

PARLIAMENT OF VICTORIA

**PARLIAMENTARY DEBATES
(HANSARD)**

**LEGISLATIVE ASSEMBLY
FIFTY-FIFTH PARLIAMENT
FIRST SESSION**

Tuesday, 4 April 2006

(Extract from book 4)

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FIFTY-FIFTH PARLIAMENT — FIRST SESSION

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Deputy Leader of the Parliamentary Labor Party and Deputy Premier:

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Mr R. K. B. DOYLE

Deputy Leader of the Parliamentary Liberal Party and Deputy Leader of the Opposition:

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Mr P. J. RYAN

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CONTENTS

TUESDAY, 4 APRIL 2006

QUESTIONS WITHOUT NOTICE

<i>Commonwealth Games: benefits</i>	813
<i>Medical research: Healthy Futures</i>	813, 815, 818
<i>Rural Ambulance Victoria: administration</i>	813, 817
<i>Police: equipment</i>	814
<i>Commonwealth Games: Vodafone Arena</i>	815
<i>Justice: staff training</i>	816
<i>Major events: calendar</i>	816

BUSINESS OF THE HOUSE

<i>Notices of motion: removal</i>	819
<i>Program</i>	821

ABORIGINAL HERITAGE BILL

<i>Introduction and first reading</i>	819
---	-----

TERRORISM (COMMUNITY PROTECTION) (FURTHER AMENDMENT) BILL

<i>Introduction and first reading</i>	819
---	-----

PETITIONS

<i>Education: home-schooling</i>	819
<i>Mornington Peninsula: footpath policy</i>	820

DOCUMENTS

ROYAL ASSENT

MEMBERS STATEMENTS

<i>Major projects: advertising</i>	823
<i>Ly Tong</i>	823
<i>Gas: rural and regional Victoria</i>	823
<i>Clayton Community Festival</i>	824
<i>Mortlake Buskers Festival</i>	824
<i>Sebastopol RSL: 60th anniversary</i>	824
<i>Land tax: increases</i>	824
<i>Loudy Tourky</i>	825
<i>Lifeline Gippsland</i>	825
<i>Country Fire Authority: Max Kirwan donation</i>	825
<i>Road safety: speed cameras</i>	826
<i>Greek Independence Day</i>	826
<i>Schools: Wangaratta merger</i>	826
<i>Interchange Outer East: programs</i>	827
<i>Easter trading: Alpine shire</i>	827
<i>Housing: Fitzroy</i>	827
<i>Spanish seafarers: explorations</i>	828
<i>Bossen family</i>	828
<i>Diamond Creek Primary School: walking bus</i>	828
<i>Whittlesea Secondary College: WorldSkills competition</i>	829
<i>McKinnon Secondary College: achievements</i>	829
<i>McKinnon Primary School: achievements</i>	829

DRUGS, POISONS AND CONTROLLED SUBSTANCES (AGED CARE SERVICES) BILL

<i>Second reading</i>	829
<i>Remaining stages</i>	852

JUSTICE LEGISLATION (MISCELLANEOUS AMENDMENTS) BILL

<i>Council's amendments</i>	852
-----------------------------------	-----

DRUGS, POISONS AND CONTROLLED

SUBSTANCES (PROHIBITION OF DISPLAY AND SALE OF COCAINE KITS) BILL

<i>Second reading</i>	857
-----------------------------	-----

ADJOURNMENT

<i>Southern Cross station: construction</i>	875
<i>Lara Secondary College: Victorian certificate of education</i>	876
<i>Lowan electorate: preschools</i>	876
<i>Diamond Creek: sports facilities</i>	877
<i>VicRoads: rebirthed vehicles</i>	878
<i>Croydon Football Club: funding</i>	878
<i>Planning: Frankston precinct</i>	879
<i>Housing: Coburg</i>	879
<i>Shepparton electorate: Leading from Within program</i>	880
<i>Retirement villages: residents rights</i>	880
<i>Responses</i>	881

Tuesday, 4 April 2006

The SPEAKER (Hon. Judy Maddigan) took the chair at 2.02 p.m. and read the prayer.

QUESTIONS WITHOUT NOTICE

Commonwealth Games: benefits

Mr DOYLE (Leader of the Opposition) — My question is to the Premier. Does the Premier agree with the judgment of Labor’s own expert, Peter Fitzgerald, that the Bracks government has overvalued the benefits of the Commonwealth Games to the Victorian economy by more than \$1 billion?

Mr BRACKS (Premier) — I thank the Leader of the Opposition for his question. The answer is no, I do not agree. The assessment is incorrect. This is not only going to have immediate benefits to the tune of — as I have mentioned — about \$4 billion, when you take into account building and tourism and all the ongoing reputation values, but it will also leave a legacy post 2006, just as we had a legacy post 1956. It is a Commonwealth Games we can all be proud of. As I move around Victoria everyone is saying the same thing: ‘Congratulations on a successful Commonwealth Games’. The verdict of the people of Victoria is clear and in sync with the actual outcome — a great economic outcome and a great outcome for our state.

Medical research: Healthy Futures

Mr LOCKWOOD (Bayswater) — My question is for the Premier. I refer the Premier to the government’s commitment to Victoria’s being a world leader in medical research and biotechnology, and I ask him to detail for the house how the government’s \$230 million life sciences statement is a demonstration of that commitment.

Mr BRACKS (Premier) — I thank the member for Bayswater for his question. I am very pleased to say that, with the Minister for Health and the Treasurer, who is also the Minister for Innovation, I today released our statement on life sciences, which is a \$230 million package to assist in better tackling chronic illnesses, in particular concentrating on mental illness, Alzheimer’s disease and cancer — all areas in which Victoria has a clear leadership role around the world — and on trying to find research breakthroughs and solutions for those chronic diseases.

This comes on top of the \$1.6 billion we have invested in science, technology and innovation since we came to government some six and a half years ago. This

\$230 million investment in Healthy Futures and in life sciences will include \$53 million extra for the Australian centre for neuroscience and mental health research, which will combine the various institutes, including the Howard Florey Institute, the Brain Research Institute, the Mental Health Research Institute of Victoria and the National Stroke Research Institute.

As we know, by bringing together disparate groups we will have a better critical mass to bring to bear on the research task required and the breakthroughs required in some of the intractable diseases worldwide. I think this move will help that enormously. The investment in mental illness to look at assisting in recovery from mental illness and at prevention as part of the research will be an invaluable asset for our state. There is a further \$35 million for more investment in the stem cell research project centre at Monash University as well, and there is also \$26 million extra for a new Victorian cancer agency and an Australian cancer grid project combined.

We have an ambition, as this house would know, to be in the top five biotech precincts in the world by 2010. We are making enormous inroads into that very goal and task. The investment we have had of \$1.6 billion has helped that. But this investment and the infrastructure to look at supporting our research community more broadly — in cancer, in mental illness and in brain research — will stand us in good stead in the future.

Just as we are well known internationally for our ability to hold major events and to undertake sporting events with great achievement, we want to be known for our science as well. We have the best medical research institutes anywhere in Australia, and this will help in consolidating that and pushing it even further.

Rural Ambulance Victoria: administration

Mr RYAN (Leader of The Nationals) — My question is to the Minister for Health. I refer to concerns that I raised in the house in February this year dealing with allegations of bullying and mismanagement in Rural Ambulance Victoria, in some cases going back several years, and I ask: when did the minister first become aware of the serious allegations about RAV management, and what actions did the minister take to address those concerns at that time?

Ms PIKE (Minister for Health) — I thank the Leader of The Nationals for his question. As I explained to the house last week, Rural Ambulance Victoria (RAV) is a very high-quality organisation that delivers excellent ambulance services to the people of

Victoria. The work of the paramedics is second to none, and members of the community can have confidence that when they require the services of an ambulance, Rural Ambulance Victoria will in fact deliver those services.

Like any large organisation, from time to time there are personnel issues that arise, and that has happened in RAV. Over periods of time, as happens in many large organisations, there will be complaints that emerge. A range of isolated incidents have been happening over the last few years. Each one of those incidents has been dealt with by the management of RAV, which has often called in independent external investigators around those particular incidents, and those matters have been investigated and dealt with.

In recent times I think it is fair to say that the public has become increasingly concerned that these may not be just isolated incidents but that there might be some problems more broadly with systems at Rural Ambulance Victoria. When these things have moved from being isolated and unrelated incidents to being broader questions of management and personnel relationships, then of course the government has acted to deal with the system.

The government has acted very decisively. I have met with the chair of the board — —

Honourable members interjecting.

The SPEAKER — Order! The level of interjection is too high. I ask members on my left to be quiet to allow the minister to answer the question.

Ms PIKE — I have met with the chair of the board, and the chair certainly agrees with me that we need to have some independent evaluation of the workplace culture and management at RAV. Therefore the State Services Authority will be conducting a review. I am looking forward to hearing the results of that review and making sure that the recommendations are implemented.

Police: equipment

Dr HARKNESS (Frankston) — My question is to the Minister for Police and Emergency Services. I refer to the government's significant investment in police equipment and resources over the last seven years. I ask the minister to update the house on any new government investment in police safety equipment.

Mr HOLDING (Minister for Police and Emergency Services) — I thank the member for Frankston for his question. I know that, like all members on the

government side, he is very proud to be a member of a government that has provided Victoria Police with its record budget — \$1.5 billion — to ensure that Victoria continues to be the safest mainland state in Australia and has a police organisation which is well resourced and has appropriate police numbers and where morale is high.

In its first term this government invested significantly not only in new police but also in new resources and new equipment to support those police members to enable them to carry out their important responsibilities. Those resources were used, amongst other things, for new covert ballistic vests. They were used also for lightweight utility belts and for hand-held metal detectors, which have been used for detection of knives and other concealed weapons. They have also been used for the purchase of protective screens within police vehicles — —

Dr Napthine — For Simon Crean!

Mr HOLDING — The member for South-West Coast thinks this is amusing, but we take the view that appropriately resourcing Victoria Police is extraordinarily important, and providing for the safety of those members is also very important.

I mentioned earlier that we have provided \$12 million to enable the purchase of 8600 covert ballistic vests, which are worn — —

Mr Wells interjected.

Mr HOLDING — If the member for Scoresby waits, he will hear it.

It is true that those covert ballistic vests, which are currently being rolled out at the moment, are a very effective and useful addition to Victoria Police's equipment schedule. However, Victoria Police members also have access to a number of overt ballistic vests, which are worn outside police uniforms. Many of these are well over 10 years old. We have now conducted a series of tests, which were initiated by Victoria Police, to identify the appropriateness and the usefulness of these vests. Those tests, which I have received the results of this morning, indicate that these overt ballistic vests no longer meet the manufacturer's specifications. They also are now no longer fit for purpose.

