the hip pocket that you can attempt to influence some of these people. Madam Speaker, much of the activity that the Government is undertaking is supported by ACT business, and I certainly welcome their participation as well.

I want to detail some of the errors that Mr Carleton has made. The most glaring one was that he failed to distinguish between the ACT and the Commonwealth public services, and their respective very clear local and national focuses. He also distorted or failed to check facts on a number of issues. In relation to ACTION, he has mistaken the ACT funded bus service, ACTION, as a cost to all taxpayers, and clearly that is not the case. Like all such State level services in Australia, ACTION is funded solely by the citizens of the community that it serves, and that is the ACT community. While the bus fleet is in good repair - and why would it not be? - our bus replacement program has been a direct result of the ageing of the fleet, and that has been directly caused by earlier Commonwealth government decisions. The replacement buses in our fleet were chosen in a competitive tendering process and I believe that they represent good value for money. I repeat, Madam Speaker, that ACTION is not funded by Australian taxpayers, and the subsidy level is not \$2.90 per passenger as Mr Carleton claimed, but \$2.20, which is paid by the ACT Government and ultimately, of course, by ACT citizens, not the rest of Australia. The subsidy is not \$750 per household per year, as Mr Carleton claims. He has that figure wrong as well.

In relation to public use of ACTION services, Mr Carleton's claim that only 7 per cent of commuters use ACTION buses should be taken with a grain of salt. Their use varies between population segments, depending on the client group; but data on passenger boardings from a recent survey showed that ACTION carries about 20 per cent of commuters to the city area. Madam Speaker, Mr Carleton also suggested that it would be just as cheap for ACT people to use taxis. That clearly is hyperbole. It is just an idiotic statement. It shows very little understanding of basic numbers, let alone economics. An ACT bus carries 110 people in a peak period. Somebody accepting Mr Carleton's advice that it would be cheaper to catch, for example, a \$13 taxi from Woden to Civic needs very serious help on the numeracy side, I suggest.

Mr Kaine: It would be okay if the taxi were big enough to take more passengers.

MS FOLLETT: A 110-seat taxi. Madam Speaker, Mr Carleton also raised the matter of Mr Russell's grazing on Red Hill. I know that this is a sensitive issue. Mr Russell is indeed a treasured Canberra institution. The Government acknowledges, Madam Speaker, that he is as much an ACT institution as Red Hill is part of the Canberra Nature Park; but for conservation and aesthetic reasons

grazing will eventually cease on Red Hill, as it has ceased on all like areas in Canberra and in all other Australian cities. While it is intended that Mr Russell will maintain his grazing arrangement on Red Hill for the foreseeable future, it will be necessary for him, like all other Canberrans, to comply with the normal conditions required of ACT agistees, and that refers to signing a grazing licence arrangement and paying outstanding fees.

Mr Carleton also made some assertions about the size of the public service, Madam Speaker. He claims that no-one ever gets laid off in the public service and that the public service is actually growing in size during a national recession. Once again he has his facts wrong. I do not think he ever troubled himself with the facts. His assertions are wrong and he failed, again, to make any distinction between the Commonwealth and the ACT. Nevertheless, during the last full year for which there are statistics available, in the Commonwealth Government 1,000 staff were made redundant in terms of the redeployment and retirement provisions, and a further 900 left for inefficiency and discipline reasons. Clearly, Madam Speaker, Mr Carleton was not troubled by those sorts of figures. In the ACT Government Service some 490 individuals have ceased employment for one reason or another. In fact, Madam Speaker, from July 1991 to June 1992 the ACT payroll declined by 2.2 per cent.

Mr Carleton also made an interesting sortie to the Mugga Lane tip. I think he was confused as to where he was, but from the pictures I think that is where he was. Madam Speaker, the pictures shown in the article were not the tip but the Revolve recycling centre. Canberra does not have household collection of large white goods and large disposable items. Such collections are, in fact, carried out in other cities, but they are not carried out here. As an ACT government recycling and employment initiative, Revolve has been set up in order to run collection centres at each of Canberra's tips, and items which can be reused are collected and sold and the profits used to employ up to about 20 people. Clearly, he was factually incorrect and irresponsible in his treatment of that.

He made many assertions that Canberra has been isolated from the recession. Would that it were so. Madam Speaker, I think this is perhaps the most misleading intention in Mr Carleton's little effort. It is true that we do have a larger than average public sector. That was the purpose for which the ACT was set up. Nevertheless, in the last eight years the public sector's share of ACT employment has fallen from 58 per cent to 47.3 per cent, and since self-government was attained the ACT Government has consciously worked to create greater private sector growth. Madam Speaker, there has been an impact of the recession on the ACT, particularly on less skilled and less experienced workers, such as young people, women, people with disabilities, and people from non-English-speaking backgrounds. It has been very much regretted. Since the onset of the recession the number of unemployed persons in Canberra has doubled from 7,900 to 15,100, and the rate has risen as well. Clearly, Mr Carleton was not interested in that because he has no compassion for this community.

Madam Speaker, I have many other errors that I could go through, and I will bring them to the attention of the producers of the program. I would like to say that we have had just about enough of this kind of nonsense, this Canberra bashing. It has, I think, reached an all time low in Mr Carleton's recent efforts. It is up to the whole community to show their irritation and their total

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exasperation with this kind of treatment of the Canberra community. I think that is exactly what we are seeing. I think the best way people could show such a response is by simply not watching the program. As I say, the most surprising thing is that so many people put themselves through this torture on a Sunday night. It is amazing. I did not, and I would not.

MR KAINE (Leader of the Opposition) (3.32): I do not intend to speak for very long, because probably everybody on the floor of the house wants to say something on this subject. I will be brief, but I do want to make some remarks about Mr Richmond's column.

Ms Follett: Mr?

MR KAINE: I am no more wrong in my facts when I refer to him as "Mr Richmond" than he was. Perhaps it was Mr Redfern; I am not sure. We should not fall into the trap that he set for us, I think. The whole thrust of what this gentleman had to say was based on the premise that we would become defensive, and to some degree this community has become defensive. Why should we? If conditions here are better than they are elsewhere in Australia, and if that is because of good management in this Territory, why should we apologise for it? Why should we bow to Mr Richmond or Mr Redfern or whatever his name is and grovel and cringe because we have things better than somebody else?

For heaven's sake, if somebody says that New Zealand has the best climate in the world, what are they going to do - grovel and say, "No, not us, our climate is as bad as yours"? How patently absurd! Why would we become defensive and try to defend ourselves against the things that he said? I think we should stand up and say, "Yes, in some respects Canberra is better off than other places", define where they are and say that we are proud of that because we have made it so.

To the extent that he or anybody else misrepresents, whether deliberately or inadvertently, we have a right and a responsibility to say, "No, you have your facts wrong". I think that the Chief Minister has already done that, and others will as well. All that demonstrates is that this particular journalist has to be the bottom of the pile of journalists because he has no regard for the facts. He does not care about fact. If he did, he simply could not have asserted some of the things that he said when he was talking about unemployment in the ACT. Either he did not know the facts or he did not care about the facts. Whatever the reason, he misrepresented and said that we are so much better off than everybody else. I do not think that our 8,000 or 10,000 unemployed people would agree. They are no better off than the unemployed in Sydney, Brisbane, Melbourne or anywhere else. To assert that we are better off simply because in some respects we have managed our affairs better is a misrepresentation of the facts.

I do not think I need to say any more. I will just summarise. This gentleman, clearly, is careless of the facts or does not care about them. If that is true, why should we care what he says? It is patently obvious to everybody that he was distorting. Even the most biased anti-Canberra person in Perth or Brisbane or Melbourne would have recognised it for what it was - a total distortion and misrepresentation of the truth. Therefore, we should not worry about it. I come back to the other point: If by good management we are better off than others in Australia, if by our own good management that is the case, we should be proud of it, and we should not be cringing and we should not be apologising. I simply say to Mr Richmond, Mr Redfern or Mr Carleton, or whatever his name is: Go and bug somebody else; we have more to do with our time.

MR LAMONT (3.35): Madam Speaker, I take some pleasure in being able to address the matter of public importance, not only because it allows me to get stuck into my favourite journalist - hopefully it will do some good - but also because it allows me to comment on the issues raised by the Leader of the Opposition and the Chief Minister. I feel quite proud to have lived in Canberra now for 22 years. I came here for quite specific reasons. I came here for work and I came here for the lifestyle that the ACT was developing. I have enjoyed those 22 years.

By good management on the part of the people who were responsible and are responsible now for managing the Territory, we do have a city which we can rightfully feel proud of. We can rightfully feel proud of it for the civic amenity which we as citizens of the ACT enjoy. We should rightfully feel proud of the ACT or Canberra because it is the seat of government. This is where people like Carleton and a number of others tend to trip themselves up. They regard the seat of government, the house on the hill, or some policy areas within the Federal bureaucracy as the whole of the ACT, when in fact it is not.

In terms of the industry in the ACT, his most serious misnomer as far as I am concerned was on the question of where employment is in the ACT. His comments were along the line that 50 per cent of the people are employed by the public service and the other 50 per cent work for it. That is sheer nonsense. In fact, the thriving private sector which has been developing over the last several decades in the ACT in some areas is reliant upon Canberra as the seat of government, but we also have people operating businesses in Queanbeyan who rely upon Canberra as the seat of government. I do not see him attacking the people living in Queanbeyan, as an example, because they are there conducting private businesses which may provide information technology or other services to the Federal Government, or the fact that there are embassies in the ACT. There is a very large private sector work force involved in lobbying exercises, trade and associated activities because we have in the ACT the foreign missions and diplomatic residences of countries from all around the world with whom we trade.

There is one thing that Mr Carleton and his ilk, because he is not alone, really need to be taken to task over. I am not being defensive; I believe that I should be offensive in sticking up for what the ACT is. I refer to the attitude exhibited by Carleton and his ilk. It is not, I believe, endorsed by the majority of Australians. The interesting thing to note, Madam Speaker, is that recently the National Capital Planning Authority commissioned a survey around Australia and the overwhelming majority of Australians were proud of their national capital and believed that it should be a place that they can be proud of. That takes two partners in the ACT. It takes this legislature, the ACT Legislative Assembly, in terms of what we can do as far as local government is concerned, and the Federal Government as far as the national seat of government is concerned.

Carleton and his ilk are getting to the technique that was used in Nazi Germany during the Jew baiting. People have said to me, "That is a little bit stiff; you do not really draw a parallel between what Carleton did and what the Nazis did in Germany", but I do. It was through the type of attitude that existed in Germany during the 1930s that the Nazis were able to have the impact that they had. Here we have a nationally televised program watched by 22 per cent of the

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population or 20 per cent of the viewing audience - I think that is its rating averaged around Australia - and, on the basis of envy, misinformation and mistrust, they have painted to the rest of Australia a view about a hated minority ensconced in Canberra. That is exactly the same tactic that Goebbels used, exactly the same tactic that the Nazis used in Nazi Germany and throughout Europe in the 1930s.

Madam Speaker, I wish to refer to an article from the *Guardian Weekly* of 18 October, an amended version of a speech given by Amos Oz in Germany. It was titled "When evil comes wrapped in a flag". It talked about how the type of vilification which Canberrans, the people who live here, were subjected to last Sunday night had been perpetrated in Nazi Germany during the 1930s. I quote:

There is no need to tell you that tainted language often heralds the worst atrocities. Wherever particular groups of human beings are called "negative elements" or "parasites", for example, sooner or later they will be treated as less than human.

That is the type of attitude that people like Carleton are using around Australia. But it is not just the journalists; it is not just the Richard Carletons, sitting back in their bigoted, biased way, who float into the ACT, a town that they lived in for 10 to 15 years when they were rookie journalists cutting their teeth on reporting the Federal Parliament, and waft up to what they well know because they lived there, Mugga Way - Mr Carleton's residence on Mugga Way is well known - and say, "This is the standard of living for people in the ACT". It is that sort of attitude which has allowed political parties, politicians and other reporters around this country to make cheap mileage out of envy; out of saying, "There is a group of people who all you people out there are paying for. You are all doing it hard, but these people over here are having it good. All of your problems that you have out there, Mr and Mrs Suburban Australian, are sheeted home to these people".

They did not say that it was sheeted home to Paul Keating. They did not say that it was sheeted home to John Hewson. They did not say that it was sheeted home to Tim Fischer, another noted Canberra basher. They did not turn around and sheet it home to them. They turned around and said, "The 300,000 people resident in the ACT are responsible for your problems. They should not be allowed to live like this. They should not be allowed to live in a city like this and they should have it taken away from them". That, in fact, is what is inferred in the types of programs which Carleton is responsible for.

To this stage, Madam Speaker, you will have noticed some commonality between what the two previous speakers from the Opposition have said, and what the Chief Minister has said. It is here that I wish to depart from some of the comments made opposite. It is not enough to say that what Richard Carleton has done is an isolated example of Canberra bashing. Whether it is John Button, whether it is Tim Fischer, whether it is Peter Reith, or whether it is John Hewson, who stand up and say, through bigotry and ignorance, that this town, our town, my town, needs to be decimated, needs to be gutted because it is privileged, I believe that I, along with everybody else in this chamber, should stand up and resist it. It is not much good to have piety and kick Richard Carleton and then on the other hand support policies and support individuals who do exactly the same thing. We must be even-handed.

In this chamber in the last four months we have had a number of MPIs which have talked around this issue of Canberra bashing, but it is some of our national colleagues who are as responsible as Richard Carleton for creating the climate within which people like Carleton can put to air programs which are lapped up in some instances by people around Australia. This is not only a call to Richard Carleton to get his facts right; it is a call to our Federal colleagues to get their facts right. Policies such as the decimation of the ACT economy are based upon quite erroneous presumptions about what is done in Canberra in the Federal bureaucracy and a lack of understanding of what Canberra is to the private sector. I will stand up and go on the offensive, not the defensive, about that. Let us face it, Carleton does not stand alone.

MS SZUTY (3.46): Madam Speaker, the topic of the matter of public importance debate today is the well-worn chestnut of Canberra bashing. Richard Carleton of *60 Minutes* has more than exemplified the medium of so-called current affairs shows in that he came to Canberra with a storyline, as Ms Follett indicated, and absolutely no amount of input from the local community was ever going to change the tenor of his argument. For this ex-resident, Canberra is still a haven for journalists, public service mandarins and politicians, away from the hurly-burly of the real world. Mr Carleton has demonstrated his ignorance, prejudice and inability to accept that Canberra is now an independent Territory with its own government.

What drove Mr Carleton to present his Canberra piece as he did was not, as most people would expect, a desire to show reality. He was operating to a formula. As the member for Canberra, Ros Kelly, said, he admitted that the real story about Canberrans and the fact that they are ordinary people does not rate, and that is the name of the *60 Minutes* game. *60 Minutes* appears to have found a successful formula and is sticking to it. When the original concept was introduced from America there was an attempt to sell this new show as something different; but, like most things imported from the United States, it came with its own cultural imperatives - that is, if it does not rate, it does not get a go. In particular, on Sunday night's program, we were presented with a view of Canberra that Richard Carleton wants to believe is true - of cossetted public servants living in Mugga Way.

Whom does he call upon to reinforce his view? Mungo McCallum, who moved from Canberra to the north coast of New South Wales, and Geoffrey Blainey, a historian who lives in Melbourne - two well-known Canberra critics. The question can be asked: Just what do they have to do with Canberra? What can these two individuals add to the debate, except a little intellectual muscle for Mr Carleton's premise that Canberra is a haven for public service mandarins and that the recession we had to have was all our own doing? Once again we encounter the problem of how Canberra is perceived and identified. Since the issue of calling the Federal Government "Canberra" in news stories was raised earlier this year, the tendency appears to have been to adopt this practice as policy rather than dropping the unfortunate reference. With little or no knowledge of their national capital, most Australians would not make any distinction between our function as a national capital and our reality as a city of 300,000 people.

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The main issue to be addressed is: How do we, as a community, counter this negativity? We cannot do it by force. The only result of that will be a reaction against the people of the ACT. If Canberra wants to improve its image all Canberrans must actively and aggressively promote the facts of our existence here to all Australians. As a member of the Tourism Committee, I have taken a lot of time to ensure that I meet and am known to tourism officials and operators in the south-east region of New South Wales. If I do not make that fundamental personal contact it will be too easy for our own region to cast me and the Tourism Committee in the mould that Mr Carleton would like to see perpetuated.

Canberra is one of the most homogeneous cities in Australia in terms of its mix of people with affluence and disadvantage. It may be a geographical reality that a few private business people and foreign embassies occupy Mugga Way, but that is not the picture being painted. We as a community must therefore put it in terms that others understand. Not everyone in Sydney is a business person living in a harbourside mansion, and Mr Carleton would be ridiculed for portraying all Sydneysiders in that way. Nor do all Melbournians live in Toorak or all Perth business people live in mansions in Dalkeith or Peppermint Grove and sail multimillion-dollar yachts.

Mr Carleton is also perpetuating another urban myth with his biased view of Canberra - that it is Canberra's fault that Australia has experienced a recession. The rest of Australia trusted Canberra to do something, and when Canberra did not stop the recession we ourselves became the target. The impression I get is that Canberra will not be let off the hook until the Government gets us out of the recession. What is further not recognised or accepted by the type of argument put forward by Mr Carleton is that Federal politicians mostly arrive in Canberra, travel to Parliament House, conduct the business necessary as a member of Federal Parliament and then leave.

Many public servants, too, have come from other places, albeit that most eventually settle here. Mr Carleton is also strangely silent on the role of Federal public servants who do live in the so-called real world in advising the heads of their departments of happenings in this other Australia. We heard nothing of our local Legislative Assembly. Most people outside Canberra probably do not realise, and Sunday's *60 Minutes* would not have enlightened them, that the ACT in fact raises taxes, pays its own way and is no more dependent on the Federal Government than any other State or Territory, except in that it is the biggest company in town. The ACT has faced a harsh transition to self-government, much harsher than the transition to self-government made by the Northern Territory.

Madam Speaker, ACT residents are sick of the same old trite phrases and the same old myths being perpetuated. I congratulate those who have stood up and stated their opposition to this simplistic and unreal picture that has been hauled out on too many occasions from the oldies but goldies file of story-lines. Perhaps if Mr Carleton had presented his story a few months ago it would have had more credence in the greater viewing public's eyes, but in that time Canberra has made at least 30,000 friends. The overall view of the Vietnam Veterans Memorial dedication and march was that Canberra did have a soul and that its residents were helpful, friendly and prepared to go out of their way to help make the weekend a success. I do not believe that the people who came to see that side of Canberra will believe Mr Carleton's myopic, self-serving view.

Throughout the year we have many national events that bring visitors to Canberra from all over the country. It is in our community's interest to promote a more real picture of Canberra as home to 300,000 residents who pay taxes, contribute to the national agenda, and have the same problems and hopes that the rest of the country has. If we all defend our city at every possible chance and do not accept the arguments that come from friends and relatives that despite us as individuals this is a soulless place, we may eventually force Mr Carleton to abandon the old hackneyed story-line he presented on Sunday.

MR MOORE (3.53): Madam Speaker, I have two things to say on this. The first one is that if people now recognise what a biased program *60 Minutes* is they ought to turn off their television at that time or change to a different channel. That will show up in the ratings. That is a positive response. Secondly, Toyota, realising what a biased program *60 Minutes* is, should consider whether they should continue funding it.

Mr Kaine: "Please consider".

MR MOORE: "Please consider" - I think we have the wrong cars. They should not interfere editorially, but just consider whether or not they should fund it.

MR WESTENDE (3.54): Madam Speaker, there is no doubt that those of us who have lived in Canberra for many years, if not all our lives, are pretty touchy when it comes to outsiders criticising our home town. We do not like it, and neither we should. However, the same could apply to any other town or city. When we think of the rivalry between Melbourne and Sydney and the lengths people go to, in not only continuing this rivalry but actually building on it, we can see that Canberra is pretty small fry in these stakes. It is natural for people to defend the place in which they live and it is equally natural for passers-through to pass some judgment on the place. Obviously, the traveller will pass judgment on quick observations and experiences. If these experiences happen to be not pleasant they will be inclined to say that they did not like the place. We are all guilty of passing quick judgments like this. From this viewpoint it is probably best for Canberrans to take a certain amount of this type of criticism on the chin, but not the nonsense that Mr Carleton peddles.

Obviously, as the national capital, we stand to attract criticism by the very nature of it being the capital and the seat of government. The public service has always been an easy target for criticism; but it can be a rather awesome and frustrating task for the uninitiated, for anyone from the general public, to actually receive quick satisfaction in their inquiries. Let us face it; even corporate giants, with all their resources, rely on specialist consultants in the area of government liaison. It is no wonder that people build a bad impression of government at work. Madam Speaker, the other difficulty that we face in Canberra is that it is a modern city, a planned city, so all the roads, buildings and parks are relatively new. It looks fresh and it looks affluent. We all know that jealousy is a curse. It only proves that Mr Carleton and his cohorts are just plain jealous. As a planned city, Canberra should look aesthetically good and it should function efficiently.

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Madam Speaker, what I have been saying so far is that you must recognise the root cause of the criticism, and to a certain extent we have to expect it. However, Madam Speaker, the *60 Minutes* program went beyond this. It was a deliberate attempt to bag Canberra; it was an appeal to all those who love to criticise Canberra, for the reasons I have mentioned. It was a very cheap shot. It did far more to question Richard Carleton's credibility, and, indeed, that of *60 Minutes*, than any shortcomings in the national capital.

If Mr Carleton had the interests of this country at heart he would at least have attempted to be more objective, and at the very least accurate and factual. He said nothing which reflects the real community. From this report you would hardly imagine that Canberra operated as a normal community, with normal community organisations, normal community interests, and normal community problems. He did not talk about Canberra's wonderful cultural pursuits, or the pursuits of the many voluntary organisations. All the voluntary community associations that make major contributions to the quality of life in Canberra, to events such as the Canberra Festival, Floriade, Australia Day, Summernats, the Canberra Show, sports carnivals, multicultural events, and many more, are all testimonies of the strength of community participation in the Canberra way of life. Most of these events were developed with a lot of hard work and heartache from a great many people who have tremendous community spirit because they happen to like the place in which they live, and were prepared to do something about it.

People outside Canberra think that because we have good roads and buildings everyone is on clover. That could not be further from the truth. There are many public servants also feeling the pinch. There are many business people in Canberra who have been drastically affected by the recession. Many have folded. Many are struggling to hang on. Unemployment is a serious problem. We have hardly escaped the recession. The only aspect of the report that touched remotely on the truth was the bit on ACTION buses, but even that he got wrong.

Clearly the *60 Minutes* report was simply lacking in substance and truth, and clearly Mr Carleton should lift his game if he wants any credibility in his reporting. One can only wonder whether in some respects it would have been better to have totally ignored the program. I am fortunate not to have watched it. I have gained what it contained only from reading the newspapers. If we had totally ignored it, it would have signalled to Mr Carleton and his cohorts the phoney things that he said, and that this community can rise above such criticism. The Chief Minister's point of view in this regard was very well taken.

MR WOOD (Minister for Education and Training, Minister for the Arts and Minister for the Environment, Land and Planning) (4.00): Madam Speaker, two points stated alone will place this matter in context. The program was *60 Minutes*; the reporter was Richard Carleton. What more needs to be said?

MADAM SPEAKER: This discussion is now concluded.

**SCRUTINY OF BILLS AND SUBORDINATE LEGISLATION -
STANDING COMMITTEE
Report and Statement**

MR HUMPHRIES: Madam Speaker, in the absence of Mrs Grassby, I present report No. 15 of 1992 of the Standing Committee on Scrutiny of Bills and Subordinate Legislation, and I seek leave to make a brief statement on the report.

Leave granted.

MR HUMPHRIES: Madam Speaker, report No. 15 contains the committee's comments on three Bills, one piece of subordinate legislation and one government response. I take the opportunity of mentioning that it is a brief report, and in many respects that tells a story. Over the three-and-a-half years or so that the Scrutiny of Bills Committee has operated, a very large number of matters have been raised for the attention of government. The fact that it is possible to look at this report and see very few matters raised is some indication of the progress that has been made by the existence of such an institution as the Scrutiny of Bills Committee.

For example, in this report we note, as a matter of substance, the fact that a determined attempt has been made in the Bill to amend the Motor Traffic (Alcohol and Drugs) Act to remove the remaining sexist language from that Act, and that appears to have been done. That is one of the matters that the committee has traditionally dealt with. It has now been covered fairly comprehensively. It is an indication of the extent to which successive administrations have paid attention to the work of the committee and made a serious attempt to deal with the problems that it raises from time to time.

I say on behalf of the committee members that we are pleased with the response we have had from government, at least over the last few months. We believe that it is a good sign of the intention of the members of the administration that serve the Government to deal wholly and promptly with the concerns that are raised by our committee. I commend the report to the Assembly.

SUSPENSION OF STANDING AND TEMPORARY ORDERS

Motion (by **Mr Berry**) agreed to, with the concurrence of an absolute majority:

That so much of the standing and temporary orders be suspended as would prevent order of the day No. 1, Assembly business, relating to the Select Committee on Drugs interim report on Methadone Treatment Services in the ACT being called on forthwith.

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DRUGS - SELECT COMMITTEE
Report on Methadone Treatment Services

Debate resumed from 15 October 1992, on motion by **Mr Moore**:

That the report be noted.

MR BERRY (Minister for Health, Minister for Industrial Relations and Minister for Sport) (4.03): On 15 October the Select Committee on Drugs handed down to this Assembly its findings on proposed amendments to the methadone program. I wish to comment on remarks that were made by Mr Moore about Mrs Grassby's dissenting report. Madam Speaker, I consider that those remarks were - - -

Mr Moore: Eminently fair.

MR BERRY: I think they were intemperate and uncalled for.

Mr Moore: Intemperate, yes; uncalled for, no.

MR BERRY: Mr Moore has the right to be upset about disagreements with reports which he has put a lot of work into, but so too have other members who have submitted dissenting reports put in a lot of work. Having drawn attention to that, I move on. The Government has given consideration to the recommendations of the report, and I will now provide a response to its findings.

The select committee interim report covers two main areas - expansion of methadone service, through privatisation of services, and recommended changes to the ACT methadone treatment program. Most of the recommendations the committee make concern the further expansion of methadone treatment services into the private sector. In other words, the committee seems more concerned with improving the profitability of pharmacies rather than improving the system of methadone distribution in a well-regulated environment. While the select committee proposes that methadone treatment should be available from community pharmacies, general practitioner surgeries and private clinics as well as government facilities such as health centres, it pays scant regard to the need for such a program to be viable and ignores the financial impact the proposed privatisation will have on the provision of these services.

The Government's proposal to expand methadone treatment services into health centres is by far the most effective option for meeting the increased demands for methadone treatment. It is not open slather, as Mr Moore's approach would be. This proposal will not only improve - - -

Mr De Domenico: On a point of order: Mr Deputy Speaker, Mr Berry by his remarks cast aspersions on the bona fides of the committee. He said that the committee went out of its way to ensure that pharmacists made a profit. I think that is a slur on the committee, and I ask Mr Berry to withdraw that allegation.

MR DEPUTY SPEAKER: Mr Berry, did you make that statement?

MR BERRY: What was that?

Mr Humphries: The one Mr De Domenico just referred to. You were listening to it.

Mr Moore: That the committee was concerned only with the profitability of pharmacies.

MR BERRY: That was the impression it gave me. I am entitled to have that impression.

Mr De Domenico: I ask him to withdraw that, Mr Deputy Speaker.

MR BERRY: What is the imputation? On what basis?

MR DEPUTY SPEAKER: It is an imputation that you are making, Mr Minister, is it?

MR BERRY: If one cannot disagree with a committee report, then so much for - - -

MR DEPUTY SPEAKER: That is the issue, really.

Mr Humphries: Without making imputations against the members.

MR DEPUTY SPEAKER: You may disagree with the committee report, but I do not think you can impugn the integrity of the members concerned. That is the issue.

MR BERRY: I never mentioned the members; I mentioned the committee.

MR DEPUTY SPEAKER: By inference, that is mentioning the members of the committee.

Mr De Domenico: Mr Deputy Speaker, I ask you to rule on my point of order.

MR DEPUTY SPEAKER: Yes, I am endeavouring to do just that, Mr De Domenico. I rule that, if you are impugning the motives of the committee, then you are clearly impugning the motives of the members of that committee. You cannot be doing anything else, Mr Minister. I suggest that you withdraw, and let us get on with the debate.

MR BERRY: Which words would you like me to withdraw?

MR DEPUTY SPEAKER: The imputation that the committee was in fact promoting pharmacists or private pharmacists. Just withdraw it, please, and let us get on with it.

MR BERRY: I never said that. I will read to you exactly what I said.

Mr Kaine: On a point of order, Mr Deputy Speaker: If the Minister is going to get into a debate with you, that is another matter altogether; but that is not what your ruling is about.

MR DEPUTY SPEAKER: No, indeed it is not. Would you mind reading what you said, Mr Minister?

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MR BERRY: I said:

... it pays scant regard to the need for such a program to be viable and ignores the financial impact the proposed privatisation will have on the provision of these services.

Do you want me to withdraw that?

Mr De Domenico: No, before that.

MR BERRY: I said:

While the select committee proposes that methadone treatment should be available from community pharmacies, general practitioner surgeries and private clinics as well as government facilities such as health centres, it pays scant regard to the need for such a program - - -

Mr De Domenico: No, before that, too. Mr Deputy Speaker, Mr Berry said words to the effect that it seems as if the committee's major task was something to do with the profitability of pharmacists - - -

Mr Westende: He said that it was more concerned with that.

Mr De Domenico: He said that it was more concerned with the profitability of pharmacies than it was with anything else. That is the part that Mr Berry should withdraw.

MR BERRY: I said:

... seems more concerned with improving the profitability of pharmacies rather than improving the system of - - -

Mr De Domenico: That is the point.

MR BERRY: It seemed that way to me.

MR DEPUTY SPEAKER: Mr Minister, I suggest that you withdraw any imputation against the committee, and let us get on with the debate.

MR BERRY: No imputation against members of the committee was intended.

Mr Humphries: You have been asked to withdraw.

MR BERRY: There is no imputation against members of the committee - - -

Mr Moore: I draw your attention to standing order 202(e), Mr Deputy Speaker.

MR DEPUTY SPEAKER: Thank you.

MR BERRY: I withdraw any imputation against members of the committee.

MR DEPUTY SPEAKER: Thank you, Minister. Continue, please.

MR BERRY: Of course, what I have also said is that an open slather approach to methadone has been taken by Mr Moore, with the support, it seems, of the Liberals. The Government's proposal to expand methadone treatment services into health centres is by far the most effective option for meeting the increased demands for methadone treatment. This proposal will not only improve access to treatment but also ensure that all people seeking methadone treatment receive the high-quality services they have a right to.

The methadone program has expanded from 86 places in August 1991 to 104 places in October 1992, and the phased expansion into three health centres will provide for 350 places by 1 July 1993. This expansion program will incorporate cost saving initiatives which will enable further expansion to another health centre when the need arises. Privatisation of services will not ensure that a high standard of treatment is delivered to all clients, nor will it achieve even the most basic objective of the service of increased access at affordable prices.

Mr Moore: Let the people at the receiving end choose. If they do not like the low standard, then they do not have to take it.