This government has acted decisively. We are announcing today that we will provide Victoria Police with \$4 million for the replacement of up to 3500 overt ballistic vests. We are currently in the process of informing police members of the arrangements that will

be put in place as an interim measure to make sure that the safety of police members is not compromised in any way. We take the view that there can be no compromises in terms of safety for police members. We take the view that protecting the safety of police members is a very high priority for Victoria Police as an organisation.

This afternoon Victoria Police commenced informing members by email of these new arrangements. We are announcing today \$4 million in funding to enable Victoria Police to immediately commence the process for replacing these overt ballistic vests. We believe these will be a very important part of the ongoing investment that needs to be made in ensuring that Victoria Police is appropriately and well resourced to carry out its important activities and functions.

This is part of the \$1.5 billion investment that this government is making in Victoria Police to ensure that police members have the powers and resources they require so that Victoria continues to be the safest mainland state in Australia.

Commonwealth Games: Vodafone Arena

Ms ASHER (Brighton) — My question is to the Premier. Did the government pay Vodafone compensation in suspending its naming rights for Vodafone Arena throughout the Commonwealth Games; and if so, how much?

Mr BRACKS (Premier) — First of all, I thank the Deputy Leader of the Opposition for her question. At the time we changed the name of Vodafone Arena to 'Multipurpose venue', which was required because of the overall sponsorship arrangements for the Commonwealth Games, which Telstra was a partner in and a principal sponsor of, we indicated that that would be done within the remit of the Commonwealth Games budget, and it has been done within that remit. It has been done within the budget arrangements, and of course we are going to report on that in the future.

Medical research: Healthy Futures

Mr LANGDON (Ivanhoe) — My question is to the Minister for Health. I ask the minister to detail to the house what benefits there will be for the health of Victorians from the government's \$230 million life sciences announcement?

Ms PIKE (Minister for Health) — I thank the member for Ivanhoe for his question. In fact, we were at the Austin and Mercy hospitals in the member for Ivanhoe's seat today. What great hospitals they are, and what a wonderful development it is. The Bracks

government is very proud that it not only built the Austin hospital but saved it from privatisation, which would have been its inevitable pathway had those opposite been in government.

Medical research saves lives. Our government is absolutely committed to keeping our hospitals and research institutions at the very forefront of the world's best health care. We must always remind ourselves that the ultimate aim of all medical research endeavours is to improve the health prospects of our community, both here in Victoria and Australia and worldwide. The integration of health care and research benefits all of us.

Dealing with illnesses before they become acute is the goal, because we know that, if an illness becomes an acute episode, it places huge pressure on individuals and their families and on society as a whole. Chronic diseases like heart disease, like diabetes, like asthma — —

Mr Bracks — And depression.

Ms PIKE — And depression, as the Premier said. Those diseases currently account for about 70 per cent of expenditure in the health system, so it is a huge amount that the community is bearing every year. As the population ages, this is likely to increase. We have to refocus on preventing these illnesses, and we need to become much smarter and much more efficient if we are to meet the health care demands of the future. One of the ways we can do that is by continuing to invest in research, because the pay-offs are enormous. Most importantly, where the research is closely integrated with clinical practice, we get the very best results. Victoria leads the world in this area. Our state is so well placed to develop a world-leading medical research capacity.

The life sciences statement builds on those already very strong working relationships between our big public hospitals, big public education institutions and our research institutes. We have been fostering those relationships and investing in this area since we have been in government.

There are so many practical ways in which the health of our community can be enhanced by research. I want to draw to the attention of members of the house some of the recent developments which have occurred in Victoria. Recent developments in the work towards a vaccine for the human papilloma virus will soon mean that younger generations of women will no longer have to undergo regular Pap smear tests, because that vaccine will prevent the contraction of human papilloma virus and will dramatically reduce cervical

cancer. That is an absolutely fantastic development that has occurred right here in Victoria.

The CSL Ltd vaccine centre, which was opened in May last year and is supported by a grant from our government, is now developing a pandemic flu vaccine.

Dr Napthine interjected.

Ms PIKE — The member for South-West Coast can line up first! The centre will have the capacity to produce up to 40 million doses of flu vaccine. CSL is now trialling the vaccine for the H5N1 avian flu virus, which is the virus which the world is focused upon and which is causing incredible concern. The Therapeutic Goods Administration will look at this research later this year.

The Walter and Eliza Hall Institute and the Victorian Breast Cancer Research Consortium are engaged in the identification of stem cells which can unlock the causes of breast cancer. I could spend a lot of time going through the initiatives, one after another, that have taken place in Victoria. They are not just things that are happening in isolated and disconnected laboratories but are actual pieces of research that are having a huge impact on the daily lives of our citizens. That is why this government is so committed to this area. That is why I was proud to join the Premier and the Minister for Innovation today when we announced the \$230 million investment in our life sciences.

Justice: staff training

Mr WELLS (Scoresby) — My question without notice is to the Minister for Police and Emergency Services. I refer to the minister's wasting \$50 000 of taxpayers money to teach staff how to write memos because he claimed he failed to read a memo that contained inaccuracies, and I ask: did the staff member who wrote the unreadable memo and the departmental secretary, Penny Armytage, attend this expensive writing course?

Mr HOLDING (Minister for Police and Emergency Services) — Where do you start with a question like this? This question is based on a series of untruths. The first point to be made in relation to this matter is that the writing courses to which the member for Scoresby referred were not commenced when I became the Minister for Police and Emergency Services. Believe it or not, this particular course was commenced in 1998 by none other than the previous Kennett government.

The SPEAKER — Order! The member for Bass will put that down immediately and stop behaving in that manner —

Mr Smith interjected.

The SPEAKER — Order! The member for Bass knows full well he is not to interject while the Speaker is on her feet. I warn him not to do it again and to be quiet.

Mr HOLDING — The courses with this particular provider commenced in the Department of Justice in 1998 and were introduced by the previous government. We take the view that it is totally appropriate for departmental staff to be trained in ways which will enable them to provide appropriate advice to ministers in a format which is suitable, succinct and appropriate.

Honourable members interjecting.

The SPEAKER — Order! I have my eye on the member for Scoresby and the member for Bass. I warn them not to do whatever it is they are thinking of doing!

Mr HOLDING — In relation to the specifics raised by the member for Scoresby, I am happy to inform him that departmental staff make a judgment about who attends these courses, not the minister.

Major events: calendar

Ms MUNT (Mordialloc) — My question is to the Minister for Tourism. I refer the minister to the government's commitment to ensuring Victoria remains a major events capital and ask him to update the house on the Melbourne 2006 formula one grand prix held over the weekend.

Mr PANDAZOPOULOS (Minister for Tourism) — I thank the member for Mordialloc for her question. What another great weekend of major events we have had in Victoria! Not only have we had a bumper record of major events from the summer through to the grand prix, but we have a record number of major events to be held in Victoria this year. There were a few doubting Thomases out there wondering about how successful the Australian Formula One Grand Prix would be after such a mega event as the Commonwealth Games and its significant success, with 300 000 extra ticket sales for the Commonwealth Games beyond that budgeted for.

Some people thought that maybe the major events party was all over, but I am here to tell you that that is not the case in Melbourne and in Victoria. More than 300 000 people turned up to the formula one grand prix only four days after the Commonwealth Games. Over the last two and a half weeks nearly 1.6 million tickets were sold for the Commonwealth Games, 300 000 tickets for the formula one grand prix, and over 100 000

tickets for Friday and Saturday night football, not including football at Telstra Dome last night — a great game but the wrong result! Nonetheless, 2 million tickets were sold for events in Victoria in the last two and a half weeks. That just shows you that Melbourne is the major events city of the world.

That is part of a deliberate strategy. We know that we run events so well that the world comes here and seeks our advice. We have a deliberate strategy to expand our major events calendar, and it is really pleasing to see that major events activities for Melbourne and Victoria do not end.

Victorians love their major events, and the Melbourne International Flower and Garden Show commences tomorrow. A couple of weeks later we will have the Melbourne International Comedy Festival, and over Easter there is the Rip Curl surf classic. We will also have the exclusive Picasso exhibition at the National Gallery of Victoria as part of our Melbourne winter masterpieces major events gallery agenda. We have the *Lion King* continuing in Melbourne, having done immensely well, and then there is the big soccer game on 25 May between the Socceroos and the European champions — that is, Greece versus Australia.

This is a deliberate strategy by the Bracks government. Not only was it a Labor government that set up the major events company, but it is a Labor government that now has the widest major events agenda that our state has ever seen and that any part of the world has ever seen — and there are events not only for Melbourne but also for regional Victoria, and not only sports events but cultural and arts events as well.

I thank Ron Walker again for his great work. I thank Tim Bamford, the chief executive officer, and all the staff of the Australian Grand Prix Corporation, and also the 1200 volunteers who deliver the grand prix for us every year through the Confederation of Australian Motor Sport. They do great work for us. We sang the praises of volunteers during the Commonwealth Games.

There are many volunteers in major events. The grand prix would be one of the biggest events where we regularly have large numbers of volunteers. They move from event to event, including the world superbike championships held a few weeks ago and, of course, the motorcycle grand prix that will be held in September.

Rural Ambulance Victoria: administration

Mrs SHARDEY (Caulfield) — My question without notice is to the Minister for Health. I refer the minister to reports that the Wangaratta area manager of Rural Ambulance Victoria was allowed to resign after it was discovered he had forged signatures to get jobs for unqualified mates, and I ask: why has this man still got a car owned by Rural Ambulance Victoria, and why are Victorian taxpayers still paying to put petrol in it?

Ms PIKE (Minister for Health) — I thank the member for Caulfield for her question. In my previous answer to the Leader of The Nationals I made it very clear that there had been over a period of time a series of individual allegations made about different kinds of issues in the rural ambulance service and that on each occasion Rural Ambulance Victoria had investigated through an independent investigator and had made determinations about the outcomes. But I also made it clear there has been some concern, and certainly the government shares the growing concern, that the management of RAV has not always acted as quickly or as appropriately as it should have.

There is a public perception that staff morale is at a low ebb, and there are some issues around workplace culture. That is why we have asked the State Services Authority to thoroughly review the management culture at Rural Ambulance Victoria. I have also been given assurances by the board of management through the chair that it will undertake whatever management changes are required to bring about some improvements in the rural ambulance service.

Let me also make it very clear that over the last six years our investment in Rural Ambulance Victoria has meant that that service continues to deliver the highest quality ambulance services —

Mrs Shardey — On a point of order, Speaker, on the question of relevance, I understand the minister is entitled to give background, and of course she has done that, but I would like her now to address the actual question.

The SPEAKER — Order! The minister, to continue.

Ms PIKE — As I was saying, the rural ambulance service continues to deliver very high-quality ambulance services to the people of Victoria, underpinned by huge resources — including 40 per cent additional paramedics, the 35 ambulance stations that have been upgraded and the 6 new ambulance stations that have been built. The investment that this

government has put in has made a huge difference to the ambulance service, which, I might add, was to be privatised.

Dr Naphine — On a point of order, Speaker, I take up the previous point of order with respect to relevance. The question was quite specific about the ongoing use of a car and taxpayers supplying petrol for that car for an employee who is no longer with RAV. The minister has failed to address that question. I ask you to bring her back to answering the question.

The SPEAKER — Order! Has the minister completed her answer?

Ms PIKE — Yes.

Medical research: Healthy Futures

Ms CAMPBELL (Pascoe Vale) — My question is to the Minister for Innovation. I refer the minister to today's life sciences announcement and I ask how this announcement will attract further investment for Victoria in the medical research sector.

Mr BRUMBY (Minister for Innovation) — I want to thank the member for Pascoe Vale for her question. As the Premier indicated earlier, today we launched Healthy Futures, which is about better research, better health and better jobs for Victorians. The package that was announced today was \$230 million of investment by the Victorian government. In turn, when you take into account the matching contributions from other levels of government, the private sector and philanthropic organisations, the \$230 million we announced today will translate into just under three-quarters of a billion dollars worth of new investment in life sciences, biotechnology and medical research in our state.

As the Premier said before, since we have been in government we have in fact more than doubled funding for medical research — we have put aside something like \$330 million. Groups like Access Economics suggest that the most important thing a government can do is put money into medical research. They say that the cost-benefit ratio is better than 5 to 1, that people live longer and better quality lives, and that the economy is stronger as a result of the investments we make in medical research. Victoria has always had a great record in this area. We have always been proud of our health system, and we have been proud of the medical research which is undertaken here. Today, with the announcement of \$230 million, we can fairly say that now we are entering a new era in biotechnology, life sciences and medical research in Victoria.

Today's package includes \$50 million, which we pre-announced last year, for the 90th birthday of the Walter and Eliza Hall Institute of Medical Research. That has been matched, we are pleased to say, by the federal government, and with philanthropic funding it means there will be a \$130 million new investment. That will double its size and make the Walter and Eliza Hall Institute unquestionably the largest medical research institute in Australia. For the Australian regenerative medicine institute, today we announced \$35 million towards what will be the world's largest core stem cell research institute. It will be not just Australia's largest core stem cell research institute but the largest in the world.

We also announced \$16 million for the merger of the Austin Hospital and the Burnett Institute. That will create the Southern Hemisphere's largest infectious diseases and vaccine institute. There will be more than 300 researchers there. Members of this house may have seen the Burnett's leadership recently with the development of a new vaccine for ovarian cancer, which is being trialled there. The money that we have provided will accelerate the development of vaccines like that in the future.

The Australian Centre for Neuroscience, which brings together the National Stroke Research Institute, the Brain Research Institute, the Mental Health Research Institute and the Howard Florey Institute into Australia's largest neuroscience research institute, is dedicated to solving the diseases of the mind and brain. The total investment there will exceed \$138 million. We also announced more money to get doctors into Victoria, more money to make Victoria a more attractive location for clinical trials and also \$36 million for new cancer research.

Finally, I have one small but very significant announcement: \$1 million will go towards a new bioprocessing facility in Victoria. People ask, 'What will a bioprocessing facility do?'. The drug Herceptin, for example, which has been a topical subject in the media most recently, is an antibody. If you want to produce that, you have to produce it at a bioprocessing facility. Today we announced the money to attract the private sector so that that investment can take place in our state.

We have a great biotech sector. One in every two people in Australia who work in biotech works in Victoria, and it is worth \$16.4 billion by market capitalisation. Today is all about a new era in medical research and life sciences. It will lead to better health outcomes. It will lead to better drugs, better treatments,

and better vaccines. It is all about a healthier future for Victoria and Australia.

Mr Thompson — On a point of order, Speaker, just then the minister gave a good example of how one could answer a question on notice, which is contrary to the answers given by other ministers in question time today, when — —

The SPEAKER — Order! If the member for Sandringham wishes to raise a point of order he is welcome to do so, but he is not entitled to stand up and start making statements about an answer given by a minister — —

Mr Perton interjected.

The SPEAKER — Order! I remind the member for Doncaster that he is required to be quiet while the Speaker is on her feet. If the member for Sandringham wishes to raise a point of order, he needs to identify the grounds of the point of order and address his comments to that point of order.

Mr Thompson — On the point of order, Speaker, my point relates to relevance and succinctness. One minister has failed to answer questions given in the house today, contrary to the Premier's undertaking that all ministers would answer questions directly.

The SPEAKER — Order! There is no point of order. The time for questions has now expired.

BUSINESS OF THE HOUSE

Notices of motion: removal

The SPEAKER — Order! I wish to advise the house that under standing order 144, notices of motion 119 to 120, 235 to 241 and 346 will be removed from the notice paper on the next sitting day. A member who requires the notice standing in his or her name to be continued must advise the Clerk in writing before 6 o'clock today.

ABORIGINAL HERITAGE BILL

Introduction and first reading

Mr THWAITES (Minister for Environment) — I desire to move:

That I have leave to bring in a bill to provide for the protection of Aboriginal cultural heritage in Victoria, to repeal the Archaeological and Aboriginal Relics Preservation Act 1972 and for other purposes.

Mr BAILLIEU (Hawthorn) — Would the minister provide a brief explanation of the content of the bill?

Mr THWAITES (Minister for Environment) — The bill contains a number of provisions that are aimed at protecting Aboriginal heritage for future generations.

Motion agreed to.

Read first time.

TERRORISM (COMMUNITY PROTECTION) (FURTHER AMENDMENT) BILL

Introduction and first reading

Mr HULLS (Attorney-General) introduced a bill to make miscellaneous amendments to the Terrorism (Community Protection) Act 2003, to amend the Public Records Act 1973 to provide for certain records to be withheld from public inspection, to amend the Freedom of Information Act 1982 to provide for certain documents to be exempt documents under that act and for other purposes.

Read first time.

PETITIONS

Following petitions presented to house:

Education: home-schooling

To the Legislative Assembly of Victoria:

The petition of Victorians who support home-schooling points out to the house extensive research in America, Canada, England and Australia has revealed that home-education works both academically and socially and produces 'literate students with minimal government interference at a fraction of the cost of any government program'. Home-educated children enter conventional schools, go on to university, enter the work force and become responsible citizens. The government has provided no evidence to show that regulation would have any beneficial effect. Moreover, the powers granted to the Victorian Registration and Qualifications Authority under the terms of the exposure draft of the Education and Training Reform Bill in regard to home-education are unlimited and would allow unfair and ineffective regulations to be imposed on Victorian parents to the detriment of their children.

The petitioners therefore request that the Legislative Assembly of Victoria orders the redrafting of the clauses of the Education and Training Reform Bill pertaining to home-education in line with the existing requirements of the Education Act of 1958 and Community Services Act of 1970 that parents provide 'regular and efficient instruction' without reference to a statutory authority. This provides for the

parents rights' to determine the manner of their children's education and for the state's responsibility to ensure all children are educated.

By Mr HERBERT (Eltham) (33 signatures)

Mornington Peninsula: footpath policy

To the Legislative Assembly of Victoria:

The petition of the residents of Victoria draws to the attention of the house the opposition of the traders of Mornington to the footpath policy introduced by the Mornington Peninsula shire.

The petitioners therefore request that the Legislative Assembly of Victoria call on the Mornington Peninsula shire to review this directive.

By Mr COOPER (Mornington) (169 signatures)

Tabled.

Ordered that petition presented by honourable member for Eltham be considered next day on motion of Mr PERTON (Doncaster).

Mr Perton — On a point of order, Speaker, today the Clerk returned a large bundle of petitions to me that were in support of Melbourne Youth Music. Hundreds of citizens have signed this petition, and the Clerk has advised me that you have ruled that they are not able to be tabled in this Parliament as the pages contain printing on the back. I am quite aware that a recent guideline of yours is that a petition with printing on its back is not to be tabled; however, these petitions were signed by citizens before your ruling came into place.

I also put it to you, Speaker, that the citizens of Victoria are not aware of a rule that says that a petition that has writing unrelated to the petition on the back is ineligible for tabling. The particular petition of Melbourne Youth Music was on pages with the organisation's newsletter on the reverse pages. The material relates to the people involved in the production of the Melbourne Youth Music summer school.

I ask you, Speaker, to exercise discretion in favour of citizens in these matters. If we want people to participate in a democracy, and they go to the effort of collecting petitions to table in the Parliament, then I think it is wrong to use this technicality to exclude these hundreds of citizens from presenting their petition. I presume that other members of Parliament have had similar petitions from this organisation or similar organisations excluded.

Although you, Speaker, have made a ruling that says petitions with writing on the reverse of their pages are to be excluded, on this occasion in this early phase

during which people are not aware of that ruling I ask that you admit those petitions, perhaps generally if the writing on the back of a petition is irrelevant and not part of a political cause. It may be the case that the writing on the reverse pages indicates that the pro forma of the petition has been reproduced in a newsletter, so I ask you to exercise discretion in favour of the citizens. In this case I ask you to allow this petition to be tabled.

The SPEAKER — Order! The guideline I made about petitions was made last October, which was seven months ago. Many petitions are presented to this house that are not in order, and members have a number of opportunities to have them incorporated into the parliamentary *Hansard* or to ask for them to be actioned. I can give the member for Doncaster a number of alternatives to follow. He is welcome to discuss the petition as a 90-second statement, or he can write to the Minister for Education and Training and include the petition with his letter as it relates to matters concerning education.

Mr Perton — Further on the point of order, Speaker, the federal Parliament has actually made the petition process easier. Both the federal Parliament and the Queensland Parliament allow electronic petitions. It seems to me that you are the only Speaker in this country who is making it more difficult for the citizens to participate in the process than it was before. Your ruling is wrong, as are a number of other rulings you have made in the past. In this case I ask you to ameliorate your ruling in favour of the citizens and against the technical interpretation of your previous ruling.