MR BERRY: You might want to turn the ACT into a social laboratory, Mr Moore, but we do not. The select committee proposes that private sector services should be allowed to provide methadone without any regulatory mechanisms in place which would ensure that these services also had the expertise and the resources to provide ongoing clinical and personal support to clients. There is no in-depth thinking evident in the report about how quality standards can be maintained and monitored over a period of time.

The committee's report is fundamentally flawed because it does not give consideration to the national guidelines for methadone programs. Where was that mentioned? These guidelines were developed by experts drawn from all over Australia under the auspices of the Ministerial Council on Drug Strategy, which Mr Humphries sat on. The thrust of the committee's recommendations flouts these guidelines by proposing a broader spread of distribution points while appearing to have no regard for the paramount underlying premise of the guidelines, which is the safety and care of the client.

Routine inspections of handling, storage and documentation procedures for the administration of methadone are not an adequate response to the need to monitor quality of standards. There is no serious consideration given in the report to how to ensure that general practitioners are competent to prescribe methadone.

Mr De Domenico: Because they have doctors' degrees.

MR BERRY: They do not have those, Tony. Mention is made of the importance of training programs, but this is not included as a requirement in the recommendations. The methadone treatment program outlined in the report assumes a continuum of care from the public sector to the private sector. In reality, we will have a vast array of services with the potential to treat clients at very different stages of treatment and no capacity to attend to the overall clinical management needs of these people. That is what I mean by open slather.

Members interjected.

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Mr Lamont: I raise a point of order, Mr Deputy Speaker. I draw your attention to standing order 39. This debate will go for an extremely long period of time. I certainly hope that what the Opposition is attempting to do is not a precursor of what we will need to put up with over the next three-and-a-half hours of debate.

MR DEPUTY SPEAKER: I am aware of standing order 39, Mr Lamont. Let that be of guidance to all members.

MR BERRY: Without proper quality controls, this could lead to situations of overdosing, inappropriate referrals, inappropriate prescribing and increased incidence of relapse from clients who have fallen through the net of services.

Secondly, a major disadvantage of the select committee's proposal for privatisation of services is the lack of consideration given to social planning. The report is flawed. Without the development of proper planning controls which take into account the location of existing services and residential requirements, service provision will be ad hoc and the needs of clients and the local community will suffer. How can we ensure that services will be optimally located to cater for client and community needs?

The Ministerial Council on Drug Strategy, comprising Ministers from all States and Territories, played a key role in setting national guidelines for methadone treatment programs throughout Australia. These guidelines were first endorsed by the Australian Health Ministers Conference in 1985 and have undergone periodic review since that time. They reflect the link between methadone treatment as an intervention process which ensures client safety and welfare and the public health of the community, and also spell out the requirement for proper planning decisions which involve community consultation as being crucial for equitable service delivery. The select committee has given little attention to these issues.

It cannot be denied that the privatisation of methadone services will, by its very nature, be a commercial venture. Access to private sector services will be determined by the capacity of clients to pay for treatment at rates set by individual practitioners, pharmacies and clinics. Should people seeking methadone treatment have to rely on the goodwill of the private sector not to exploit them? These issues have not been addressed in the report. In reality, we would have a situation of competition between private sector services, and clients would be forced to pay more for the privilege of a better service. This system will clearly discriminate against certain client groups who cannot afford to pay a higher price for their methadone treatment. These clients will effectively not have the opportunity to make choices about their treatment. Mr Deputy Speaker, it is very clear that for these reasons the private system of methadone distribution proposed by the select committee will not increase access and maximise choices for all people seeking methadone. High-quality methadone treatment will become an exclusive option for the moneyed few.

Finally, Mr Deputy Speaker, I want to address some of the criticisms made by the select committee of operational policies in the ACT methadone program. These are a cause of serious concern to the Government. This Government believes that the select committee needs to examine some of its recommendations more carefully in the light of the facts about methadone as a form of treatment. These are the facts: Policies on urinalysis and takeaway dosing are not intended as punitive or control measures, as the select committee report suggests.

Rather, they are intended to ensure the safety and effective clinical management of clients being treated with methadone. The ACT methadone program strictly follows the national methadone guidelines in its policies and procedures. As I said before, Mr Humphries sat on the MCDS when it agreed to these guidelines and procedures - - -

Mr Moore: The guidelines are out of touch.

MR BERRY: Mr Moore says that they are out of touch.

Mr Moore: I said, "If they are out of touch". If they are out of touch, then we proceed beyond them; but I will get back to that.

MR BERRY: So, Mr Moore will proceed unilaterally. Urinalysis is used only as a means by which extraneous drug use can be assessed and treatment progress monitored. (*Extension of time granted*)

Mr Kaine: This is a 40-minute speech.

MR BERRY: If it were not for all of the interjections from the Liberals opposite, it would be quite a lot easier. Frequent testing is important in the initial stages, as it is critical to ensure that the dose of methadone is safe and not creating hazardous toxic substance levels. Madam Speaker, later on I will be tabling the Government's response to the committee report. I refer particularly to page 4 of the Government's response, which refers to the following:

- the development of large practices with low quality care and hence little harm reduction;
- increased cases of death through overdose due to inappropriate prescribing by general practitioners who lacked appropriate training;
- major diversion of methadone to black market sales because of double dosing or poor administration techniques (in NSW this reached a peak of 20% of doses).

In Victoria a special investigation of 14 deaths of methadone users over a short period of time found treatment by inadequately prepared general practitioners contributed to the deaths. Starting doses had been too high and the doctors had failed to take into account the effect of other prescription drug use and the presence of liver disease caused by alcohol use and or hepatitis. Victoria now operates a vigorous training program for general practitioners.

There was no mention of that by the committee - no consideration of that by the committee. It was all done in a big hurry. Madam Speaker, the national guidelines state that precautions must be taken to ensure that there is no substitution of urine specimens and that pathology results are accurate, provided speedily and cover a range of drugs. Mr Moore suggests a different course - do not bother with the national guidelines in that respect. Are they out of touch, Mr Moore?

Mr Moore: Indeed.

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MR BERRY: Mr Moore says that the national guidelines are out of touch. Do the Liberals agree that they are out of touch? Did Mrs Carnell tell you about this? No, she did not. The national guidelines state that precautions must be taken to ensure that there is no substitution of urine specimens and that pathology results are accurate, provided speedily and cover a range of drugs. Mr Moore says that the guidelines are out of touch. Do the Liberals say that they are out of touch?

Mr Kaine: Do you agree that they are out of touch, Minister?

MR BERRY: I do not. They are the national guidelines, and they were endorsed by Mr Humphries when he was on the MCDS. But the select committee suggested that adherence to nationally accepted urinalysis procedures is unnecessary. Mr Moore says that they are out of touch; Mrs Carnell did not tell her Liberals that Mr Moore thinks they are out of touch; Mr Humphries did not tell the Liberals that he at least supports them. Finding out what the Liberals are up to is a bit difficult from time to time. It is a little bit like a lottery. The position clearly has the potential to seriously risk the safety of clients receiving methadone, who run the risk of lethal overdose or dangerous intoxication.

Secondly, the select committee believes that linking the provision of takeaway doses to a history of clean urinalysis is unnecessary and punitive. The committee also believes that takeaway dosing should be liberalised. Did you agree to that, Mr Humphries, when you were on the MCDS? No, you did not.

Mr Humphries: Did you agree?

MR BERRY: No, I did not. The committee believes that takeaway dosing should be liberalised and restrictions lifted; but the national guidelines clearly state that takeaway dosing should be kept to a minimum, for reasons of safety to clients. Mr Humphries agrees with that, because he was on the MCDS that endorsed the guidelines. Mr Moore says that the guidelines are out of touch. These people are all over the place.

Mr Moore has cast a spell over Mrs Carnell on this issue. Mr Moore has said, "We will give it to private pharmacies; do not worry about that. I will look after all of these out of touch recommendations of the MCDS". Yes, he will look after them all right. Mr Moore might like to start a little social laboratory in the ACT; but this Government is not going to have a bar of it, and we are not going to move unilaterally. We are going to do it in conjunction with the MCDS, the same as your Government did, Mr Kaine, when you were in power. Mr Humphries agreed to do it that way because he was on the MCDS.

Mr Moore: Nobody else operates the way we have suggested - like New South Wales.

MR BERRY: There is 20 per cent slippage in New South Wales, Mr Moore. Is that all right?

Mr Moore: Yes.

MR BERRY: That is all okay - 20 per cent on the black market. That is a risk you are prepared to take. Interstate transfers of prescriptions also involve detailed consideration of these safety aspects and may involve a waiting period for some clients. The waiting period and the use of urinalysis is not intended as

a reward/punishment system, but is an essential step in ensuring safe and effective treatment. This Government believes that the policy is essential for safe and effective treatment.

Madam Speaker, the Government has taken a strong view in relation to this matter because unilateral decisions on most important social matters are unacceptable. The MCDS has set very clear guidelines in relation to methadone programs. Mr Moore has clearly indicated that from his point of view they are not up to scratch. I am not sure what Mrs Carnell's position is, but I know that at least one of the Liberals supported the guidelines at one time. Things may have changed. Mr Moore wants to continue with his social laboratory. That is fine. But the people of the ACT must know what you are up to. You are not prepared to move with the rest of the country in the Ministerial Council on Drug Strategy; you want to do your own thing here in the ACT.

Mr Kaine: It would be great if they knew what you were up to, Minister.

MR BERRY: We know. We will follow the guidelines. Madam Speaker, I table the Government's response to the report by the select committee.

MR HUMPHRIES (4.26): In response to what has just been said by Mr Berry, I have to raise a fairly serious matter in the Assembly. I have reason to believe that we have among us an imposter, a person who purports to be a member of this Assembly but who in fact is not. It seems to me that the man who sits directly opposite me, who pretends that he is the Minister for Health, is in fact not the Minister for Health. I have listened very carefully to the comments that Mr X - let us call him Mr X - has made today and I have looked very carefully at the comments that the person I know to have been Wayne Berry made in this place and in the community last year. I do not believe that they are one and the same person.

Indeed, Madam Speaker, I believe that what we have here is either a case of extreme personality change, schizophrenia perhaps, or different people - one who sat here last year and told the Assembly how wonderful the dispensation of methadone from community pharmacies would be and today a different person who comes here and says, "What a shocking idea! It will lead to deaths. We will have all sorts of terrible things happening in this community if we allow methadone to be distributed by community pharmacists". What did the real Mr Berry say last year? On 25 August last year there was an article in the *Canberra Times* about a great fanfare of activity from the new Labor Government. The article states:

Canberra's chemists are ready to issue dependent drug users with methadone shots.

Details of a pilot scheme to issue the drug by prescription in an expanded methadone program were made public yesterday by the Minister for Health, Wayne Berry.

There was even a picture of him in the paper, a picture of the real Wayne Berry. It is a striking resemblance but not quite good enough to fool us on this side of the house.

Mr Moore: Did he have a moustache?

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MR HUMPHRIES: No, there was no moustache at that stage. The article continues:

The scheme had been devised under the Alliance Government and developed later under Labor with input from the Drug Referral Centre and the Australian Pharmacy Guild.

They were working hand in hand in those days, Madam Speaker. They are not any more, apparently. It goes on:

The Labor and Liberal parties, with an Independent, Michael Moore, would have the numbers to get the scheme through the ACT Legislative Assembly.

Then details of this wonderful new scheme are set out in this newspaper article. That is what the real Mr Berry said last year. But what is Mr X saying now? Now he is saying, "We do not want any part of having community pharmacies dispensing methadone. That is giving profit to the community pharmacists. That is creating the chance for unqualified, unprofessional people to be administering methadone. They might do it wrongly. They might cause deaths". Apparently these considerations were not important to the real Mr Berry last year.

There is more evidence that the man opposite is not the Wayne Berry we heard from last year. I have in front of me a document that I understand was prepared by the Alcohol and Drug Service of the ACT Board of Health in September of last year. Paragraph 3 of that report says:

The Board of Health and the Minister have endorsed - - -

Mr De Domenico: Who was Minister in September last year?

MR HUMPHRIES: Who was it in September of last year? Let us think. Was it me? No. Who else could it have been? It was Wayne Berry, Madam Speaker. Wayne Berry said:

The Board of Health and the Minister have endorsed a proposal to expand the ACT Methadone Program by establishing additional methadone places with the assistance of approved community pharmacies.

Mr Berry: A sensible turnaround.

MR HUMPHRIES: Perhaps he endorsed only the cover. Madam Speaker, we have an imposter here. Mr X is purporting to be the real Wayne Berry. There is some cupboard up on the fifth floor where the real Wayne Berry, bound and gagged, is trying to get out to say, "Yes, yes, we want our community pharmacies to be administering methadone". Unfortunately, he cannot get out. In the meantime we have this imposter down here fooling his colleagues, pretending that now there has been some change of heart by this Government and that there is now no sympathy with community pharmacies administering methadone.

The fact of life, Madam Speaker, is that there is a very good case, a very sound case, a very strong case, for having community pharmacies administer methadone in this town. It is a case which the Minister for Health himself acknowledged last year. It is based on the belief that if we are going to make people who need methadone, addicts, take part in these programs we have to

expand the programs and make them more accessible. You cannot make them accessible by operating them through government shopfronts or government health centres only. You have to go beyond that. You have to go to the places that those people frequent or visit and normalise the relationship that they have with their community. You do that, Madam Speaker, by providing for the very things which I referred to in the debate on the Drugs of Dependence (Amendment) Bill which Mrs Carnell has tabled in the Assembly. That is the way of doing it. Indeed, the Minister for Health himself acknowledged that only last year.

Madam Speaker, I wonder whether Mr X has spoken to the community members who administer drug programs in this Territory at the present time. Has he spoken to the drug referral service about what he calls his dramatic change of heart? There is no answer. If he had, he would have been told that his new position is bunkum. He would have been told that the present position as articulated by Mrs Carnell's Bill, as articulated by our own Drugs Committee in this Assembly, as articulated by Wayne Berry a la 1991, is the best way of dealing with our serious problem with drugs in this community. That position is the way to bring our problem under control - not leaving the present circumstances and certainly not taking the present so-called Minister's half-hearted attempt to water down the original proposals.

Madam Speaker, I think we can do without the kind of backsliding and inconsistency which has been exhibited today in the Assembly. We can do with an approach which takes into account the real needs of addicts in this community. Unfortunately, what we have seen here today is the worst case so far in the Assembly of personality politics. The only thing that has changed between 1991, when Mr Berry supported this proposal, and 1992, when he does not, is that Mrs Kate Carnell - the head of the Pharmacy Guild in the ACT - is now a member of the ACT Assembly and now sits in the Assembly with the Liberal Party. That is the only difference. That is why Mr Berry today cannot summon the strength of character to say to the Assembly, "Yes, Mrs Carnell's Bill is the right way of dealing with this. It is the way that I myself would have put it last year if I had been able to get my act into gear, but because I have been gazumped I am going to have to back down and pretend I have some other point of view at this stage".

It is disgraceful for anybody in this place, whether in the Assembly proper or in a report of the Assembly, to say that community pharmacists have as their primary interest in this matter the making of profit. That is a disgraceful action. No community pharmacist takes on administration of methadone because he wants to make some money out of it. It is a question of making sure that the needs of this community, particularly with respect to the drug problem, are met. That is what it is all about. The real Mr Berry, in his heart of hearts, knows just that fact, Madam Speaker. Let us get serious about this. Let us acknowledge that we have to do something about this problem. Mrs Carnell's Bill is the best way of dealing with that problem. Madam Speaker, I commend the Bill to the house.

Mr Berry: What Bill? There is no Bill before the house.

MR HUMPHRIES: The Bill which has been the subject of all your comments so far, Mr X. Madam Speaker, we know that this matter has to be addressed. The Government's approach, as now articulated by that person opposite - Mr X - has changed dramatically. It is no longer consistent with commonsense, and it should be decisively rejected by this Assembly today in this debate.

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MR MOORE (4.35): Madam Speaker, I would like to give a couple of quotations. The first one refers to the position of the Board of Health and the Minister on the ACT methadone program going to community pharmacies:

This can be done within the existing budget ...

I also quote these words:

The advantages of administering methadone from approved community pharmacies are:

- . clients needing little supervision can receive treatment from community pharmacies, allowing more costly medical and counselling resources to be focused on those most in need;
- . treatment is more accessible because of the location and hours of operation of community pharmacies;
- . the user-pay system allows greater numbers to access the service (currently all methadone is dispensed free of charge).

Mr Humphries: Who wrote that?

MR MOORE: Madam Speaker, in response to Mr Humphries's interjection, I point out that this is a fax dated 25 September 1991 from the Alcohol and Drug Service. It was a submission to the Minister. You will note in submissions to the Estimates Committee, Madam Speaker, a greatly changed attitude in response to the Minister coming down with a policy that says, "We are not going to allow pharmacies to provide this service". The document I am quoting went on to say, Madam Speaker, and I think this is most critical - if Mr Berry will listen:

Dispensing methadone from community pharmacies is consistent -

I notice that Mr Berry leaves for this part; but, for the rest of the Assembly, I continue -

with the National Methadone Guidelines endorsed by the Ministerial Council on Drug Strategy, a forum of State and Federal police and health Ministers.

I shall come back to that point about the Ministerial Council on Drug Strategy and the national guidelines. Mr Berry, in his opening comments, accused me of being intemperate and making uncalled for comments. I concede, to a certain extent, the intemperance. As to the uncalled-for comments, in no way do I resile from the comments I made at the time of tabling this report.

Madam Speaker, Mr Berry went on to comment that it was just the profitability of pharmacies that the committee had concerned itself with. In no way have I any difficulty with pharmacies being profitable. I think it is a perfectly reasonable and perfectly normal part of our society - which is driven, to some extent, by profitability. I have no difficulty at all with that. When profitability is the only motive, then we may have some concern. But we all deal with our pharmacists constantly and know that profit is not the only motive. I gave an example of that in my tabling speech. I think it was very churlish of Mr Berry to suggest that that was the case.

Mr Berry: But true.

MR MOORE: Mr Berry interjects, "But true". After being required by the Deputy Speaker to withdraw that comment, he now interjects, "But true". Madam Speaker, I draw your attention to standing order 202(e) and call on you to ask him to withdraw again.

Mr Berry: I withdraw, Michael.

MR MOORE: He has withdrawn again. Thank you, Madam Speaker, for your rapid response.

Mr Berry: You will have to learn that people disagree and learn to get on with people who disagree with you.

MR MOORE: Madam Speaker, Mr Berry suggests that I have some problem in getting on with people who disagree with me. In fact, Madam Speaker, I have tabled in this Assembly a number of reports with dissenting reports, and at no stage have I had particular difficulty with people who disagree with me. I constantly deal with people who disagree with me, without turning it into the sort of battle that Mr Berry turned it into.

Mr Berry on a number of occasions referred to the national methadone guidelines and suggested that we had paid scant attention to them. But he was unable to show where we had breached those national methadone guidelines. We did not; that is why. You know that that is the case. What is different about that?

Mr Berry: What about urinalysis?

MR MOORE: Mr Berry now interjects, "What about urinalysis?". I shall get to urinalysis in a short while. Those national guidelines, Madam Speaker, are those approved by the Ministerial Council on Drug Strategy. I have to ask Mr Berry: Was the very good marijuana legislation that went through this Assembly with his support supported by the Ministerial Council on Drug Strategy? Was it within those guidelines? Of course it was not, Mr Berry. Therefore, to suggest that somebody is making the ACT a social laboratory because they propose laws that they believe are in the best interests of the people of Canberra is, of course, just a cop-out on your part. The only reason you want to cop out is that you do not like making decisions on your own. You do not like doing anything that happens to be right if you consider that in some way it may threaten your position or the position of the Labor Party.

Mrs Grassby: We know why Kate did not vote for it. You cannot sell marijuana in pharmacies.

Mr De Domenico: I raise a point of order, Madam Speaker. I overheard Mrs Grassby say, "Do you know why Kate did not do it? It was because she cannot sell marijuana in a pharmacy". I suggest that, even for Mrs Grassby, that sort of comment is a bit below the belt.

MADAM SPEAKER: Mrs Grassby, I did not hear that comment; but - - -

Mrs Grassby: Yes, I am quite happy to withdraw.

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MR MOORE: Madam Speaker, it is also interesting to note that Mr Berry, in his response, suggested that in some way our recommendations would discriminate against those who cannot afford to purchase methadone at pharmacies. His recommendation is to bring in a method that charges everybody - - -

Mr Berry: No; untrue.

MR MOORE: How is that going to resolve the problem?

Mr Berry: Not true, Michael. Come on!

MR MOORE: With reference to urinalysis, Madam Speaker - - -

Mr Kaine: On a point of order, Madam Speaker: I heard the Minister a moment ago say that what Mr Moore said was not true. You made me withdraw a similar statement within the last few days.

Mr Berry: I withdraw.

Mr Kaine: I am merely seeking equality of treatment, Madam Speaker.

Mr Berry: Madam Speaker, I cannot win here. I say that it is not true and I have to withdraw. I say that it is true and I have to withdraw. I just withdraw. You cannot win.

MADAM SPEAKER: Mr Kaine, I assure you that equality of treatment will always be meted out. I uphold the point of order, and Mr Berry has withdrawn.

MR MOORE: It is a pity that Mr Berry did not withdraw himself, Madam Speaker, instead of just withdrawing what he had to say. The Minister tabled the government response to the report of the Select Committee on Drugs. On page 8 that response states:

The Select Committee Report vastly underestimates the complexity of staff-client relationships in the therapeutic settings such as the ACT Methadone Program. The ambiguities, contradictions and tensions surrounding methadone treatment are well documented in the literature and are not exclusive to the ACT Methadone Program.

The pressures of providing methadone treatment are frequently manifested as issues of control.

Madam Speaker, that is exactly what we understood, and that is exactly why we recommended a much broader system - so that the workers, who up till now have been put in a very difficult position, are no longer put in that position.

Mr Berry said that the committee report suggested that urinalysis was used only as a method of control. That was not the approach of the committee. When we dealt with urinalysis, we said that it should be agreed between doctor and patient as part of the normal doctor-patient relationship. The whole point of the report that we brought down, Madam Speaker, was to ensure a normal medical relationship and a normal medical duty of care. It is quite obvious from the very unfortunate deaths in Victoria that training has become an issue in methadone programs. Training is dealt with in our report, and it is an important issue. Nowhere is there any attempt to exclude training.

Despite the Government's comments about control, Mr Berry is interested in ensuring very close control over people who are on the methadone program. That is in direct contravention of the very thing that I mentioned both in the preface to the report and in my tabling speech. I referred to modern thinking on health, and in particular to the Ottawa charter of 1986 - which I presume, from the way Mr Berry acts and performs, he has not read. Every indication we have is that he has not read it. (*Extension of time granted*) It seems to me, Madam Speaker, that if Mr Berry read the Ottawa charter, if he really understood improving health for all, then he would apply the principles of the charter, which are about moving back from control and about allowing people to make their own decisions. That is a position to which we move step by step. We have pointed out a very appropriate way of dealing with it and we have dealt with each of the issues in our report.

The response we have had from Mr Berry comprises two major parts. The first is a reaction to the notion of pharmacies, which Mr Humphries has dealt with quite appropriately, and a reaction to Mrs Carnell. The other seems to be a great deal of worry about losing control. I wonder how much of that comes from Mr Berry and how much comes from his bureaucrats. That is what it is: It is a question of control. In your own words, Mr Berry, the response you tabled states:

The pressures of providing methadone treatment are frequently manifested as issues of control.

If we had a system - - -

Mr Berry: No, no.

MR MOORE: They are your own words. Do not say, "No, no". You should have read the document before you tabled it. The point is, Madam Speaker, that it is a question of control. That is what Mr Berry is about here. He is not prepared to accept his original stance of a little over a year ago when, as Minister, he announced his intention of providing methadone to community pharmacies as appropriate. This raises an important question, Madam Speaker. It is an issue that I hope will be dealt with further in the Estimates Committee. A year ago, in September 1991, it was said:

The introduction of amendments to the legislation will involve some new costs in its introduction and implementation.

We accept that; it does with all legislation. The statement continued:

The ACT already conducts inspections of pharmacies as part of other responsibilities, the cost is assessed as being minimal.

I talked earlier about costs and the original statement. It went on:

This can be done within existing budget ...

Yet this same Minister can bring his people before the Estimates Committee and tell us that it is going to cost us over \$100,000.

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Mrs Carnell: \$219,000.

MR MOORE: Mrs Carnell might deal with that later, when we are debating the Bill. What we have, Madam Speaker, is something that really could only be described as shonky. It is something that will be dealt with by the Estimates Committee - - -

Mr Berry: I raise a point of order, Madam Speaker. I think that sort of intemperate language is unnecessary and ought to be withdrawn.

Mr Kaine: Is "shocking" unparliamentary?

Mr Berry: It means "dishonest". If you are happy for us to say that you are dishonest, that is fair enough.

Mr Kaine: He did not say "dishonest"; he said "shocking".

MR MOORE: No, I said "shonky". Would you like me to withdraw the word "shonky", Madam Speaker?

MADAM SPEAKER: You might like to replace it with something else, Mr Moore.

MR MOORE: I withdraw the word "shonky", Madam Speaker, and leave it to the imagination of members to replace it with whatever words they consider appropriate.

Mr Kaine: It is a furphy.

MR MOORE: Mr Kaine suggests "furphy". I do not think that is strong enough. We were told that there would be no cost, and a year later we are told that it is going to cost us over \$200,000. I ask you, Madam Speaker: Is there not something wrong?

Mr Berry: Don't ask her; ask me.

MR MOORE: I am addressing my speech through the Speaker. Madam Speaker, the response from Mr Berry is the sort of response that we are beginning to expect from this very conservative Labor Government that really does not wish to make any moves on these issues. The suggestions that Mr Berry has made in respect of the Bill that is about to be debated - and I will address that later - have some very positive features, and I have never resiled from that. I think they are a major contribution. However, they do not go far enough. The distribution of methadone should be carried out with as broad choices as possible in the interests of the clients.

Question resolved in the affirmative.

Sitting suspended from 4.51 to 8.00 pm

SUSPENSION OF STANDING AND TEMPORARY ORDERS

MR DE DOMENICO (8.00): I move:

That so much of the standing and temporary orders be suspended as would prevent order of the day No. 8, private members' business, relating to the Drugs of Dependence (Amendment) Bill 1992, being called on immediately after the resolution of any question relating to the conclusion of consideration of order of the day No. 1, executive business, relating to the Drugs of Dependence (Amendment) Bill (No. 3) 1992.

Madam Speaker, this motion is to enable the Drugs of Dependence (Amendment) Bill sponsored by Mrs Carnell to be debated cognately with the Government's Drugs of Dependence (Amendment) Bill (No. 3), if the Assembly so wishes. Any questions to be proposed on this Bill under standing orders will be put separately, after any questions relating to the Government's Bill.

Question resolved in the affirmative, with the concurrence of an absolute majority.

DRUGS OF DEPENDENCE (AMENDMENT) BILL (NO. 3) 1992

[COGNATE BILL:

DRUGS OF DEPENDENCE (AMENDMENT) BILL 1992]

Debate resumed from 8 September 1992, on motion by **Mr Berry**:

That this Bill be agreed to in principle.

MADAM SPEAKER: I understand that it is the wish of the Assembly to debate this order of the day concurrently with order of the day No. 8, private members business.

MR MOORE (8.02): Madam Speaker, it is with pleasure that I stand to support both of these Bills, which encompass the basic content of the report I was proud to table as chair of the Select Committee on Drugs. There were other features we highlighted, particularly in terms of urinalysis, that went with that Bill, and we explained the philosophy behind our support of both Bills. That basic philosophy is to present the broadest possible range of options, so that there is benefit, first and foremost, to the people for whom we are trying to provide the service. That may seem to be a very strange option to some people, but to me it is perfectly logical.

One of the interesting things about these Bills is that the Government decided to foreshadow an amendment to Mrs Carnell's Bill. At this in-principle stage, I point out that we have had very little time to consider that Bill, although, as with other Bills, there is nothing intrinsically difficult about the concepts that are being presented by Mr Berry. It is true to say that the amendments provide a little more control for government and in some ways respond to comments

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made by the Select Committee on Drugs. For example, we commented that appropriate training was required, and the amendment that has been foreshadowed and distributed by the Minister includes the notion that anybody who supplied or administered methadone would have completed, to the satisfaction of the Board of Health, a course of instruction approved by the board. As I see it, that would not necessarily be a course of instruction centred in Canberra, but could, for example, tie in with the courses of instruction that have been part and parcel of the system in New South Wales.

Having presented a report on this and having spoken to those Bills on a number of occasions already, it is appropriate for me to wind up by saying that we have the opportunity now to expand the methadone program to reach as many people as possible. It is important because we are recognising that people who not so long ago had very few rights in our society now have not only a right to access methadone but also a right to choose. That is part and parcel of the whole notion of modern concepts of population help - the sort of thing Mr Berry needs to read about, such as in the Ottawa charter that I mentioned earlier.

MRS CARNELL (8.07): In the Drugs of Dependence (Amendment) Bill (No. 3) Mr Berry rightly acknowledges the very dramatic need for an expanded methadone program. Recently I was reading some information detailing statistics that were gathered by Dr John Sherman on behalf of a couple of organisations in Victoria on the cost savings of methadone to the community. On his calculations, a program of 300 patients, which is what it is anticipated will be implemented in the ACT, has the potential saving for a community of \$9,651,490 over a 12-month period. Looking at the intricate nature of his calculations, I cannot but believe him. This shows the very dramatic need for an expanded methadone program in the ACT.

However, as was indicated earlier today, it would appear that Mr Berry changes his mind quite often on just how that expansion should occur. We have already heard of the newspaper article of August last year, about which Mr Humphries spoke so eloquently. By 1 September 1992, according to a *Canberra Times* article, there had been a real turnabout by Mr Berry. The article states:

Mr Berry said that after receiving more information and considering all the options he had changed his mind on allowing pharmacies to be involved in distributing methadone.

That I found very interesting. In all the reading I had done and the select committee looking at methadone had done, and in all the 12 submissions that had been put to the select committee and that the people who had come to the select committee had presented - - -

Mr De Domenico: Any reasonable person.

MRS CARNELL: That is right - I had not seen any of this sort of information. I chose to ask for this information under FOI, and the advice I got back was that, unfortunately, no such information existed in the Minister's office. That leaves me doubting what that information could possibly have been. Perhaps Mr Berry will enlighten us later this evening about what this information that he changed his mind on actually was.

Then we found another bit of interesting information. When Mr Berry foreshadowed - again in the *Canberra Times* rather than in the Assembly, and later on in the Assembly - his methadone expansion program, in the Estimates Committee we got the actual costings for this program. Mr Berry's approach includes 350 places by 1 July 1993. That is an extra 200 - if you believe the Estimates Committee figure, and a few more if you look at the figures Mr Berry gave us today - on what we currently have. A third of those clients will be supposedly using regional centres by 1 July 1993, and they will start using the regional health centres by 1 March 1993. On my mathematics, that means that 116 of the 350 patients will be supplied through health centres. That is 39 patients per health centre. Health centres, according to Mr Berry's methadone expansion program, will be open for two-and-a-half hours each day. On anybody's calculation, that means that each patient will be seen for 3.85 minutes.