Mr Batchelor — On the point of order, Speaker, the rules relating to the presentation of petitions have been modified over the years in this Parliament, but there have been numerous occasions when petitions that have failed to meet the requirements set out in the standing orders and the rulings from the Chair have been ineligible to be presented to Parliament in the formal presentation of petitions. This is not the only occasion on which it has arisen. I know of many, many members of Parliament who for a variety of reasons — for instance, when the citizens were unaware of the rules and requirements of the Parliament — have subsequently had petitions not dealt with.

In the context of the request to you from the member for Doncaster, whereby he seeks special dispensation for this petition which he seeks to champion, I put it to you, Speaker, that it is in the same category of hundreds of petitions that have fallen outside the rules of

Parliament over recent years and have been unable to be presented. Your ruling is entirely appropriate.

The SPEAKER — Order! I have already ruled on the matter raised by the member for Doncaster. The other opportunity, which I should have mentioned and which I forgot, is the grievance debate, where he can raise it again.

Mr Perton interjected.

The SPEAKER — Order! I assure the member for Doncaster that standing up and abusing the Chair is not really a responsible response, because the Chair has ruled in a way which has been laid down in the standing orders for seven months.

DOCUMENTS

Tabled by Clerk:

Commissioner for Environmental Sustainability — Strategic Audit of Victorian Government Agencies' Environmental Management Systems

Crown Land (Reserves) Act 1978 — Section 17DA Order granting under s 17D a lease over the Queens Park Reserve

Government Superannuation Office — Wind up financial statements for the period ended 1 December 2005

Mount Baw Baw Alpine Resort Management Board — Report for year ended 31 October 2005

Ombudsman Act 1973 — Report of the Ombudsman on the Investigation into parking infringement notices issued by Melbourne City Council — Ordered to be printed

Safe Drinking Water Act 2003 — Report on Drinking Water Quality in Victoria for the year 2004–05

State Superannuation Fund — Wind up financial statements for the period ended 1 December 2005.

The following proclamation fixing an operative date was tabled by the Clerk in accordance with an order of the house dated 26 February 2003:

Working with Children Act 2005 — Whole Act on 3 April 2006 (*Gazette G13*, 30 March 2006).

ROYAL ASSENT

Message read advising royal assent to:

Crimes (Document Destruction) Bill
Gambling Regulation (Miscellaneous Amendments) Bill
Liquor Control Reform (Amendment) Bill
Rail Safety Bill

Transport Legislation (Safety Investigations) Bill.

BUSINESS OF THE HOUSE

Program

Mr BATCHELOR (Minister for Transport) — I move:

That, under standing order 94(2), the orders of the day, government business, relating to the following bills be considered and completed by 4.00 pm on Thursday, 6 April 2006:

Drugs, Poisons and Controlled Substances (Aged Care Services) Bill

Drugs, Poisons and Controlled Substances (Prohibition of Display and Sale of Cocaine Kits) Bill

Justice Legislation (Miscellaneous Amendments) Bill — Amendments of the Legislative Council

Land (St Kilda Triangle) Bill

Road Safety (Drugs) Bill

Sustainable Forests (Timber) (Amendment) Bill

Valuation of Land (Amendment) Bill.

In moving the government business program this week we have identified five bills plus the sixth item, amendments from the Legislative Council on the Justice Legislation (Miscellaneous Amendments) Bill, to be dealt with as part of the legislative program for this week. This sets out an achievable task for members of this Parliament to deal with these matters. There is plenty of time to deal with the items contained within the government business program and to have satisfactory debate by 4.00 p.m. on Thursday.

I point out for the information of members that in following the passage of this business program, when we go into the second-reading debate phase of the government business program, it is our intention to deal with the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill as the first item later on today. That will be followed by the justice legislation amendments from the Legislative Council. Regarding the bills that will follow, we will advise people in due course subject to the passage of those and the interests of other parties in the chamber.

Ms ASHER (Brighton) — The opposition does not oppose the government's business program. Six bills and a series of amendments would appear on the face of it a reasonable workload which will give opposition members, in particular, ample opportunity to speak should they so desire.

But I would raise the broad issue I raise every time I speak on this area, which is that the government's management of its business program — which this week appears fine — is often erratic. It is not simply confined to the rush of bills at the end of a sitting. We have had examples already this year where the government suddenly decided it wished to put through a significant number of bills, and members were denied opportunities to speak.

I commend the manager of government business on what would appear to be a reasonable program that will allow members to speak, but I urge him to have this level of performance every week and to make sure that we do not have a huge rush of bills in one week and a quieter week at other times. It is his job, as part of the government, to ensure a smooth flow of legislative business, and I hope this performance this week will continue in the future.

Mr MAUGHAN (Rodney) — The Nationals will not be opposing the government's business program. It is a reasonable program for this week, with six bills and the amendments to the justice legislation. The program is reasonable when contrasted with last week, where we had two major pieces of legislation — one to do with education and the other to do with disability services. Many members wished to make a contribution to the debate on each one of those two very important pieces of legislation, which will set the parameters in this state for the next 10 or 20 years, but were limited to 3 minutes or to not being able to speak at all. That was unacceptable, particularly when so much time was given to discussing the Commonwealth Games. As I said in my contribution last week, we all applaud the Commonwealth Games. It was a great effort — —

Mr Ingram interjected.

Mr MAUGHAN — Most people did. It was a great effort that we are all justly proud of, and the government deserves praise for that. But we did not need to go on and on — —

Mr Walsh — And on and on.

Mr MAUGHAN — And on and on about the Commonwealth Games, to the detriment of debate on those two important pieces of legislation — the Disability Bill, which is critically important and makes major changes, and the Education and Training Reform Bill, which does the same.

I note that on the completion of this week's government business program we will have seven bills on the notice paper. Two have been sitting there for quite some time,

including the Channel Deepening (Facilitation) Bill. As I have mentioned before, I wonder when that is coming on. We in The Nationals are dead keen to debate that; we think it is an important piece of legislation. As I said, it has been sitting around for a long period of time.

Mr Walsh interjected.

Mr MAUGHAN — Yes, it is probably in excess of 12 months now. I know the Minister for State and Regional Development is keen to get it up and get it through, for very sound reasons. We wish to debate that bill as well. I note that the Courts Legislation (Judicial Pensions) Bill has also been sitting there for quite some time. One would hope that in the next sitting week we will look at both those pieces of legislation. But it is a reasonable workload this week, and The Nationals will certainly not be opposing the business program put forward by the Leader of the House.

Mr LANGDON (Ivanhoe) — I will make just a brief contribution on the government business program to clarify the record about last week. A large number of the contributions on the Commonwealth Games were made after 4 o'clock and therefore did not interrupt the government business program.

Mr THOMPSON (Sandringham) — The business program this week is a modest one. It stands in significant contrast to what we in the opposition would regard as the mismanagement of the program last week. When we debated the program seven days ago we pointed out to the house the significant bills before the chamber — the Education and Training Reform Bill and the Disability Bill. Members in this chamber were denied their democratic opportunity to express matters important to their individual constituencies. The absurd position was arrived at, foreshadowed in part by the opposition, where there was inadequate time to deal with those two very important bills, and the program was significantly crowded.

That stands in contrast to the program this week, which is modest in outline. A better arranged program would have seen a better balance so that one of the bills — say, the education bill — would have been allowed to carry over so that all members, representing the 88 districts in this chamber, had the opportunity to speak to the 10, 20, 30 or 40 schools in their individual constituencies. In relation to the Disability Bill, they could have drawn to the attention of this chamber significant matters of importance to some of the most needy families in their constituencies. The opposition does not oppose the program for this week.

Mr STENSHOLT (Burwood) — I want to support the program the government has put forward. The member for Sandringham ought to be reminded that we need to be talking about this week's program rather than last week's program, and that the order of the day is to talk about this week. It is a reasonable program, and I support it.

Motion agreed to.

MEMBERS STATEMENTS

Major projects: advertising

Ms ASHER (Brighton) — I wish to draw to the attention of the house the admission by the Minister for Major Projects that his \$5 million advertising campaign on major projects in this election year is misleading. In the last edition of the *Building One Victoria* magazine he claimed that 20 000 people attended the synchrotron open day. He had previously said in the house that 6000 people attended, and the Treasurer said in this place that 12 500 people attended that open day.

However, in the latest edition of *Building One Victoria* magazine this figure has been corrected in the following manner:

In the last issue, it was incorrectly stated that an open day at the Australian Synchrotron in March last year attracted 20 000 people and an open day at the Austin Hospital and Mercy Hospital for Women in May attracted 25 000 people. In fact, 12 000 people attended the Australian Synchrotron open day and more than 20 000 previewed the new health facilities in Heidelberg.

The publisher apologises for any confusion caused by the error.

This is yet another example of this minister refusing to take responsibility. He blames the publisher, which is his own department, the Department of Infrastructure, even though the original grossly inflated claim was made under his signature.

The minister should stop the spin and take responsibility for delivering just one major project on time and on budget. In this house we have recently seen one minister who says he does not read documents because of spelling errors, and now we have another minister who signs documents without reading them. The Minister for Major Projects is wasting \$5 million of taxpayers money on spin — and to top that off, the spin is absolute nonsense that he has had to correct.

Ly Tong

Mr DONNELLAN (Narre Warren North) — I want to highlight the plight of Mr Ly Tong, an American citizen and former political refugee from Vietnam. He is a prisoner in a Thai jail because he flew over Vietnam in a plane and dropped 50 000 leaflets condemning the Communist Party. He has been sentenced to seven years jail by the Thai government, finishing on 16 May this year. The Vietnamese government has asked for his extradition to Vietnam for additional punishment. Mr Tong's crime is of a political not a criminal nature, and I call on the Thai government to release him into the hands of American officials.

The fact that there was no extradition treaty between the governments when the crime was committed appears to have been overlooked. Mr Tong is 60 years of age; he has already been in Vietnam's re-education camps and could again be placed in jail. This is very unfortunate and highlights the continuing concerns with regard to human and democratic rights in Vietnam. No state should be handing an American citizen over to Vietnam.

Gas: rural and regional Victoria

Mr MAUGHAN (Rodney) — With winter now approaching, the Bracks Labor government has once again left country Victorians out in the cold. Prior to coming to office, Labor candidates made extravagant promises that if elected a Labor government would connect a large number of towns throughout country Victoria to the natural gas network. I refer to towns like Nathalia, which was scheduled to be connected when gas went through to Cobram and Numurkah; towns like Heathcote and Rushworth, which have traditionally been long-term users of firewood for both heating and cooking and whose residents now find that the price of firewood has doubled, making it far more difficult for people on limited incomes; and towns like Elmore, Lockington, Gunbower, Leitchville and Cohuna, which would have a much better chance of attracting industry and generating employment if connected to natural gas.