I think it is very important that everybody here understand the procedure for giving out methadone. In the health centre concept, first of all the patient has to be identified. That sounds fairly easy; but it is not, if you are seeing 39 patients in two-and-a-half hours each day. So, first of all you have to decide who is here. Because we are now charging just about everybody for our methadone, we have to collect the money and give a receipt. We then have to find the patient's card. In this sort of situation every patient has a card with his or her photograph on it, with the dose listed, with the information that anybody who is giving out such a potent substance needs to have. You have to check the photograph to make sure that it is the right person; you then have to check the dosage and the prescription.

You then have to do one of the most important things, which is to talk to the patients and establish their state of health - whether they are intoxicated or not, whether they have any other health problems. Of course, if a problem exists, you have to decide what to do. You have to counsel them, or you might refer them on to their medical practitioner. Most methadone clinics suggest that the patient should come back later. Unfortunately, that is not possible in the health centre because it is closed later. Everywhere else they say, "Look, come back in three or four hours, when you might be a bit better". That is not possible here, so we are not quite sure what we are going to tell people who are intoxicated or under the influence of another drug. But so be it.

Assuming that there are no problems - and remember that we have 3.85 minutes to do all this - we then have to measure the methadone dose and we have to get the second of the two nurses who are on duty to check the dose. We have to enter the methadone in the drug register and get the second nurse to countersign that entry. We have to give the patient the dose, with water or juice, and the patient has to consume the methadone there. Then we have to get the patient to sign the dose. And we are going to achieve this with every one of these 39 patients every day in 3.85 minutes!

Mrs Grassby rightly said in her dissenting report that the dispensing of methadone must be done with care and attention to the well-being or otherwise of the client. I could not agree more with that. But I cannot see how that procedure can be done in 3.85 minutes, for patient after patient after patient. Remember that in that procedure I have not actually taken into account the time taken for compulsory urinalysis, which is very much part of the Minister's approach. I have not taken into account the time that will be taken for the takeaway doses on Friday. What we have here is a situation where Mrs Grassby's

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very appropriate statements about due care and attentiveness would appear to be at risk. But I go on. Mr Berry's approach also suggests that, under this new approach, medical practitioners will be employed for an extra 12 hours a week. There are an extra 200 patients; an extra 12 hours a week means that each client will get 10 minutes per month. They have 3.85 minutes in the health centre and they have 10 minutes per month with their medical practitioner. So far they are doing very well.

Turning to counselling, initially they were not going to put on another counsellor; but finally the select committee rightly pointed out that it would appear to be fairly important to do that, so we have a counsellor. The counsellor, I find from speaking to a few of them, can see at the absolute most eight patients per day, and that is not taking into account time taken for education and for all of the other jobs that need to be done. Eight patients per day, day in, day out, is 40 patients per week. These lucky people on our new methadone program may see a counsellor every five or six weeks. So, we now have 3.85 minutes, 10 minutes with the doctor, and a counsellor every six weeks or so. This does not seem to be stacking up overly well in terms of due patient care. But we go on.

Mr Berry's expanded methadone program - and I am still interested in Mr Berry's response to this - would seem to be contravening section 80 of the Drugs of Dependence Act. This was brought up in the Estimates Committee, I agree, and Mr Berry undertook to get a legal opinion. Hopefully, that too will be forthcoming later on today. Section 80 of the Drugs of Dependence Act says:

A person shall not supply a drug of dependence upon prescription unless the person is -

- (a) a pharmacist;
- (b) a medical practitioner;
- (c) a person under the personal supervision of a medical practitioner or pharmacist; or
- (d) a veterinary surgeon.

Mr Berry's approach has none of those people directly involved in the supply of the methadone. We have 3.8 nurses, level 1; but we do not seem to have any pharmacists, medical practitioners or anybody else to personally supervise. So, it would appear that this area of the legislation has been overlooked. But so be it.

Even assuming that Mr Berry can find some loophole in the law to allow nurses to supply methadone on prescription, there are the takeaway doses to take into account. Now, 200 patients, or even 116 patients, at the clinics by two takeaway doses a day is quite a number. The exact figure is 232 doses that have to be dispensed each week, with the patient's name and label and so on. That will take at least a day of somebody's time, none of which is costed in Mr Berry's approach. This leads me to doubt very much Mr Berry's figures. In his figures he has also gone on to cost the pharmacy option, but it is important first of all to requote some of the comments on the proposal for pharmacy distribution of methadone prepared by the Alcohol and Drug Service last August and September. This has been quoted earlier, but I think it is important for it to be quoted again. The report says:

The Board of Health and the Minister have endorsed a proposal to expand the ACT Methadone Program by establishing additional methadone places with the assistance of approved community pharmacies.

Now for the important bit:

This can be done within the existing budget ...

The advantages of administering methadone from approved community pharmacies are -
remember that this is the Alcohol and Drug Service saying this -

- . clients needing little supervision can receive treatment from community pharmacies, allowing more costly medical and counselling resources to be focused on those most in need;
- . treatment is more accessible because of the location and hours of operation of community pharmacies;
- . the user-pay system allows greater numbers to access the service (currently all methadone is dispensed free of charge).

That will change under Mr Berry's approach, of course. In fact, all people on the methadone program will pay. It is fascinating to see a Labor government, who you would believe would normally be interested in social justice, introduce a charge for people who are in a needy situation. People who are just coming off a very difficult lifestyle, who have very little in their lives at that stage, will go onto a program for which they will have to pay. It is quite amazing to me. The report continues:

Dispensing methadone from community pharmacies is consistent with the National Methadone Guidelines endorsed by the Ministerial Council on Drug Strategy, a forum of State and federal police and health Ministers.

Mr Berry and Mr Connolly are members of this body.

Mr De Domenico: Both of them are?

MRS CARNELL: They are the Ministers, so you would have to assume so. It would appear that they both are acutely aware that dispensing methadone from community pharmacies is consistent with the national methadone guidelines. The report goes on:

The introduction of amendments to the legislation -
that is, to allow pharmacies to be treatment centres -

will involve some new costs in its introduction and implementation. As the ACT already conducts inspections of pharmacies as part of its other responsibilities, the cost is assessed as being minimal.

So, we have there the statement that the cost is assessed as being minimal and in another part of the report the statement that it can be done within budget.

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This statement is interesting, taking into account the latest document Mr Berry has produced in relation to the costs of methadone through pharmacies. The document again suggests, using the same criteria as the health centre approach, that the cost of providing methadone via pharmacies for the same 116 patients as in the Berry approach will be - wait for this - the very minimal cost of \$219,480 in a full year. It is hardly a minimal amount. (*Extension of time granted*) You have to ask the question: Who is right? Is it Mr Berry, before he had the dramatic change of heart, or is it his own department in their submission - it was not just from the department, by the way; it was a committee of all interested parties - on the distribution of methadone through pharmacies.

I have quite a lot of other things to say here, so I will get rid of the figures. One of the interesting things in the costings of pharmacy is that they have costed a nurse - a full-time RN1 - into the pharmacy proposal, but nobody has suggested what the nurse would do. I cannot imagine what it could be. They have also costed in 12 hours' worth of the medical practitioner, even though in the private approach there is absolutely no reason why a general practitioner in private practice could not do that job and therefore the cost would be covered under Medicare. Instead of one counsellor, we have 1.5 counsellors. It would appear that you need only one counsellor if it is done through health centres but you need 50 per cent more again if it is done through pharmacies. It is very hard to understand why that is. You also need one full-time SOC at \$45,600. This is the position that the Alcohol and Drug Service said was unnecessary because it already existed.

It would appear, looking at all those things and looking also at the \$30,000-odd they have put aside for computer hardware, when every pharmacy in the ACT is computerised, that by going down the pharmacy track we could save around, to be conservative, \$150,000. Would you not think the Government would want to do that? But, no, we are not going to do that because we might lose control.

Mr De Domenico: Because caucus told us not to do that.

MRS CARNELL: It is all about control, Mr De Domenico. It would appear to be patently obvious that Mr Berry's figures are fabricated, and I mean fabricated, and it is sad that he has chosen to politicise such an important issue. The Liberals will not be doing that and therefore will be supporting the Government's Bill. Although Mr Berry's costings for providing pharmacy through health centres are obviously incorrect, there is nothing inherently wrong with health centres being used for the purpose, as long as the Drugs of Dependence Act is complied with and the clients' needs are met - something that is very important to the Liberals.

Mr De Domenico: So, we are not actually going against their Bill. We are supporting their Bill.

MRS CARNELL: That is right; we are supporting their Bill. The purpose of both pieces of legislation is to give a greater choice for methadone-dependent patients and to provide more places on the methadone program. If the Government truly supports this very real attempt to improve the lot of methadone clients and to reduce the harmful effect that an uncontrolled heroin habit has, both on the user and on the wider community, they will also support both pieces of legislation.

MR CONNOLLY (Attorney-General, Minister for Housing and Community Services and Minister for Urban Services) (8.25): I rise to support the Government's Bill in this debate but not Mrs Carnell's further proposals. As a debating point, during her remarks Mrs Carnell said, "The Labor Party is just interested in control. They are not worried about savings here; they are just interested in control". Too right we are concerned about control. We are talking here about methadone. We are talking about a very lethal, very addictive substance. We are talking about a substance on which, when not properly controlled, to use Mrs Carnell's attacking phrase, people have died. People have died, Mrs Carnell.

Mrs Carnell: Pharmacies dispense methadone every day.

MR CONNOLLY: And people have died in relation to those dispensing in Victoria. Mr Humphries made that comment earlier this afternoon in debate. He conceded that there have been instances where this sort of program has resulted in people dying. So, too right, we as a Labor government are concerned about control. To say that we are concerned about control here is something we will wear with some pride.

Mr Berry's approach is indeed a cautious approach, given the nature of the substance under consideration. The Government's proposal, which I note is supported as far as it goes - you would go further - provides for a controlled method of providing additional methadone places, and we are all agreed on the need for additional methadone places. Mr Berry, after considerable examination, has come up with a proposal which provides for those additional places, but does so in a controlled way.

Mr De Domenico: In a restricted way.

MR CONNOLLY: In a restricted way, Mr De Domenico, in the public interest, given the lethal nature of this substance. We had as an interjection from Mr Moore earlier the comment: "Oh, there is only about a 20 per cent leakage in New South Wales of - -"

Mr Moore: I take a point of order, Madam Speaker. This is just another factually incorrect statement from the Minister. I did not say that at all. It was a point that was raised by Mr Berry in his speech. Get your facts right, Terry. You have got them all up the pole.

MR CONNOLLY: I do not know how that is a point of order. We have acknowledgment that there is leakage in the New South Wales system, and the particular model we seem to be looking at here is the New South Wales model. I would have thought Mr Moore would be the last person to point to the New South Wales system as a model of drug control. Go to Kings Cross and try to tell somebody that you are in a jurisdiction that is taking a sensible approach to drug control. I do not think anyone would believe you.

Madam Speaker, we are different from any other jurisdiction in Australia. We are in this community uniquely a city-state. We do enjoy certain infrastructure benefits that are simply not available in other jurisdictions, in particular the network of community health centres conveniently located around the Canberra community. That gives us the opportunity to provide controlled access to methadone, access involving medical practitioners, access involving the appropriate safeguards for urinalysis. On the matter of urinalysis, Mr Moore

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takes the point that the Ministerial Council on Drug Strategy is overly cautious. He does not like urine testing; he says that it is an intrusion on individuals. It is a very necessary safeguard which all jurisdictions seem to favour. We can understand where Mr Moore is coming from on these issues, because Mr Moore's position on substance abuse - - -

Mr Moore: You are misleading the house again.

MR CONNOLLY: I take a point of order, Madam Speaker. I ask him to withdraw that allegation that I am misleading the house.

MADAM SPEAKER: I am sorry; I was distracted.

MR CONNOLLY: Madam Speaker, he says that I am misleading the house. I demand that he withdraw.

MADAM SPEAKER: Mr Moore, I do not think it is appropriate to say that the Minister is misleading the house. I ask you to withdraw that.

Mr Moore: Madam Speaker, throughout his speech he constantly attributes to me things that simply are not the case. However, in deference to you, Madam Speaker, I will withdraw.

MADAM SPEAKER: Mr Moore, you are at liberty to raise those points of order as they come up, and I will act on them.

Ms Follett: Madam Speaker, on a point of order: I seek your guidance. If Mr Moore wants to raise those matters, I would have thought it should have been by way of a personal explanation or a claim that he had been misrepresented, rather than a point of order.

MADAM SPEAKER: Ms Follett, that is correct - either a personal explanation or a deliberate point of order at any particular time, and I am open to those. Members, I ask you to remember standing order 61, which says that members are not to be interrupted during their speeches except to raise a point of order. Mr Connolly, please proceed.

MR CONNOLLY: One can understand where Mr Moore is coming from on this, because Mr Moore's position on substance abuse and drugs is well known. Mr Moore favours heroin trials; Mr Moore favours a number of proposals which go far beyond what I think any other member of this Assembly would favour. Mr Moore is very much on the public record as taking a liberal approach to drug control and substance abuse. Mr Moore very strongly supports heroin trials and this type of thing.

What amazes me is how the Liberal Party seem to have been caught up in this agenda. Perhaps they think that liberalisation means something the Liberal Party should support. That is about the extent of the logic we find from this extraordinary support the Liberal Party has given to a measure which is moving away from a controlled approach on a very dangerous substance, methadone, to a more open slather approach. It is the approach that has every community pharmacy as a focus - - -

Mrs Carnell: It does not. Haven't you read it either?

MR CONNOLLY: Madam Speaker, I can understand why the Liberal Party does not like this, but the point remains that they are adopting an approach that is a very high risk approach. The Government strategy, the Berry strategy, does have a controlled approach to the use of methadone in the community. It is based on our very fortunate position in the ACT as a city-state with health facilities conveniently located, under controlled medical supervision, where urine testing could be complied with.

No other State has that advantage. For New South Wales, for South Australia, for Queensland, for Western Australia, for any of those States to look at a broader distribution for methadone, they would have to either invest massively in infrastructure to build the sort of community health facilities we have, to enable them to have that level of control of this very dangerous substance, or give it out to the pharmacies, and that is what they have done. Giving it out to the pharmacies is better than nothing, but it is definitely a next best option. It is definitely not as secure an option, as safe an option, as the option that we are able - - -

Mr Moore: As controlled.

MR CONNOLLY: It is not as controlled an option, Mr Moore; thank you. As I said, that is something we wear with some pride. We think this dangerous substance should be controlled. It is not as controlled an option as we, fortunately, have the ability to provide here. Mr Berry's Bill provides for a safe and controlled expansion of the provision of this dangerous and addictive substance to those persons in need.

Mr De Domenico: We support Mr Berry's Bill.

MR CONNOLLY: I am pleased that you do; that is a sensible approach. What is extraordinary is why the Liberal Party wants to say, "Having gone to the community health centres, having provided additional places, having provided additional controlled access to methadone in the community, we want to go open slather and put it in the little local shopping centre. Every shopping centre can become a drug distribution point". That, from our perspective, is a dangerous approach. Madam Speaker, I urge members to support the Government's cautious approach to expanding methadone provisions and to reject the more open slather approach of Mrs Carnell.

MS SZUTY (8.35): Madam Speaker, we have spoken often in this Assembly about meeting the needs and protecting the welfare of Canberra residents. This Assembly now has the ability, arising from the report of the Select Committee on Drugs on methadone treatment services, to send out a strong message of support to people who are on the current program, those who would like to be on the methadone program but have been restrained by the lack of capacity of that program, and members of the community who are not intravenous drug users. The message of support that I hope gets through is that everyone who has a drug dependency can be helped by methadone treatment and should be able to receive help. The best way for the community to respond to the need that exists is to stop treating all methadone treatment patients like criminals, that is, making them report at certain times and forcing them to undergo urine tests in public and at times in humiliating circumstances.

The report of the committee very clearly sets out in its preamble that the aim of drug programs should be harm minimisation, that dealing with drug problems should be promoted in a non-threatening way, and that a methadone maintenance program is and should be promoted as a medical treatment program, not a social control or punishment regime. It is regrettable that Mrs Grassby in her dissenting report chose to ignore these basic principles and instead attack the notion that pharmacists could and should have a role to play in a diversified methadone treatment program. To state, as she does, that "pharmacies are primarily a commercial enterprise" demeans her contribution to the committee's deliberations. While pharmacies may be commercial enterprises, we trust and call on them to dispense medicines for our health and well-being. It is ridiculous to say that pharmacists cannot be trusted to have the well-being of their clients at heart. If indeed that were the case, whom would Mrs Grassby recommend that heart patients, diabetics and other drug dependent patients obtain their drugs from? The outpatients unit at Woden Valley Hospital, perhaps?

It cannot be overstated that the range of treatment options must be the widest possible, to maximise the benefit for all current and potential users of methadone programs. Canberra drug counselling services have long known that in the ACT we have drug problems at all economic and social levels and that drug habits are not confined to any one social group. Some of the people experiencing difficulties with the current program are in full-time employment and have family responsibilities. These people will benefit most from increasing the options of the availability of methadone, paying for their methadone and fitting their treatment program into a normal day's activities, rather than in some cases having to base their whole day on the availability of methadone at Woden Valley Hospital. That is how it should be. It is simply not appropriate that we ask people with drug dependency problems to lead unnatural lifestyles while they deal with their drug problems. We need to introduce programs that return normalcy to lives already interrupted by drugs to an undesirable degree. I therefore support the majority finding of the Drugs Committee that methadone should be available for the greatest number of people who currently depend on it.

Members, we have four options before us today. The first is that we note the report but do nothing about supporting the Drugs of Dependence (Amendment) Bills. This leaves us with the status quo - a position that I feel is indefensible, given the evidence put forward in the report that the current program is unworkable for most people. The second option is for us to support the Government's amendment Bill and reject Mrs Carnell's amendment Bill. That decision would increase the outlets available to people who need methadone treatment, but leave them within the parameters of the government health system. I do not agree with Mrs Grassby's view, expressed in her dissenting report, that this solution is the best solution because of a sad story she related about a methadone recipient in Sydney who received methadone treatment through a local pharmacy.

Mrs Grassby related that the person was murdered and his body not found for some five days. To lay blame for the delay in finding the body at the feet of the pharmacy involved, or to imply that pharmacies are less than caring about people with long-term drug problems, is indeed irresponsible. The Drugs Committee heard evidence of the failure rate of existing drug programs in the ACT. The reality is that, once a person leaves any methadone distribution point, it is not the responsibility of the clinic or provider to track them down and look after them.

The Woden Valley Hospital guidelines state what will happen if a person misses a methadone dose, and none of the outcomes expressed involves ringing to see whether he or she is all right, or physically checking on that person's whereabouts.

The third option is to enable pharmacies to offer methadone treatment and not expand the public health sector's involvement. This option would, in effect, privatise some aspects of the methadone treatment program, which would not satisfy the needs of some clients. Under the guidelines already set out for dealing with schedule 8 drugs, and after being accredited, pharmacies could expand the program if they were interested in becoming involved. But there is the danger that some areas of Canberra would not be well served, as participation depends on pharmacies volunteering to be part of the program.

That brings me finally to consideration of the fourth and recommended option. I consider it to be in the best interests of all methadone users if there is available a range of service providers who can meet the varying needs of people with methadone dependency. The committee's majority report had recommended further amendments to the two amendment Bills before the Assembly which, I feel, enhance the chances that they will fulfil the aim of maximising the availability of the program. Just as there is a wide range of users, there needs to be the widest range of options for the delivery of methadone treatment.

Some people will still be sentenced by the ACT's court system to undergo methadone treatment, but the vast majority of people who use the program in the future will do so because they realise that they have a problem with illicit drug use. Methadone can be a way of bringing that dependency under control, and they can do so and still stay in the community, contributing to the economic and social life of the ACT. It seems to me that the ultimate aim of this debate today is to reach the greatest number of people and to help them maintain their place in our society. Of what use is a methadone treatment program that makes unfair demands on individuals and prevents them, by the sheer logistics of how they get their daily methadone dose, from participating in community life?

By adopting the recommendations of the committee's majority report, we as an Assembly achieve several things. We make methadone available to people in their local areas at a wide range of times. This maximises the lifestyle options for people who are dependent on methadone and lets them and their families take part in community life, just as we do. By making methadone more readily available, we also improve the viability of the families involved, reducing the stresses placed on all those living with drug dependency.

Another important issue, which is dependent on my last point, is that of giving people who need methadone treatment the dignity that goes along with managing their own medical condition. As the Drugs Committee report states, methadone treatment is a medical treatment program, and it is less than satisfactory to provide services to patients in a manner that makes them feel punished for their medical condition. We as an Assembly need to appreciate that the best way to manage participation in a methadone treatment program is to allow people to feel empowered by the process, not to feel deprived of dignity. Madam Speaker, I urge all members to support both Drugs of Dependence (Amendment) Bills before us today, and the further amendments proposed by Mr Moore which will follow.

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MR LAMONT (8.43): The sorry thing about rising tonight to oppose Mrs Carnell's Bill and support the Government's Bill - - -

Mr Moore: It is embarrassing, isn't it?

MR LAMONT: It is embarrassing, Michael, and it is embarrassing for one reason. Within the last 24 hours, like most of you, I had the opportunity of watching a *Four Corners* program which talked about the privatisation of medicine and medical services, particularly in the United States. It is easy to draw the line on what is being proposed here. I see that Mr Westende has given in already. Mr Westende, in your position I would have given in too. The simple fact is that there have been a range of activities around Australia over a number of years where we have seen a gradual encroachment by the private sector upon areas of medical support - indeed, direct medicine. I suggest that, by and large, that has been to the detriment of the health system in Australia - although not in all cases, I will quite readily admit.

We are seeing a very disturbing trend in the State of New South Wales, where we have a State government hell-bent on selling off not only major assets of the people of New South Wales but also the New South Wales health system. From little acorns do big trees grow, I point out to Mr Cornwell. This might surprise him. I know that he thinks that what his colleagues in New South Wales do is absolutely great and that we should be following it here. I am here to tell him that that will not happen while ever this Government is in power. They are trying to institutionalise the private sector of medicine in New South Wales. That is not a position we should allow to be adopted in the ACT. It should be resisted on any account and wherever it can be. Mrs Carnell's Bill proposes basically to privatise the dispensing of methadone in the ACT. That is really what it comes down to.

It is not, at the end of the day, a great question about whether methadone programs should be put in, whether they should be expanded, how they should be funded and what area they should be funded from, where support is necessary. It is about whether or not the private sector in the ACT should become involved any further in the dispensing of medical care. That is the issue that confronts us tonight, and we have two competing views. They are not views which are in synergy.

Mr Moore: Why not recognise the right of clients to choose?

MR LAMONT: I hear Mr Moore in the background interjecting once again, "What about the right of clients to choose?". What is being proposed by Mrs Carnell's Bill is, by and large, a denial of that right to choose by making it principally available through the private sector.

Mr De Domenico: That is not true. We are supporting your Bill as well.

MR LAMONT: As well?

Mr De Domenico: Yes.

MR LAMONT: So that over time you can attempt to make it the private sector exclusively.

Mr De Domenico: You are in government; we are not.

MR LAMONT: The way you are carrying on, Mr De Domenico, that will be the position for an extremely long time to come. I suggest to you that the main philosophical thrust behind an objection such as the one I have outlined about the privatisation of the dispensing of medical care should be one that concerns Mr Moore equally as much as it concerns the people on this side of the house. Mr Moore in the past has been quite supportive of an expansion of the public health system and retention of the public health system in the ACT. I believe that it is to some extent at odds on the one hand to hear him espouse that view and on the other hand to see him proceed in the way he has.

The other matter of some concern is that Mrs Carnell, in developing her Bill, has not determined what mechanisms need to be put in place to ensure that clients who are experiencing difficulties will be recognised and referred promptly for appropriate treatment. Do pharmacists have the training to make assessments which identify clinical complications associated with the dispensing of methadone? What assessments will be done to ensure that methadone doses are safe? Mrs Carnell has forgotten that methadone is not like a typical consumer product or a simple medication. The safe dispensing of methadone is not something that could be done in a supportive manner in a busy pharmacy where other clients may have competing priorities. Methadone treatment is a complex form of treatment, with complications and side effects that may differ for individuals.

I suggest that Mrs Carnell should have addressed some of these issues and considered the far-reaching consequences of her Bill before it was tabled. It appears that Mrs Carnell has used the interstate model of the dispensing of methadone through pharmacies as the basis for developing her Bill. I am surprised that she has done this, as interstate experience suggests that there have been major problems with pharmacies dispensing methadone, including the increased risk of overdose and black market diversion. Mr Berry outlined some of those earlier on.

New South Wales has introduced planning mechanisms to ensure that pharmacies involved in the dispensing of methadone are evenly distributed throughout the region. The same planning mechanisms have also taken into account the proximity of these pharmacies to residential areas. Private sector expansion has been necessary in other States because of the size and geographical spread of the population, whereas in the ACT we are in the enviable position of being able to take advantage of the relatively small area, which has enabled us to provide efficient government services. Mrs Carnell's Bill also exposes clients seeking treatment to financial difficulties. Charges for methadone will be left entirely to the discretion of individual pharmacies, and clients who cannot afford the treatment will be effectively excluded from the system. This form of exclusion is clearly against this Government's mandate to ensure access and equity to health services.

It is for those reasons in particular that we will be opposing Mrs Carnell's Bill. What it really comes down to is this: We try to set up a system. We look after a system in the private pharmacies, which is what Mrs Carnell is proposing to do. We set up the cartel - I was going to say "the Carnell cartel", but that would be inappropriate. It would be a very bad play on words, and I would probably be asked to withdraw it, so I would not say that.

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Mr De Domenico: "Cartel" is touch and go too.

MR LAMONT: It was touch and go, I know, Mr De Domenico. "The Carnell cartel" had a ring to it. That is the only reason I was going to use it, but I will not.

Mr Cornwell: But you will withdraw it, won't you?

MR LAMONT: Of course I would. Mrs Carnell's Bill exposes the worst excesses, in my view, of that attitude which says that you privatise the profits and socialise the losses. Anybody who goes along with the proposal that Mrs Carnell's Bill espouses, in my view, is wrong, and this Assembly should reject it.

MR BERRY (Minister for Health, Minister for Industrial Relations and Minister for Sport) (8.52), in reply: The Government proposal to expand the methadone treatment program into public sector facilities has major advantages as an alternative to that which is being proposed by Mrs Carnell, and I want to revisit some of those advantages. The first is the high quality of care the Government can provide, catering for individual needs. The Government proposes to meet the increased demand for methadone treatment by amending the Drugs of Dependence Act to enable any government facility to be used as a distribution point for methadone treatment. Initially, health centres in central, northern and southern Canberra are proposed, but location and hours of operation will be tailored as far as possible to client needs. That puts to rest all those silly figurings Mrs Carnell did earlier.

Under Mrs Carnell's proposal, any pharmacy can apply to become an approved treatment centre - or all of them, indeed - as a matter of commercial interest.

Mr De Domenico: Can apply, and you can knock them all back, if you want to.

MR BERRY: Somebody squawks out "apply", but there is no provision in Mrs Carnell's approach to have them rejected, on any grounds. So, they could all apply - - -

Mrs Carnell: But the Board of Health makes the rules.

MR BERRY: They just make the rules like that, says Mrs Carnell. Little account is taken of the actual demand for service and whether it is likely to meet client needs. Michael Moore knows what I am talking about. Methadone treatment is best provided by people with extensive experience in the delivery of this form of care who are responsive to changes in client needs.

Mrs Carnell raised another little red herring in relation to the position of nurses in the administering of methadone. I can tell Mrs Carnell that supplying methadone to a given client for later consumption involves the preparation and labelling of a bottle dose, according to a prescription written by a medical practitioner. This procedure can be carried out by a pharmacist or a medical practitioner or a person under the personal supervision of a medical practitioner or a pharmacist, such as a nurse.

Interstate experience of pharmacy distribution suggests that clients may develop problems which are sometimes not identified early enough to prevent a dangerous situation arising. None of these things was looked at in the context of the committee inquiry. They were infatuated, and I suspect that there was a bit of horse-trading about securing support for particular positions which gave us the eventual outcome - - -

Mr Moore: You are wrong. That is simply not true; nor was there any horse-trading.

MR BERRY: I ask you: The Liberals - - -

Mr Moore: I raise a point of order, Madam Speaker. The Minister is talking in terms of horse-trading in what the committee did and did not do, obviously not having read the full report that was tabled. He is impugning the reputation of members, and I ask him to withdraw that.

MADAM SPEAKER: Mr Moore, I think you are drawing a fairly long bow. Perhaps later you would like to make a personal explanation under standing order 47. I will not uphold that point of order. I call Mr Berry.

Mr Moore: Just be accurate and truthful for a change.

Mr Lamont: I rise on a point of order, Madam Speaker. The imputation there is quite improper and should be withdrawn.

MR BERRY: In order that Mr Moore is not offended any more, let me say that I have no doubt that there has been some negotiation between some parties on the committee to come to an agreed outcome. Some people would call that horse-trading. Another interesting thing I should dwell on for a moment is the Liberals' devout commitment to opposition to changes in the marijuana laws in the ACT. That is kids' stuff compared to methadone, and here they are talking about an expansion.

It raises the question, I suppose, of whether or not it can be sold in a pharmacy. The interstate experience of pharmacy distribution suggests that clients may develop problems which are sometimes not identified early enough to prevent a dangerous situation arising. These problems may threaten the health and even the lives of those involved. Busy pharmacies, which are by nature profit seeking - and that is fair enough - do not have the time to identify complications as they occur and therefore miss the opportunity to take immediate remedial action. The Government proposal will ensure that clients' needs are always met.

I remind my parliamentary colleagues that in the ACT we are in a unique position - if they have not noticed. Because of its size and its being a city-state, the ACT is able to provide a government service of high quality. This is a luxury position, not a fallback position, and it is one we want to exploit. Other States are forced by their geographical size, as has been mentioned, to rely on the private sector to provide methadone and they encounter major difficulties in the monitoring and regulatory roles they undertake in attempting to prevent social disturbances and increased risk of death through overdose and black market diversion. Private sector expansion, as proposed by Mrs Carnell, does not offer the general community protection from these serious problems, nor does it provide a safe environment that will enable clients to get on with their lives.

The second major advantage of the Government's proposal is increased access that is affordable. As you know, Madam Speaker, the Government proposes an absolute minimum charge on clients seeking methadone treatment. Mrs Carnell says that they will all be charged. They will not all be charged. Mr Moore says that they will all be charged. He knows that they are not all going to be charged.

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It has been made very clear that there will be a safety net for people who cannot afford it. The people who will visit the safety net are more likely to be in the initial stages, and that cost will be borne by the public sector. In our proposal, that would be offset by the collection of funds at the other end, where more stable clients are able to access the public provision of these services.

The pharmacy industry has not volunteered to do this for nothing. In fact, in New South Wales they set a charge significantly higher than is proposed here in the ACT. Mrs Carnell would not disagree with that. I think about \$35 a week has been set. It is up to individual pharmacies to charge what they like, depending on the look of the person as they come through the door. A charge will not be introduced until criteria for waiving the fee under certain circumstances are developed in consultation with certain community and client groups. Members opposite should listen to that. The charging scheme which currently applies to government facilities is consistent with social justice principles and ensures that clients have access to methadone, regardless of their capacity to pay.