While the allocation of \$70 million from the Regional Infrastructure Development Fund was only half the \$150 million promised by The Nationals, it was nonetheless welcomed. What was not welcomed was the adding of 9 outer metropolitan municipalities to the 48 rural and regional municipalities that were originally eligible to apply for RIDF funding. Currently not one of the towns previously mentioned has been connected to natural gas or is likely to be in the near future. The \$1000 that I promised to donate to each one of the preschools in those communities if they were connected

to natural gas by November 2006 seems to be as safe as houses.

Clayton Community Festival

Mr LIM (Clayton) — It is with a sense of pride that I wish to bring to the attention of the house the resounding success of the 2006 Clayton Community Festival, held on Sunday, 26 February. This year, 2006, marked the third year of the festival, and it has become more successful every year since its inception, with a growing number of people attending. This year the festival had an estimated attendance of 18 000 people, which is an amazing achievement given that it officially ran for only 6 hours.

The festival brings together the people of Clayton and surrounding areas, which, given the diverse communities within my electorate, results in what is effectively a multicultural gathering that is arguably unrivalled. Every year one of the principal attractions of the festival is the parade that takes place through the Clayton Road shopping centre. This year, with the assistance of state government funding, the parade was dedicated to the Commonwealth Games. Schoolchildren from the Clayton area had an opportunity to wave their school flag and the Commonwealth Games flag and show off the sporting symbols they created at school.

I wish to conclude by congratulating the Monash City Council, which is the overseeing body of the festival, the Clayton traders and the few dedicated volunteers who have put much time and energy into ensuring that the Clayton festival was again something wonderful to behold.

Mortlake Buskers Festival

Mr MULDER (Polwarth) — Last Saturday I had the privilege of attending the annual Mortlake Buskers Festival in Moyne shire. This fantastic day originally came about in 1992 when the community got together to celebrate the refurbishment and expansion of Clark's Pies — and what a great pie it is! From there it grew into one of the most eagerly anticipated annual festivals in the south-west. It is unique in that it hosts the Australian busking championship, with over 150 buskers travelling from all parts of the globe to perform on the stage — and that number continues to grow. Competing in nine different categories, they battle it out for cash and prizes totalling \$10 000. There are over 100 stalls, performances by the Victoria Police Showband, a number of talented vocalists and a circus troupe. Also, there is a busking competition for primary

and secondary school students. A host of children's activities are also there to be enjoyed.

I congratulate Neil Povey, the festival coordinator, the executive committee and everyone who had a role in putting the day together. I also congratulate the sponsors who continue to show their support. Once again I was very pleased to be able to be involved with the day and to provide sponsorship for that event. The people of Mortlake showed us all what community participation is all about. Well done to you all!

Sebastopol RSL: 60th anniversary

Ms OVERINGTON (Ballarat West) — On Friday night, Brian and I will be attending the annual smoke night of the Sebastopol RSL sub-branch to celebrate its 60th anniversary. Smoke nights are good nights. They do not smoke, though — they used to.

The festival sub-branch held its first meeting on 5 April 1946. Veteran volunteers built the RSL memorial hall in stages. It took them about 10 years, but the building is still there and they still meet there. The sub-branch has only ever had five presidents — Mickey McBain, George Kent, Stan Edwards, Frank Wilson and the current president, Doug Higgins, who does an absolutely fantastic job.

The sub-branch maintains a strong membership of 91 veterans, even though the majority are actually in their 80s. They are still supported by the ladies auxiliary. It is interesting to note that the ladies never got invited to the smoke nights until the 1990s, but the sub-branch has seen the light and has let them in now.

The Sebastopol RSL is well known for its support of veterans, their dependants and the comradeship that is between them. It is probably one of the best in Ballarat — —

Mr Wells — Comradeship in the RSL?

Ms OVERINGTON — I will respond to that interjection and say that the comradeship that exists at the Sebastopol RSL holds no exception.

The SPEAKER — Order! I ask members, particularly the member for Scoresby, not to interject when members are presenting their members statements.

Land tax: increases

Mr CLARK (Box Hill) — I raise a further case of the Bracks government's massive increases in land tax, which have slashed the retirement income of an

Ashwood couple. The husband has written to me as follows:

My wife and I have saved during our lifetimes and purchased property to fund our retirement. Now we are being attacked by the Bracks government with its massive increases in state land tax which they maintain is all due to increased property values.

Their claim is false, misleading and deceptive. Over the last four years an increase in total unimproved value of 236 per cent has resulted in an increase in land tax of 724 per cent as detailed above — that is, the increase in land tax is more than three times the increase in property values. The reason for this is the Bracks government's failure to make appropriate adjustments to the land tax rates.

They know what is happening. It must be a deliberate policy.

How true these words are. In 1999 this couple paid \$600 in land tax. This year they are required to pay more than \$7500. In other words, more than \$130 a week has been taken out of this couple's retirement income thanks to the Bracks government's grab for cash to pay for its waste, mismanagement and spending blow-outs. This is at the same time as the government's revenue from GST has grown from \$5.1 billion in 2000–01 to almost \$8.5 billion expected in 2006–07 — a massive 66.3 per cent increase, including a 9.7 per cent increase for the next year alone.

It is clear that Victoria needs a Liberal government that will cut waste, mismanagement and spending blow-outs so that land tax can be reduced and this couple from Ashwood, and thousands of others, can have their land tax bills reduced.

Loudy Tourky

Mr SEITZ (Keilor) — I rise to congratulate Commonwealth Games gold medal winner Loudy Tourky, who is from Taylors Lakes. She won two gold medals — one for the synchronised diving with her friend, Chantelle Newbury, and one for the individual 10-metre diving.

People from Brimbank and Taylors Lakes are still jubilant about the gold medal recipients from their municipality. The Commonwealth Games means a lot to our students and will encourage them in sporting activities. Keilor Little Athletics Club, particularly, has seen an increase in young people and parents becoming involved in little athletics and sporting activities. The long-term effects and advantages of the Commonwealth Games being held here in Melbourne will be seen in the future as our little athletics facilities are developed to cater for these activities in our own region — and I daresay right across Melbourne and Victoria.

I once again congratulate Loudy on her success in winning the gold medal, which is no mean effort for a person who had a sprained ankle at the time and was quite nervous on the second day, after winning one medal 24 hours earlier.

Lifeline Gippsland

Mr INGRAM (Gippsland East) — I would like to congratulate Lifeline Gippsland on the successful running of the fourth community leaders sleep-out. The sleep-out is designed not just as a major fundraiser for Lifeline Gippsland but also to pass on information about the activities of Lifeline and the challenges of providing that service across Gippsland to the community leaders.

This was my third Lifeline sleep-out. On the radio this week I have been described as 'soft' because I participated in the sleep-out at the airport, which was in a roofed shearing shed. There are two formal places where the Lifeline sleep-out occurs — that is, the Gippsland Heritage Park in Moe and the Bairnsdale aerodrome. This year a rebel group broke away and staged a sleep out in the main street of Bairnsdale at the rotunda. They slept there on Friday night, which, for those who remember, was a night of driving wind and rain. Those who slept in the rotunda got extremely wet and cold. They said they did not do it very easy even though they had a plasma TV screen to watch the football.

More importantly, this is recognising the volunteers who do an enormous job for Lifeline in very trying times. They raised \$17 000. Those at the aerodrome won the event by raising more money.

Country Fire Authority: Max Kirwan donation

Mr HERBERT (Eltham) — In February this year I was pleased to join the Eltham Country Fire Authority (CFA) in welcoming the addition of two state-of-the-art rapid attack fire trucks to our region. Both trucks were generously donated and fitted with firefighting equipment by local Eltham resident and well-known businessman Max Kirwan of Max Kirwan Mazda. The trucks were valued at \$50 000 each and both the Eltham and Hurstbridge CFA brigades have been hugely boosted by their deployment. These versatile trucks can travel quickly and can perform multiple roles; they can access areas that larger CFA trucks cannot. The value of these trucks cannot be overstated, especially since the tragic Kinglake fires this year which lashed the region. In a place like Eltham which has many areas that are prone to bushfire, Mr Kirwan's concern for community safety is commendable.

Mr Kirwan worked closely with the local CFA to develop the best possible trucks designed to meet their firefighting needs. I also had the pleasure of assisting Mr Kirwan at various stages in the process that led to the trucks being handed over.

He went to great lengths to make sure the trucks were designed to a high standard, even having them shipped to Adelaide to do so. It is fantastic to see business making such generous and valuable donations towards keeping our community safe. I commend Max Kirwan Mazda and other business people who help to give back to the community what they have got out of it.

Road safety: speed cameras

Mr WELLS (Scoresby) — I condemn the Bracks government for its continuing veil of secrecy in relation to police speed camera operations. In yet another breach of its promise to be open and accountable, the Bracks government has made sure Victoria Police stonewalled a Liberal Party request to release Victoria Police spider graphs which show the time of day when mobile speed cameras are operated throughout each municipality.

On 22 June last year — some 287 days ago — the Liberal Party submitted a freedom of information request to obtain the information, but it has still not been resolved. FOI requests should be answered within 45 days. On 17 August Victoria Police wrote and apologised for the delay and on 13 February — 242 days after the submission — Victoria Police wrote to confirm that it had the information requested but refused to release it because it was:

... reasonably likely to undermine the effectiveness of the above methodology because it will reveal to motorists the frequency and use of such devices.

In 2003 the Liberal Party gained access to leaked spider graph information which showed that speed cameras were being set up at peak times to raise revenue, rather than at times when crashes usually occur. The documents also show that the cameras were set up in areas and at times contrary to transport intelligence unit recommendations based on injury statistics from actual crashes.

It is time the Bracks government came clean with the Victorian community and publicly released details of its operational policy on speed cameras.

Greek Independence Day

Ms D'AMBROSIO (Mill Park) — I was honoured to have been a guest at the Greek Independence Day

celebration organised by the Greek Orthodox community at Thomastown, Lalor and Epping districts on Saturday, 25 March, in Epping. One of the most significant dates on the Greek calendar is 25 March, for on that day in 1821 in Patris, the commencement of the revolution to overthrow the Ottomans in Greece took place, with the raising of the flag marking the beginning of the successful coming of independence. The Greek flag has not changed since 1821, with the blue and white stripes representing the sea and the waves of the Aegean, and the nine stripes also representing each of the syllables forming the Greek word for freedom or death — that is, *eleftheria h thanatos*.