Private sector expansion exposes a vulnerable group in society not only to adverse social and health consequences but also to the possibility of financial exploitation. The effect of Mrs Carnell's proposal will be to set up a two-tier system between those who can afford the price of private sector access and those who cannot. The Government strongly believes that health care is a right and not a privilege and clients should not have to pay for the opportunity to get on with their lives.

The third advantage of the Government option is that the money required for expansion will be devoted entirely to the treatment needs of clients and will not be diverted to the development and monitoring of standards in the private sector. This will ensure a high standard of service to the client, whereas Mrs Carnell's proposal requires only that pharmacists provide elementary operational details before their premises become eligible as approved treatment centres. This is clearly an inadequate response to the need to provide a therapeutically safe environment for clients to receive treatment and highlights Mrs Carnell's misunderstanding of the treatment program. That program is not about only the dispensing of methadone to a client but should provide a holistic approach to clients requiring maintenance and reduction.

My Government is committed to the broader holistic approach. The Government option balances the costs of providing a high standard of care with the need for greater access at a price everyone can afford. This Bill is a humane alternative to private sector expansion, with none of the drawbacks and many advantages. I believe that the Government has acted quickly and responsibly to address the urgent need to provide an expanded methadone service to those who present for treatment in the ACT. The proposed Bill to expand services through government facilities will do much to reduce the grave social, economic and legal consequences of illicit drug abuse.

Much was said by opposition members about the Government's decision to adopt the public approach. It was an appropriate course, otherwise we would have been left with a decision that for the rest of our lives would have been wrong. Madam Speaker, it was a prudent decision aimed at ensuring quality care to the clients who will use the system which is proposed. On the other hand, Madam Speaker, the proposal to expand the methadone distribution through pharmacies is opposed for the following reasons. The proposal is related to the commercial interests of pharmacies and - -

Mrs Carnell: If they all applied they would have one client each, or two.

MR BERRY: Thank you. It is not so much focused on improving the system of methadone distribution in a well-regulated environment. The proposal that methadone treatment should be available from community pharmacies as well as government facilities pays scant regard, as I said earlier, to the need for such a program to be viable and ignores the financial impact the proposed privatisation will have on the provision of these services. I am deeply disappointed that Mr Moore has adopted the privatisation model. I am glad that he is on side with the Liberals on this, as that sets him well apart from us. Privatisation of services will not ensure that a high standard of treatment is delivered to all clients; nor will it achieve even the most basic objective of the service, of increased access at affordable prices.

The amendment would allow the pharmacies to provide methadone without any regulatory mechanisms in place to ensure that these services also had the expertise and the resources to provide ongoing clinical and personal support. There is no in-depth thinking about how quality standards can be maintained and monitored over time.

Mrs Carnell: There is a whole professional code of ethics.

MR BERRY: There is none. The amendment is fundamentally flawed because it does not provide for the implementation of the national guidelines for methadone programs. These guidelines have been developed by experts drawn from all over Australia under the auspices of the Ministerial Council on Drug Strategy and they were endorsed by Mr Humphries.

Mrs Carnell's proposal flouts these guidelines by proposing a broader spread of distribution points while appearing to have no regard for the underlying premise of the guidelines, which is that the safety and care of the client is paramount. Routine inspection of handling, storage and documentation procedures for the administration of methadone is not an adequate response to the need to monitor quality of standards. Without the development of proper planning controls which take into account the location of existing services and residential requirements, service provision will be ad hoc and the needs of clients and the local community will suffer.

Mr De Domenico: This is a group which has a 90 per cent credibility rating in comparison to your 10 per cent.

MR BERRY: And falling. Under Mrs Carnell's proposal access to pharmacies will be determined by the capacity of clients to pay for treatment at rates set by pharmacies. She makes no apology for it. In reality, Madam Speaker, the proposal would result in services with the potential to treat clients at very different stages of treatment and no capacity to attend to the overall clinical management needs of clients. Therefore, I must reiterate, Madam Speaker, that it is for the above reasons that the Government will be opposing the proposal put forward by Mrs Carnell.

Question resolved in the affirmative.

Bill agreed to in principle.

Detail Stage

Mr Moore: Madam Speaker, could you clarify which Bill we are dealing with? We did have a cognate debate.

MADAM SPEAKER: It is the Drugs of Dependence (Amendment) Bill (No. 3) 1992, the first one. It is Mr Berry's Bill.

Mr Moore: I am the only one with an amendment on this, am I not? You can take this Bill as a whole. That is all right.

Bill, by leave, taken as a whole

MR MOORE (9.09): Madam Speaker, I move:

Page 2, line 24, after clause 5, add the following new clause:

Approval - grant

"6. Section 150 of the Principal Act is amended by adding at the end the following subsection:

'(3) The Board shall, within 28 days after receiving an application in accordance with section 149, make a decision under subsection (1) granting or refusing to grant an approval to the applicant to conduct a treatment centre of the type, and at the premises, specified in the application.'".

Mr Berry: I think you have the wrong Bill. You should be doing it to the other one.

MADAM SPEAKER: No, we are right.

MR MOORE: This is simply to ensure that applications to conduct treatment centres, should treatment centres also include a private treatment centre, will be dealt with quickly. I think that is a perfectly reasonable approach. In fact, Madam Speaker, this is simply to put into practice a recommendation of the Select Committee on Drugs.

MR BERRY (Minister for Health, Minister for Industrial Relations and Minister for Sport) (9.09): Mr Moore's amendment to the Drugs of Dependence Act would have the effect of including premises at which a medical practitioner practises medicine within the definition of a treatment centre.

Mrs Carnell: No, it would not. That is the other one.

Mr De Domenico: This is the amendment that says that you have to make a decision within 28 days.

MR BERRY: The amendment to the Drugs of Dependence (Amendment) Bill (No. 3) moved by Mr Moore is the one I am looking at.

MADAM SPEAKER: Yes, that is right.

MR BERRY: It talks about proposed clause 6, page 2, after line 24, and says:

The Board shall, within 28 days after receiving an application ... make a decision ...

Apparently, it is intended to require the Board of Health to make a decision in respect of an application under section 149 of the Act for approval as a treatment centre within 28 days of receipt of the application. This approach ought not be followed, and I will explain why.

Mr Moore: Because you can put off making a decision forever.

MR BERRY: It should be noted, Mr Moore, that no consequences flow from failure by the board to make such a decision within this time; so what is the point of it, for a start? Nor should they. Persons with statutory functions - - -

Mr Moore: You want a fine, do you?

MR BERRY: Why do you not just sit and listen? Persons with statutory functions are expected to discharge those functions responsibly and efficiently. The board could be expected to act responsibly and efficiently having regard to the circumstances, and in my view, Madam Speaker, the deadline is unnecessary. Further, there are some other amendments foreshadowed, should we unfortunately be lumbered with Mrs Carnell's Bill, which may require a greater period than the 28 days which you seek for the board to be satisfied that an application ought to be approved.

Mr Moore: Why?

MR BERRY: Have a look at the amendments and that will explain why.

Mr Moore: I have.

MR BERRY: You did not take a look at them at all.

Mr Moore: I would say that I have read more about this stuff than you have.

MR BERRY: This is back-of-the-envelope stuff again. If I can go to the provisions which are foreshadowed, they say:

(i)the proposed treatment centre would be situated in an appropriate location, having regard to -

- (A) the locations of existing treatment centres;
- (B) the number of persons likely to be referred to or to use the proposed treatment centre; and
- (C) its proximity to residential premises; and

(ii)any person who would supply or administer methadone at the proposed treatment centre -

- (A) has completed, to the satisfaction of the Board, a course of instruction approved by the Board; and
- (B) is a fit and proper person ...

It may take administratively - - -

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Mr Moore: They are your back-of-the-envelope amendments, not ours.

MR BERRY: They are amendments which are foreshadowed. I do not mind considering Mr Moore's Bill once he has sat down and considered properly the implications of the board pursuing whatever amendments might succeed.

Mr Moore: Whose amendments were tabled first and circulated days ago and put in a report?

MR BERRY: I am trying to explain to you. If you cannot understand what I am trying to explain, go back to sleep; other people will understand. It may take longer than 28 days to deal with some of those very important administrative proposals. Therefore, the proposal which has been put forward by Mr Moore should be resisted. In any event, it strikes me as rather odd to have a requirement to do it in 28 days and that nothing will happen if it is not done in 28 days.

MR MOORE (9.14): Madam Speaker, I want to respond to Mr Berry. A very good comparison to this is an issue that was raised in the Estimates Committee over FOI. There was a statutory requirement for a 30-day response to FOI. Whilst there is no penalty, the officers take their statutory responsibility very seriously. That issue has been raised. Although, unfortunately, they have not been able to meet that with FOI on a quite large number of occasions, they certainly feel the pressure and certainly feel compelled to try to meet those deadlines. We respect the attitude of public servants in doing their very best to meet a set of parameters. It has been done very successfully with the FOI Bill. This is exactly the same sort of approach and it is entirely appropriate. If a particular issue takes more than 28 days at some stage, no penalty will apply. But it would be appropriate for members, perhaps through the select committee as we did with FOI, to ask questions as to why such a thing is taking so long. I think it is a perfectly reasonable section to have in the Act. There are precedents.

MR BERRY (Minister for Health, Minister for Industrial Relations and Minister for Sport (9.15): Nothing has been added to the debate by Mr Moore's response.

Question put:

That the proposed new clause be added to the Bill (**Mr Moore's** amendment).

The Assembly voted -

AYES, 9

Mrs Carnell
Mr Cornwell
Mr De Domenico
Mr Humphries
Mr Kaine
Mr Moore
Mr Stevenson
Ms Szuty
Mr Westende

NOES, 8

Mr Berry
Mr Connolly
Ms Ellis
Ms Follett
Mrs Grassby
Mr Lamont
Ms McRae
Mr Wood

Question so resolved in the affirmative.

Bill, as a whole, as amended, agreed to.

Bill, as amended, agreed to.

DRUGS OF DEPENDENCE (AMENDMENT) BILL 1992

Debate resumed from 17 June 1992, on motion by **Mrs Carnell**:

That this Bill be agreed to in principle.

Question put:

That this Bill be agreed to in principle.

The Assembly voted -

AYES, 9

Mrs Carnell
Mr Cornwell
Mr De Domenico
Mr Humphries
Mr Kaine
Mr Moore
Mr Stevenson
Ms Szuty
Mr Westende

NOES, 8

Mr Berry
Mr Connolly
Ms Ellis
Ms Follett
Mrs Grassby
Mr Lamont
Ms McRae
Mr Wood

Question so resolved in the affirmative.
Bill agreed to in principle.

Detail Stage

Clauses 1 and 2, by leave, taken together, and agreed to.
Clause 3

MR MOORE (9.21), by leave: Madam Speaker, I move:

Page 2, line 4, omit "or" (last occurring).

Page 2, line 5, after proposed new paragraph (b), insert the following word and paragraph:

"or (c) premises at which a medical practitioner practises medicine;".

The purpose of the amendments is simply to expand the notion of a treatment centre in terms of the Bill to ensure that a medical practitioner who is dealing with perhaps even one, two, three or four clients and who is trained appropriately through his professional system to administer methadone will be able to do so. I think that is an important addition. It is an addition that came out of the recommendations of the select committee.

20 October 1992

MR BERRY (Minister for Health, Minister for Industrial Relations and Minister for Sport) (9.22): Mr Moore's amendments to Mrs Carnell's Drugs of Dependence (Amendment) Bill would have the effect of including premises at which the medical practitioner practises medicine. This would enable these premises to be approved under section 150 of the Act, as I understand it, as a treatment centre at which methadone may be supplied or administered to a drug dependent person in accordance with the provisions of the Act. As the Act provides for a medical practitioner or a person under his or her personal supervision to supply methadone and also provides for the administration of methadone to another person by a medical practitioner in subsections 80(1) and 170(3), there is no legal or apparent practical impediment to the supply and administration of methadone at premises where a medical practitioner practises medicine.

It should be noted that any person who would administer or supply methadone at a treatment centre must have satisfactorily completed an appropriate course of instruction, subject, of course, to those amendments being successful, to supply or administer methadone, and the Board of Health would, in these circumstances, have to be satisfied, again subject to the foreshadowed amendments being carried, as to the appropriate location of a proposed treatment centre. What is proposed by Mr Moore is that the premises of a medical practitioner would be treated in the same way as pharmacies. The Government is opposed to the amendments.

Question put:

That the amendments (**Mr Moore's**) be agreed to.

The Assembly voted -

AYES, 9

Mrs Carnell
Mr Cornwell
Mr De Domenico
Mr Humphries
Mr Kaine
Mr Moore
Mr Stevenson
Ms Szuty
Mr Westende

NOES, 8

Mr Berry
Mr Connolly
Ms Ellis
Ms Follett
Mrs Grassby
Mr Lamont
Ms McRae
Mr Wood

Question so resolved in the affirmative.

Clause, as amended, agreed to.

Remainder of Bill, by leave, taken as a whole

MR BERRY (Minister for Health, Minister for Industrial Relations and Minister for Sport) (9.26),
by leave: I move:

Page 2, line 8, after clause 3, add the following new clause:

Methadone

"**3A.** Section 59 of the Principal Act is amended by adding at the end the following subsections:

'(2) The Minister may, in writing, determine the maximum amount that may be charged for supply and administration of methadone at a treatment centre.

'(3) An instrument under subsection (2) is a disallowable instrument for the purposes of section 10 of the *Subordinate Laws Act 1989*.'".

Page 2, line 19, after clause 5, add the following new clauses:

Approval - grant

"**6.** Section 150 of the Principal Act is amended -

(a) by omitting from paragraph (1)(c) 'and';

(b) by adding after paragraph (1)(d) the following paragraphs:

'(e) in the case of a proposed treatment centre at which methadone would be supplied or administered -

(i) the proposed treatment centre would be situated in an appropriate location, having regard to -

(A) the locations of existing treatment centres;

(B) the number of persons likely to be referred to or to use the proposed treatment centre; and

(C) its proximity to residential premises; and

(ii) any person who would supply or administer methadone at the proposed treatment centre -

(A) has completed, to the satisfaction of the Board, a course of instruction approved by the Board; and

- (B) is a fit and proper person to supply or administer methadone; and
- (f) any determined fee has been paid;'

Approval - renewal

7. Section 158 of the Principal Act is amended by omitting subsection (2) and substituting the following subsection:

- '(2) An application for the renewal of an approval shall -
- (a) be in writing;
- (b) be lodged with the Board; and
- (c) be accompanied by the determined fee.'."

Madam Speaker, the first amendment inserts proposed clause 3A after clause 3 of the Bill. It proposes the insertion of subsections (2) and (3) in section 59 of the Act. New subsection 59(2) will enable the Minister to determine a maximum price for the supply and administration of methadone, and new subsection 59(3) makes such determination of the maximum price of methadone by the Minister a disallowable instrument. Consequently, a determination will have no effect if it fails to satisfy the notification and tabling requirements of section 10 of the Subordinate Laws Act 1989 and it will be subject to scrutiny and disallowance in the Assembly.

Mr Humphries: He really has his heart in this one.

MR BERRY: They have a bit of a joke about this, but this just shows how inadequate their entire approach to this matter has been and how light on the committee's report in relation to this matter has been throughout the process.

The second amendment proposes the insertion of clause 6 after clause 5 of the Bill. Clause 6 amends section 150 of the Act relating to the approval of persons to conduct a treatment centre. The amendments in proposed subparagraph 150(1)(e)(i) require the Board of Health to be satisfied as to the appropriateness of the location of a proposed treatment centre at which it is proposed to supply or administer methadone, having regard to the locations of existing treatment centres, the number of persons likely to be referred to or to use the treatment centre and its proximity to residential premises. It is intended that treatment centres be geographically distributed throughout the Territory to improve accessibility to those who use them, but without undue disturbance to residential amenity.

The amendments in proposed subparagraph 150(1)(e)(ii) require the Board of Health to be satisfied that any person who would supply or administer methadone at a proposed treatment centre has satisfactorily completed a course of instruction and is a fit and proper person to administer or supply methadone. The power in the Act to impose conditions on an approval will be utilised to ensure that methadone is administered only in accordance with the highest standards as decided by the board.

Proposed paragraph 150(1)(f) enables the charging of a fee determined by the Minister to persons who are granted approval to conduct a treatment centre. It is intended that the fee will recover the cost of inspecting treatment centres, the monitoring of standards in these centres and other associated administrative costs.

Debate interrupted.

ADJOURNMENT

MADAM SPEAKER: Order! It being 9.30 pm, I propose the question:

That the Assembly do now adjourn.

Mr Berry: I require the question to be put forthwith without debate.

Question resolved in the negative.

DRUGS OF DEPENDENCE (AMENDMENT) BILL 1992 Detail Stage

Remainder of Bill as a whole

Debate resumed.

Mr Kaine: Why don't you just table it and let us vote?

MR BERRY: I need to demonstrate clearly, Mr Kaine, the inadequacy and flawed nature of the Bill which is being put up by one of your members, and the inadequacy of the committee report. If you want to go home, you can go now.

Proposed clause 7, Madam Speaker, amends section 158 of the Act dealing with the renewal of an approval to conduct a treatment centre. Subsection 158(2) is amended to require that the application in writing for a renewal which must be lodged by an approval holder must be accompanied by the determined fee. The fee is intended to cover the continuing inspection, monitoring and administrative costs associated with approving pharmacies as treatment centres.

MR MOORE (9.31): Madam Speaker, I rise to oppose the amendments, and I do it for a series of reasons. First of all, Madam Speaker, these are the back-of-the-envelope amendments that the Minister accused the select committee of producing. You will note, Madam Speaker, that this job was finished at 11 o'clock today, after the house had sat. The earliest that I saw these amendments was when one of the Liberals passed a copy to me after the house had already started sitting today. That is in stark contrast to the approach that I had used, of making sure that the amendments that I was proposing were circulated to members as soon as they were drafted, even though they were in direct line with the recommendations of the select committee.

Madam Speaker, as far as the fee is concerned, there does not appear to me to be a need at this stage to have a fee. Mr Berry has not been able to provide convincing evidence of extra cost to the community. However, on that issue, should he be able to demonstrate it and want to bring this back to this Assembly, I would consider it. I do not think it is going to be necessary to give control over a fee in terms of the pharmacies. I like to work under the old concept that if it is not broken, do not fix it. I feel that that is exactly what Mr Berry is looking at.

Madam Speaker, I move further along the back of this envelope to look at some of the control mechanisms attempted to be put into place by Mr Berry in his amendment No. 2 relating to omitting a word from paragraph (1)(c). I think it is important to point out what paragraph (1)(c) in section 150 of the principal Act says. It states:

- (c) the treatment to be conducted at the proposed treatment centre is suitable for persons such as those likely to be referred to the centre under this Ordinance, or those likely to be voluntary participants in the treatment;

Further back in section 150 it says that an applicant has to be a fit and proper person to conduct a treatment centre. It also says:

... the service shall grant an approval to the applicant to conduct a treatment centre of the type specified in the application at the premises specified in the application.

It is provided that a whole series of conditions must be met. What has happened, Madam Speaker, is that Mr Berry has decided suddenly that things might not go exactly the way he wants them to go and therefore he wants to quickly add these extra controls. There is no evidence at all that these extra controls are going to be required.

What we have here is Mr Berry reaching an ideological low in dealing with this Bill. He constantly comments, Madam Speaker, on the inadequacy of the report, and accuses us of not having done this and not having done that, and, of course, the evidence simply is not there. I wonder whether Mr Berry has been to a private treatment centre, as this committee has. Each member of the committee, particularly Mrs Grassby, commented in very positive terms about the private treatment centres that we visited in Sydney. So, Mr Berry, wherever you are coming from as far as this goes, and I do not understand it, the issues you raise in terms of these amendments and the issues you raise in terms of inadequacy, as you see it, of the committee's report simply are not there.

We chose, as I have chosen on a number of occasions, not to fill a committee report with peripheral knowledge, because we do not see it as being necessary. We prefer to get down to basics and to deal with the real issues. It may be difficult for you, but that does not mean to say that we have not considered all the other issues. We certainly did consider a number of the things that you and Mr Connolly claimed earlier in speeches that we did not consider. As far as those things go, you are wrong. As far as your approach to methadone goes, since changing your mind during the course of the last year, you are simply wrong. That is why it is, Madam Speaker, that these amendments will add nothing. I do not see the need for them. If the need arises, bring them back to the Assembly.

MR HUMPHRIES (9.36): Madam Speaker, I was really rather surprised when I read some of the provisions that were included in these amendments coming forward from the Government. In particular, I was interested in the amendment which requires a certain criterion to be established before a place may be registered as a treatment centre. It refers to "the locations of existing treatment centres". That seems to be a measure designed to limit the number of places where people might go to get this service. That is hardly desirable, it seems to me; but, okay, that is what the Government is after.

It then refers to "the number of persons likely to be referred to or to use the proposed treatment centre". The argument there seems to be that, if there is only one addict in a particular suburb who wants to use a particular pharmacist, for example, or a doctor's surgery, that is not a sufficiently large number to justify the addict going to that particular place. Even though the doctor or the pharmacist wants to supply the service, and the addict wants to go there, or needs to go there because it is convenient to his home, you still cannot have a service provided from that place because the Government does not deem that one client is an appropriate number of clients to enable that place to be a treatment centre. It is a silly concept, it seems to me.

The real provision here that takes the cake, Madam Speaker, is the provision in respect of treatment centres, or a treatment centre, that reads "its proximity to residential premises". What is this saying? It is saying, "We do not want these treatment centres, these pharmacists or doctors' surgeries, to be too near residential premises. We do not want the ordinary citizens of Canberra to have to be contaminated by the presence of drug addicts going along for their methadone treatment". Is this the same government, Madam Speaker, that lectured us some weeks ago about our attitude towards government housing in residential suburbs of the ACT? They said, "Oh, you people do not want government housing tenants to be in residential areas". Apparently, you do not want drug addicts to be in residential areas either.

Madam Speaker, where do you think drug addicts in this community live? In trees? In holes in the ground? In the hub-caps of cars? No, they live in residential premises, like you and I. That is where they live. That is exactly why treatment centres - - -

Mrs Grassby: He objects to drug addicts at any other time, but he is not doing it now.

MR HUMPHRIES: Madam Speaker, this person over here with spaghetti coming out of her pocket really does not know what she is talking about. Let us face facts, Madam Speaker; drug addicts in this community have the same rights to be served by facilities provided for their benefit as other people in the community. If you are going to normalise the procedure and you are going to socialise those who are in this position and try to bring them back out of their habit into the normal stream of society, that means that you put the community treatment centres in the community, nowhere else. That is why provisions like this are simply silly.

MR BERRY (Minister for Health, Minister for Industrial Relations and Minister for Sport) (9.40): Mr Humphries's smart alec outburst ignores the facts in other places. He should have a look at the law as it applies in New South Wales in relation to these matters. Under this open slather proposal by Michael Moore it is possible for a treatment centre to treat any number of people who have a difficulty with a drug of dependence and it can be arranged for that to occur in any shopping centre in the ACT, irrespective of its location having regard to the well-recognised problems that sometimes go with people who are in these unfortunate circumstances. It was fair enough in New South Wales for a law to be passed in relation to it; it is fair enough in the ACT for the Board of Health to take into consideration the size and location of a proposed treatment centre, having regard to the residential amenity of nearby residents. It is no more or less than that.

It will be said that planning powers can take care of it in a suburb, and that is true, undoubtedly; but in relation to other parts it is something that ought to be considered in the mechanism for approval, were it to be given, by the Board of Health in terms of other amendments which are contained in this package of amendments. Of course, those amendments may not gain the support of members in this place. What I think people are most upset about here is that they have been caught on the hop. They came out with a flawed report which provides for open slather, the risk of double dosing, the risk of leakage into the black market, and all those sorts of things. It is all because they have been caught out with a faulty report. This is a faulty report. Its worst defects could cause some damage in the community, and the worst aspects are beginning to show through already.

Mr Moore has opposed the determination of a maximum amount that may be charged for the supply and administration of methadone at a treatment centre. Mr Moore is resisting attempts by this Government to contain the cost of methadone to people who require it. What deals have been done here? He is handing over the right to set a fee to a pharmacist in any small business and that person can determine that fee by any means they think are appropriate. That is an outrageous position in which to put people you claim are socially disadvantaged. Essentially, what he is doing is handing over the costing of this to the private sector. Inevitably, the clients of the system will lose.

In relation to the location of existing treatment centres, Michael Moore opposes that. He is prepared to allow anybody in the ACT to set up a treatment centre and compete, without regard to the community or the requirements of the community, and without regard to the number of persons likely to be referred to or to use the proposed treatment centre. He does not want to pay any attention to that. All he is interested in is spitting at a set of logical amendments which have been put forward by the Government.

I come to the "proximity to residential premises" which Mr Humphries railed against, notwithstanding the circumstances which may well apply. We are talking about the potential of several hundred people using a particular treatment centre, which may, in fact, affect the residential amenity in the community, and the board is entitled to consider that when approving. This is the best part of Michael Moore's absent-mindedness. We seek to include the words:

... any person who would supply or administer methadone at the proposed treatment centre

-

(A) has completed, to the satisfaction of the Board, a course of instruction approved by the Board ...

This is to make sure that people are competent to deal with the issues that confront people who have a difficulty with a drug of dependence. Michael Moore does not want that to happen. He likes the open slather approach which has been adopted by the Liberals; just let them run with it and do not worry about it. He says that all you have to do is make an application and you will get it; you can issue it to whoever you like and you do not have to have any particular training to do it. Of course, these people have to be fit and proper persons to supply and administer methadone. That is a pretty standard approach.

The other issue is that he is prepared to throw it out to the private sector, but he is not prepared to allow the board to collect a fee for the administration and consideration of issues which affect those people who will be provided with a service in the private sector. No, he is not prepared to do that. The Government has to carry the can here. It has to take back all the people who cannot afford methadone in the private treatment centres and just cop it sweet. If that is Michael Moore's approach, I will be glad to be able to report that he supports open slather on a range of drugs and I will be glad to report that the Liberals support him.

MR MOORE (9.47): Madam Speaker, it is mendacious of Mr Berry to suggest that I support open slather on a range of drugs.

Ms Follett: I raise a point of order, Madam Speaker. I do not consider that word to be parliamentary.

MR MOORE: A precedent was set by Paul Whalan and he was your deputy.

MADAM SPEAKER: I believe that it has been ruled out of order before, Mr Moore, and I think I had better uphold that ruling. Could you find a synonym?

MR MOORE: Under those circumstances, Madam Speaker, and in deference to you, I will withdraw it. What we have heard from Mr Berry this evening really stretches the meaning of the word "furphy". It seems that Mr Berry is the only person who understands everything here and he has the gall to suggest, Madam Speaker, that I advocate an open slather on drugs. I have never advocated an open slather on any drugs.

Members interjected.

MR MOORE: I hear an interjection about free heroin, Madam Speaker. If I had provided as a policy the notion of handing free heroin out willy-nilly, perhaps you might have some kind of an argument. In fact, what I had suggested was a very carefully contrived and controlled epidemiological study. If you understood anything about an epidemiological study, Mr Berry, you would know that to get it to a gold standard, to make it of the highest possible standard, you would not want to charge for the drug. That is part and parcel of making it of the very highest standard and that is why that particular trial is proposed in that way. Madam Speaker, even in the broadest way - - -

Mr Berry: It has not been proposed yet, Michael, and you have already made up your mind.

MR MOORE: Mr Berry interjects that I have already made up my mind. That simply is not the case, Madam Speaker. I have always said that I am interested in seeing the outcome of that trial. It is the only point in doing it. Mr Berry wants to distract me for a while, but I have given as much time as I can to deal with the ridiculous statements that he has made. Madam Speaker, to be more specific, if he had read the Drugs of Dependence Act, which I very much doubt, his attention would have been caught by paragraph 150(1)(d), which says:

... the premises specified in the application are fit and proper premises for the conduct of a treatment centre of the type specified in the application ...

That, in broad terms, takes into account the very issues that he has raised about residential requirements. It is there. There is an approval process already, under a heading "Approval - grant" in the Drugs of Dependence Act. Mr Berry ought to realise that there is already, in his Act, the possibility of providing for those issues.

In terms of supplying and administering methadone at the proposed treatment centre and a satisfactory course of instruction, Madam Speaker, we are dealing with professionals. We are dealing with pharmacists and doctors who are professionals and there has been a growing awareness in the use of methadone over the last 18 months, right across Australia, culminating in an international conference on methadone earlier this year.

Mr Berry: How many in the ACT? None.

MR MOORE: That being the case, these medical practitioners will realise their own responsibilities in terms of the need for appropriate training.

Mr Berry: Not one.

MR MOORE: Mr Berry interjects that there is not one in the ACT. That may well be the case. Mind you, Mr Berry is wrong as far as that goes, I must say, again, because there certainly is more than one person - - -

Mr Berry: How many?

MR MOORE: You said "not one", Mr Berry. Let me name Dr Keith Powell, who has recently retired. He is looking after it. You said that there was not one medical practitioner in the ACT who had done it. He has retired. Who has replaced him? Somebody that you have appointed. So, Mr Berry, once again, has been moving to deal heavily with a furphy, or lightly with something else. It seems to me, Madam Speaker, that it is getting to the stage where it is very difficult to believe Mr Berry on anything that he is presenting over this Bill. He seems to have put on a set of horse blinkers. He should have put on the nosebag as well. That is the sort of stuff we are being fed.

Madam Speaker, this set of amendments at this stage, and I emphasise at this stage, does not appear to be necessary. Had they been important, Mr Berry would have brought them to those of us who are likely to vote with him or to any member of the Opposition or the cross benches and said, "Hey, here are some really important issues to be considered as part of the Drugs of Dependence (Amendment) Bill". Madam Speaker, on my initial reading of these amendments I thought that the date on them was today's date, but the original time that this document was prepared appears to be either 18 or 14 October 1992. This indicates that Mr Berry has had this for over a week and, had the issue really been important, he could have distributed it and we could have considered it as an option. Instead, he drops it on the table in this way, expecting people to support it on the same evening. Mr Berry, if it does prove to be that important, come back to us and talk about it.

MR BERRY (Minister for Health, Minister for Industrial Relations and Minister for Sport) (9.54), by leave: Here is somebody who is prepared to take risks with the community. He says, "If it proves to be a problem, come back and see me". Here is a person who earlier on in the debate said that he had no trouble with the training course of instruction. He did not have any trouble with that. He did not have any trouble with the fee. At one stage earlier on in the debate he agreed with some of the approaches in this amendment. Do not talk to me about forked tongues, Michael Moore.

Question put:

That the amendments (**Mr Berry's**) be agreed to.

The Assembly voted -

AYES, 8

Mr Berry
Mr Connolly
Ms Ellis
Ms Follett
Mrs Grassby
Mr Lamont
Ms McRae
Mr Wood

NOES, 9

Mrs Carnell
Mr Cornwell
Mr De Domenico
Mr Humphries
Mr Kaine
Mr Moore
Mr Stevenson
Ms Szuty
Mr Westende

Question so resolved in the negative.

Remainder of Bill agreed to.

Bill, as amended, agreed to.

ADJOURNMENT

Motion (by **Mr Berry**) agreed to:

That the Assembly do now adjourn.

Assembly adjourned at 9.56 pm