I wish to congratulate Tom Vlahos, president of the community; George Tsiogris, secretary; and Steve Williams, public relations officer, who organised the largest local gathering so far for this celebration. The tributes were moving and the laying of wreaths and the raising of the flag rightfully solemn. The event was attended by over 200 people and demonstrates the friendship and cooperation between the local Greek community and the broader local community.

I wish to particularly inform the house that this annual local commemoration was the first in Victoria to be officially supported by the RSL. This collaboration highlights strong relationships that continue to be fostered in a multicultural community and is a symbol to all of the peace and harmony that arises from understanding and sharing of experiences. I would like to acknowledge the Epping RSL and, in particular, its president, Herb Mason, for the cooperation and support it has shown for this event. Well done to the Greek Orthodox community in Thomastown, Lalor, Epping and districts.

Schools: Wangaratta merger

Mr JASPER (Murray Valley) — The approval for the merger of Wangaratta High School and Ovens College by the Minister for Education and Training last week is a significant development in the provision of education at Wangaratta. The merger of the two secondary schools has been the result of over 12 months of discussions between them and of consultation with the wider community. A new era in the delivery of education through the merged schools will take effect from January 2007 with the provision of academic and technical education and with cooperation from the Wangaratta TAFE campus.

I particularly congratulate the principal of the Wangaratta High School, Ms Judy Rose, and the then principal of Ovens College, Mr John Hunter, for their work in driving the merger process with support from

the school councils. To implement the merger process, funding has been approved for master planning to develop new facilities to deliver the new education system.

I also acknowledge the confirmation by the education minister that Wangaratta was chosen as one of four locations in Victoria for the development of a new technical education sector. The provision of \$8 million to develop facilities for up to 300 secondary students offering programs including Victorian certificate of applied learning (VCAL), pre-apprenticeships, apprenticeships and traineeships will significantly boost the vocational training programs available to students in Wangaratta and the north-eastern region.

These education developments for Wangaratta will follow the official opening by the Minister for Education and Training of new facilities at Wangaratta High School and Wangaratta Yarrunga Primary School.

Interchange Outer East: programs

Ms ECKSTEIN (Ferntree Gully) — Last Friday night I attended the launch of a range of programs, including a new web site and a DVD. Interchange Outer East is a non-profit community organisation that has been supporting young people with disabilities in the municipalities of Knox, Maroondah and Yarra Ranges since 1982. I would like to commend the president of Interchange Outer East, Neville Donohue; executive officer Fred Brumhead, and his team; and volunteers coordinator Tara Cantwell and all her volunteers for their outstanding work in our community.

Interchange Outer East offers a range of respite, recreational and social support programs with the help of a large number of community volunteers. In fact, some people who start off as volunteers with Interchange graduate to careers in disability services and some are now on staff. Programs at Interchange give the family of a disabled child much-needed respite and support and include host carer program for children and young people from 0 to 18, where the volunteer host shares their home with a disabled child on a regular basis, such as one weekend a month; camps and school holiday activities for disabled young people; children, youth and young adult recreation programs; family and parent support programs; sibling support groups and camps; individually tailored programs, focusing on vocational and life skills as well as social, health and fitness activities; and full-time respite care on a fee-for-service basis and so much more.

Interchange Outer East runs on the smell of an oily rag and I was pleased to be able to present them with a volunteers grant of \$4000.

Easter trading: Alpine shire

Mr PLOWMAN (Benambra) — Prior to Christmas last year the Alpine shire wrote to the Minister for Small Business requesting an exemption from the restricted trading days over the Easter holiday period. In March this year the minister responded, and I quote from his letter:

In respect of the application, it has been assessed against the exemption guidelines, and as it fails to satisfy them I must advise that Alpine Shire Council's request has been unsuccessful.

As a result of this response I received a letter from the manager of tourism and development services, Alpine shire. She said:

Easter is without doubt the shire's busiest weekend of the year, attracting well in excess of 30 000 visitors. I am at a loss to understand the difference between an event attracting visitors to the region and the destination being the attractor itself.

When asked for his justification for denying the request the minister said on ABC radio a week ago that he would not be pigheaded but there was little hope he would lift the ban on Easter trading. The minister defended the retail ban by saying, 'Tourists don't shop':

Look, tourists are not, you know, they're not coming up into areas like Bright to, you know, to sort of go to the supermarket or whatever.

This is an appalling response.

Housing: Fitzroy

Mr WYNNE (Richmond) — I rise to advise the house of an important public housing development that opened recently in my electorate. The Ministry of Housing has done a great job to create 32 housing units for disabled and elderly persons. Minister Broad and myself were present on 19 March, together with about 60 locals, to declare the development open.

The development is a model of what can be achieved when community participation and consultation is given a role in shaping a project. Extensive community consultation occurred, beginning in 2002, including a number of public meetings on the proposal, which I attended. What emerged from those meetings was a strong endorsement for public housing development on this site. The site on Jamieson Street adjoins Edinburgh Gardens in North Fitzroy so there was a great opportunity to design housing that meets the needs of

clients and the community that use those public gardens.

Built on the side of a derelict can factory and part of the former inner circle railway land, there were early concerns about height, car parking requirements, the relationship to the park and the preservation of the railway footbridge that spanned the former goods yards. All these issues were addressed, including moving the footbridge down to Moorooduc.

Residents were selected for the development and have moved in recently. My office has had several phone calls from people in the area not only indicating their support for the Jamieson Street development but even asking how they can move in themselves. I urge members who are supporters of public housing to come and look at one of the best public housing developments in inner Melbourne.

Spanish seafarers: explorations

Mr LANGUILLER (Derrimut) — This year is the 400th anniversary of the voyage of Quiros and Torres. The consul general of Spain in Melbourne organised an event in cooperation with Latrobe University, the University of Melbourne and Monash University. It consisted of a series of lectures about the explorations of Spanish seafarers in the Pacific Ocean that resulted in the historical voyage of Pedro Fernandez de Quiros and Diego Vaez de Torres, the discovery of what Quiros termed *Australia del Espiritu Santo* and the navigation of the Torres Strait.

The event was attended by the Ambassador of Spain to Australia, directors of the Spanish departments of the universities concerned, the consul general of Spain in Melbourne and an audience which included academics, students and members of the general public. The speakers we had the privilege of listening to included Professor Anthony Disney, emeritus professor of Latrobe University, who spoke about the controversy of a hundred years ago and the contentions of Cardinal Moran, an Irish Catholic, that Fernandez de Quiros had in fact reached the coast of Queensland instead of what is generally believed to be Vanuatu.

Another speaker was Dr Mercedes Maroto Camino of the universities of Auckland, New Zealand, and Lancaster, United Kingdom, who spoke about the new geography that the voyages of discovery entailed, gave an account of the improvements and changes in maps and cartography in general that the Iberian maritime activity in the 15th, 16th and 17th centuries propitiated and its reflection of maps of the world at large, particularly in the Pacific Ocean. Other speakers

included Ms Miriam Estensen and Mr Mark Rawson, who is a lawyer based in Melbourne and who is undertaking excavations in the vicinity of Warrnambool.

Bossen family

Ms BEATTIE (Yuroke) — I rise to take this opportunity to acknowledge the great effort of a local family in my electorate, Maryanne and Kevin Bossen and their three children, who have committed themselves each year to raising money for cancer research.

Kevin's mother lost her battle against cancer two years ago. Through these tragic circumstances the family has gone on to organise their own local Shave for a Day event to raise money for cancer research. The first event last year with family and friends was a great success and inspired them to make this an annual function. Putting their very own spin on this fantastic annual fundraising event, the Bossens offer the traditional head-shaving and hair-colouring options but incorporate body waxing. This inclusion has proven a real novelty, and people happily donate money for the opportunity to rip strips off each other.

In the great Aussie tradition, they hold a sausage sizzle. I am delighted that this year I have been asked to donate funds to cover the cost of sausages and bread, ensuring that even the money raised from sausage sales will now go towards cancer research. It is wonderful to know that families such as the Bossens, along with their extended family and friends, are making such a difference. Although I will not be volunteering for any strips to be ripped off me, I wish them well in this year's fundraising event. I am sure they will go on to make this a great annual local tradition.

Diamond Creek Primary School: walking bus

Ms GREEN (Yan Yean) — This morning on my way into Parliament I was reminded again about how fantastic the Diamond Creek Primary School walking bus is. I saw a number of students heading towards the school. This is one of the smallest schools in the Shire of Nillumbik — it has only 200 students — but 91 are enrolled in the program. It offers great benefits through increased fitness, reducing vehicle traffic and fighting childhood obesity and is a great community-building exercise. I want to commend Jenny Beer, the principal, and David Norden, a parent, for their work in running the program. The concept is sponsored by VicHealth, Nillumbik Community Health Service and the council.

Whittlesea Secondary College: WorldSkills competition

Ms GREEN — I also want to commend other students in my electorate who will be participating in the WorldSkills Australia National Competition, which will take place from 5 to 7 May at the Melbourne Exhibition Centre. Whittlesea Secondary College has had 10 students participating at the national, state or regional levels, with two students going on to the national competition. The areas being represented by Whittlesea Secondary College are retail and horticulture. I had the pleasure of meeting some of those students recently — Sarah Simon, who received a silver medal in retail; Melissa Jenkins, who received a gold medal in retail; and Blake Seeley, who received a gold medal in horticulture.

I also wanted to encourage young people in Whittlesea to celebrate National Youth Week with the 2006 City of Whittlesea Youth Krew Summit.

The ACTING SPEAKER (Mr Savage) — Order! The member's time has expired.

McKinnon Secondary College: achievements

Mr HUDSON (Bentleigh) — The stories of two schools in my electorate demonstrate the short-sightedness of the former Kennett government.

The first school is McKinnon Secondary College, one of the most successful government schools in the state. Last year 62 of McKinnon's Victorian certificate of education students received an equivalent national tertiary entrance rank (ENTER) score of over 90. The school is now bursting at the seams with 1400 students, despite the fact that it has a very tight zone around it. In the 1990s the Kennett government closed the neighbouring Murrumbeena High School, which led to massive pressures on McKinnon Secondary College. These pressures will increase even further as young families move back into a residential area that is only 15 kilometres from the central business district.

McKinnon Primary School: achievements

Mr HUDSON — The second school is McKinnon Primary School, which was listed for closure in the 1990s by the Kennett government and was saved only through a sustained campaign by the local school community. In 1999 the school had 190 students, and today it has over 500 students, despite the fact that it too has a restrictive zone around it. McKinnon Primary School has now been master-planned for complete redevelopment by the Bracks government. This

demonstrates that the Kennett government's policies were not only short-sighted but had no basis in the available social planning data on medium-term demographic trends in the area. In fact five schools were closed in my area in the Kennett years. In contrast the Bracks government has invested over \$12 million in new buildings in local schools, creating a whole new educational environment for learning by our young people.

DRUGS, POISONS AND CONTROLLED SUBSTANCES (AGED CARE SERVICES) BILL

Second reading

Debate resumed from 1 March; motion of Ms PIKE (Minister for Health).

Mrs SHARDEY (Caulfield) — The Drugs, Poisons and Controlled Substances (Aged Care Services) Bill is supported by the Liberal Party. We appreciate that this piece of legislation is necessary to ensure that people in our residential care facilities requiring a high level of care have their medication managed and supervised by those best qualified to do it. It involves ensuring that drugs on schedules 8 and 9, in particular — that is, drugs of dependence and so forth — come under that regime.

Members will recall that back in 1997 there were some very large changes made to federal legislation controlling aged care. In the past, aged care facilities consisted of two types — nursing home types for those people who were in the higher categories, requiring higher levels of care; and hostels, which were those facilities that offered lower levels of care. People were, and still are, required to pay a bond as they were admitted to hostels.

This caused a great deal of concern within the community, in many cases because it often meant that when their requirements changed and they perhaps became more frail, elderly people were forced to leave the hostel they were in — perhaps a place they had become used to and where they felt comfortable — to move to another facility capable of offering a higher level of care — that is, to a nursing home.

The 1997 changes to the federal legislation provided a mechanism by which a facility could offer both high and low levels of care in that one facility. That mechanism has been very much supported by the aged care community, and certainly it was supported in this place by the Liberal Party. That mechanism offered

elderly people the opportunity to 'age in place', as it is called — that is, for them to stay in the one facility. That has meant that now a large number of aged care facilities offer both low and high care in the same building. Not all facilities do that; we still have separate hostels and nursing homes.

One should add that in reality, often some facilities which say they are 'age in place' do not offer those levels of care. I suppose this bill will affect some of those facilities, but it means there will be consistency between state and federal legislation.

The federal legislation requires that a person who has a high level of need or who needs a high level of care, and who has been assessed by an aged care assessment team as being in need of that high level of care, should be overseen by a division 1 nurse. As part of the ongoing discussion about the nursing profession we have to admit that there are shortages of both division 1 and division 2 nurses, so while this legislation is very sensible, its practical application might turn out to be somewhat difficult because of the shortage of division 1 nurses. That should provide a challenge to governments over those work force issues.

Certainly on this side of the house we are acutely aware of some of the challenges to enable places to be found for nurses wishing to undergo training. We would like to see an expansion in the number of places, and in that sense we have announced as our policy an expansion of the Deakin school of nursing in Geelong. I think that announcement was a very sensible one.

Part of this debate has been about division 2 nurses being able to administer medication. A great deal of debate on this issue first started many years ago under the previous government, when the Honourable Rob Knowles was the Minister for Health. Prior to 1999 he started a process through which the nurses board could look at enabling division 2 nurses to administer medication, because it was recognised that the aged care system had shortages of a large number of those nurses, and it was necessary to at least have some in the nursing profession properly trained to administer medication, particularly in hostel facilities where there were no division 1 nurses.

I think it took until 2003, if I recall correctly, for the legislation to be put in place and for a process to occur whereby division 2 nurses were to be trained to administer medication, so those nurses still have a strong role to play in our facilities. But in any facility where there is a person requiring a high level of care, such as nursing home-type level of care, a division 1

nurse will need to manage at least the administration of medication for that person or others.

All these issues will have to be worked through. I believe the work force issue will be one of the most important ones to work out. It may well be that those facilities that could offer Ageing in Place but do not have any high-care residents will not be willing to offer Ageing in Place if it means they are then going to have to employ a division 1 nurse. I might be wrong; they may well be quite willing, but there will always be the problem of getting a division 1 nurse.

When speaking to some academics about this issue they said their concern was that some facilities may well finish up being in breach of the legislation, as has occurred in the past. So even though there are all these issues flowing from this legislation, we certainly hope it is successful. At this point, having discussed the broader issues, I would like to turn to the more specific issues.

This bill amends the 1981 act to reflect the changes in the aged care sector. It makes provision for the management and administration of medication to residents receiving high-care residential services. The main provisions of the bill are as follows: all high-care residents will have their medication professionally administered regardless of the type of aged care facility they reside in. The Nurses Act will be amended to make it an offence to incite unprofessional conduct, which is being put in place to provide protection for nurses. The current regulations, which sunset on 29 May 2006, will have to be rewritten, except that this bill will transfer them into the act mostly because it is deemed that the regulations do not have sufficient power.

We do not oppose this occurring. The focus now will be on the resident rather than the type of facility they live in. I think that is a welcome change in terms of the attitude to the rights of older people.

My late mother, who was not in an aged care facility controlled by commonwealth rules, was faced with a difficult decision as it looked as though she was going to have to move to a facility where she could get a higher level of care. As it turned out, she passed away before she moved, but I know she was very emotional about the idea of having to move to another facility simply so she could receive the appropriate level of care. From my experience, I understand why older people like to stay in the place they have become used to as they age.

Under this legislation division 2 nurses will not be able to manage the administration of medication to high-care residents in aged care facilities. As I said before, in the past, low-care facilities and high-care facilities have tended to be separate organisations. We saw the changes in 1997 to introduce the policy of Ageing in Place. Now some 9500 Victorians who have been assessed as being in need of high care are living in what are called mixed facilities or facilities which offer Ageing in Place. This legislation will protect those residents in relation to any medication they are receiving.

I would like to raise some areas of concern. The Nurses Board of Victoria is supposed to produce guidelines, but we have not seen them. If they have not been drawn up yet, the board needs to hurry up because May is the deadline. We seek an assurance from the government that that is all in train.

The bill does not clarify what 'manage' actually means. I think I know what it means and I am sure every member here also knows, but we need to have that word clarified. In a very practical way what will the division 1 nurse be doing in managing the process of the administration of medication? Will Webster-paks be used? Will the nurse be giving instructions to unqualified people? We would like some explanation of that.

The aged care sector has expressed some concern that division 2 nurses will be discriminated against. That will remain to be seen. I have raised issues in relation to facilities being prepared to keep people who need a higher level of care if it means they have to hire a division 1 nurse but who, because of work force issues, may not be available. The aged care sector has expressed some concern that personal care workers will not be able to be managed by a division 2 nurse. We need to be aware of that concern.

In general terms, despite the issues I have raised the Liberal Party supports this piece of legislation. We would like some clarification of those issues. More generally, any government needs to have a watching brief to ensure there are no unintended consequences as a result of legislation like this and that, in this case, the facilities will be able to continue to offer Ageing in Place. That principle is very important for people as they age, and it is particularly important for people who are very comfortable in the place where they are living and receiving care. I would not like to see things being forced in a way that means that type of care is not able to be provided because of work force issues.

This is not a large piece of legislation — in fact it is a fairly small bill — but I have one more comment to make that is not really about this bill but about the fact that we are looking at one act in relation to three separate issues — last week's bill in relation to volatile substances; this bill in relation to aged care services; and, later in the day, another bill amending the same principal act but this time relating to cocaine kits.

I would have thought it sensible to manage legislation in a far more efficient way. These bills could probably have formed an omnibus bill, so that we could deal with all three in the one piece of legislation. A very small bill does not require a lot of the Parliament's time. Omnibus bills can often be given an extension of time, particularly if the second-reading speech is longer than usual. With those few words, I wish this bill a speedy passage.

Mr DELAHUNTY (Lowan) — I rise on behalf of The Nationals to speak on what I think it is a very important bill which deals with our aged care community. We are all heading in that direction.

Ms Barker — Speak for yourself!

Mr DELAHUNTY — The reality is we are. I am pleased to speak on the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill. This bill extends the coverage of the state government's regulation of medication in commonwealth-funded and regulated residential aged care facilities to provide protection for all aged care residents rather than just for high-care residents, as is currently the case in what were known as nursing homes.

The Nationals have consulted widely: we have spoken to the Australian Nursing Federation, Victorian branch; the Australian Medical Association; Edgarley Home Casterton; Sunnyside Lutheran Retirement Village in Horsham; Eventide Lutheran Home in Hamilton; and the Aged Care Association of Victoria.

The Nationals will not be opposing this legislation, because we think it is commonsense and opens up greater opportunities particularly in rural and regional Victoria where there is difficulty in getting enough facilities and professional staff, division 1 nurses particularly, to cater for the needs of the aged care sector.

My colleague the member for Shepparton spoke to a few people about this legislation. She received a letter from Stan Clarke of Mulwala, and I would like to read some of what he said:

Dear Jeanette

Could something please be done about the use of the term 'nursing home'? Can the term be abolished? Can it be outlawed?

Adverse publicity in recent years has been such that the frail and elderly and some of their family members could well be in such dread of being sent to such places that they could well consider an overdose as an alternative.

That is extreme, but the letter goes on to say:

In the case of my wife I am endeavouring to have all involved use the term 'aged care facility' or 'aged care hospital' but I doubt that I will be successful. I am aware that most nursing homes are excellent places but that does not alter the facts. The media has given out no good news on the subject and the term 'nursing home' is no longer an honourable one.

Unfortunately that might be the case, but there are 819 nursing home facilities in Victoria, the majority of which provide excellent services. We need to talk up those services. My mother-in-law is in a facility in Ballarat; the staff and facilities there are excellent. I know there are many excellent facilities across the state, but unfortunately the media have highlighted a few recalcitrant ones with which have had trouble.

On the whole, Victoria has some excellent facilities with great staff, and we need to talk them up. I say to Stan, out of interest, that most places are now called aged care facilities or aged care residential services. The terms 'nursing homes' and 'hostels' are not used as much as they were previously.

This legislation has come about because of the 1997 commonwealth legislation which introduced Ageing in Place. That took effect a couple of years ago, and there is not the same protection for those high-care residents in aged care facilities right across Victoria. That is why this legislation is needed.

Most high-care people were in aged care or nursing home facilities, as they were commonly known, but there are high-care people now in hostels. Because of the implementation of the philosophy of Ageing in Place we are seeing more of those people in what were hostels having high-care needs. In other words, a lot of facilities are providing mixed services to both high-care and low-care patients.

The bill extends the coverage of the state government's regulation of medication in commonwealth-funded and regulated residential aged care facilities. That will provide protection to all high-care aged care residents, rather than for high-care residents in, as I said, just nursing homes, as is currently the case. There are some 41 000 residential aged care beds in Victoria in, I am told, 819 services. I understand that 14 400 are

designated high-care places in nursing homes. It is interesting to note that there are also 9500 high-care places in hostels, so the legislation covers about 23 900 people.

It is interesting to look at the provisions in the legislation governing the administration of drugs, particularly schedule 9 poisons, schedule 8 poisons and schedule 4 poisons. I asked for some information about those lists of poisons and drugs. From the information I have received, my understanding is that schedule 4 lists prescription-only medicines, such as antibiotics, and a lot of them are prescribed by a doctor or can even be picked up from a chemist. Schedule 8 lists medicines that may be addictive and subject to abuse, such as morphine. Schedule 9 poisons are illicit drugs used for research and training purposes and unlikely to be used in any aged care facility without special departmental approval. That schedule has been included in the event that any of those drugs are ever required in an aged care setting.

The bill extends the regulations to protect those residents and all members would support that. It inserts new provisions in the principal act and the Nurses Act and in regulations. The current provision applying to nursing homes requires that a nurse administer every dose of medication in every instance. The bill provides that the administration of medication to high-care residents is managed by a nurse rather than necessarily administered by a nurse at all times. For the purposes of the bill, a nurse is a division 1, division 3 or division 4 nurse only, not a division 2 nurse, even though some division 2 nurses are becoming more highly trained. The member for Caulfield spoke about the fact that some of them can administer other medication but that will not be so in this case.

A concern raised with The Nationals by the Australian Nursing Federation (Victorian Branch) is the change from administration to management by new section 36F, which provides:

Nurse to have regard to code for guidance

A nurse who manages the administration of any drug of dependence, Schedule 9 poison, Schedule 8 poison or Schedule 4 poison to a resident in an aged care service in accordance with this Division must do so in accordance with the relevant code for guidance (if any) issued by the Nurses Board of Victoria under the Nurses Act 1993.

The bill makes a change from administration to management, and that is a concern that the Australian Nursing Federation (ANF) has raised with The Nationals. I quote from a letter, a copy of which has been sent to the government. About the administration of medication it says:

The ANF (Victorian Branch) does not support the move away from division 1 'administering' to division 1 'managing the administration' — particularly in light of the fact that:

- a. The proposed Drugs and Poisons Act amendment which will encompass this change is yet to be:
 - i. sighted by ANF
 - ii. may not be the subject of consultation or open to scrutiny
- b. The Nurses Board of Victoria ... guidelines are yet to be established ... The ANF ... and its members are extremely cautious about any final guidelines ...
- c. The Minister for Aged Care's letter to the ANF ... dated 23 February 2006 offers only two scenarios:
 - i. 'nurses will also continue to administer drugs to high-care residents'; and
 - ii. 'could allow some residents to self-medicate ...

The ANF recommendation is:

Reinstate requirements of previous regulation 45 requiring a registered nurse division 1 or endorsed division 2 (as appropriate) and apply to all residential aged care facilities.

It can be seen that nurses are concerned that the bill removes administration of medication to the management of the administration of medication. From the consultation that has been undertaken by The Nationals we understand that many in the aged care sector consider it okay and support it. At this stage The Nationals support the proposed change, but I understand the concern raised by the Australian Nursing Federation.

Another purpose of the bill is to amend the Nurses Act 1993 to create an offence of directing or inciting unprofessional conduct. The government has included a clause that provides that no-one, not even the management of a facility, can incite or direct a nurse to do something which is against the code that will be developed by the Nurses Board of Victoria. The Nationals support that because it is important that we have appropriate professionally qualified people administering or managing the administration of medication. I raise the concern because it is important to make sure that there is cooperation between those managing a facility and the nurse responsible for administering the medication so that it is all documented, because if something goes wrong with the administration of medication concerned family members or friends of the resident will go straight back to the people managing the facility and they will be after them, for what it is worth.

It is important that people in management understand and have documented the processes followed by nurses in the administration of medication. It is wrong to say that those managing a facility should not be informed of what is going on if there is a change of medication or something like that. At the end of the day, those managing a facility are responsible for not only the management of the facility but also the welfare of the residents who live in that facility. I emphasise that it is important that there is good cooperation and discussion between the appropriately qualified nurse and those managing the facility about any other change to the administration of any medication. Although The Nationals support and do not oppose the legislation, I raise those concerns, particularly for the owners or managers of aged care residential facilities.

Overall, aged care providers are not opposed to the changes made by this legislation. The Nationals consider the changes to be commonsense and that the bill opens greater opportunities for some of our rural and remote aged care facilities to operate within the current commonwealth guidelines and also, importantly, to protect the residents. It is important also, as I said, to have in place processes between the nurses and those who manage aged care facilities. The Nationals also support the legislation because now all high-care residents will have the administration of their medication professionally supervised, regardless of what type of aged care facility they reside in. It is important that all high-care residents receive the same level of protection under the legislation, regardless of where they live — which is important for The Nationals — or in what type of facility.

In finishing, as I said, there are some concerns about some of the aged care facilities in Victoria — unfortunately there has been some negative publicity — but on the whole many of those 819 facilities are excellent. The people who run them are quite innovative, and they have excellent programs in and outside the facilities. They bring in volunteers to play music and have concerts and the like, and have other performances. One difficulty that a lot of them have, particularly those in country areas, is transport. Because of the lack of public transport it would be great to have more of those community buses. I know that is an issue for a lot of the facilities in my rural areas. Buses would provide a great support for some of those aged care facilities so that some of the residents could get out of the facility to go on tours and the like.

Overall, I strongly support the aged care sector. It is a very important resource for our ageing community. The legislation will open greater opportunities for our country, rural and remote aged care facilities. We need

to ensure that the new code developed by the Nurses Board of Victoria is appropriate. I acknowledge that more consultation needs to be undertaken with the Australian Nursing Federation and the providers but overall The Nationals will not be opposing this legislation and we wish it a speedy passage.

Mr ANDREWS (Mulgrave) — I am pleased to rise to speak in support of the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill before the house this afternoon. I begin by acknowledging and welcoming the support of the Liberal Party and The Nationals. These are a sensible set of arrangements to move us forward and I welcome the support from across the chamber.

I want to try to provide some background to the administration of medication in aged care settings and then some detail of the changing nature of our aged care sector; and then I will go to the rationale for these amendments before the house today.

Firstly, the current arrangements or regulations covering the administration of medication in some aged care settings, as honourable members opposite have noted, sunset on 29 May this year. It is therefore appropriate to re-examine these issues and take action to provide for the future. That I think deals with the timing of these amendments and why they are before the house at this time.

Another important point to make is that these amendments transfer or put heads of power for these arrangements in the actual act — and that is important — rather than relying upon a subordinate instrument.

By way of background, the minister's second-reading speech covered some of this but I think it is important to put on the record again some figures in relation to the broader nature of our aged care facilities and sector in Victoria. Across our state there are some 800 commonwealth funded and regulated aged care facilities and those facilities provide around 40 000 places for Victorians. About 18 000 of those are high-care places, with a little more than 21 000 in low care.

As the member for Lowan noted, the standard of care provided in those aged care facilities is very high. The public and the broader community should have great confidence in the care that is given to our frail aged. It is important to say those things out loud and have a situation where the community can have greater confidence in those things, particularly in relation to recent media coverage.

Trends in aged care over recent years have seen a growth in the proportion of Victorians receiving high care in residential facilities. Some 55 per cent of all residential places are used to provide high care. Logically we can assume that that will only grow, with the ageing of our broader Victorian community.

Another important point is the comprehensive nature of services. The member for Caulfield mentioned the changes which were put in place in 1997 by the federal government in relation to the Ageing in Place policy, but it is important to note that the transition from high to low care within the same facility very much defines the nature of modern aged care in this state. This is a major trend. Around two-thirds of all residents who move from low care to high care do so within the same facility. All this, I suppose coupled with the ageing of our community in a broader sense, means that issues of appropriate care and a better framework within which that care can be provided are important and indeed topical.

An important part of that point, and part of the care we provide, is obviously the administration of medication. The central point of the changes in these amendments before the house is that following their passage all high-care residents in Victoria, regardless of the setting in which they receive that care — that is, nursing homes or hostels — will have the administration of their medication regulated. This professional management or supervision of medication is obviously important and that is why the government has acted in this way. It is all about supporting the resident regardless of the setting in which the resident lives and receives care and important support. Not only will the scope of regulation be expanded to cover nursing homes and hostels but the nature of the supervision or management of the administration of medication will change also.

Currently only a nurse may administer medication to a nursing home resident. Under these changes nurses will no longer be required to administer every single dose. Rather, the administration of medication to high-care residents will be appropriately managed, rather than actually administered, by a division 1 nurse.

Strict controls of the overall process rather than administration of every single dose is all about a better balance, I think, and a better allocation of our resources and skills. As others have observed in this debate, it is all about making best use of our dedicated and professional work force so that we can provide the best care to all Victorians who receive high care in residential aged care facilities.

These changes will see the number of high-care residents whose medication is regulated grow substantially. At the moment under the current provisions around 14 500 Victorians are subject to the regulations as they stand. With these changes broadening out the scope of the regulated administration of medication, that number will grow to some 24 000 residents. That is an important step in terms of quality, public confidence and the overall standard of care that is provided to Victorians in our aged care sector.

The legislative or regulatory protection that is provided under these arrangements is all about driving better quality service for our frail aged. These changes will be supported, as has been noted, by the Nurses Board of Victoria guidelines, or a code for services, and also for practitioners. This information and the code that will be developed in time for the operative date, 30 May this year, is again a very important part of bringing our dedicated work force with us in terms of these changes and making sure these arrangements are complied with for the benefit for those who live and receive care in aged care facilities.

These changes are all about providing regulatory protection to all high-care aged care residents, regardless of the setting in which they live, and, as I said, making best use of our dedicated work force to provide that high-quality care. It is important in broad terms. Whenever we speak about health care, the highest possible standards are always important, but I think no more so than in relation to those who have made such a profound contribution to building the Victorian community that we live in now. Those who have come before us, those who have played an active role in their local community and those who have worked hard deserve our dedicated attention and the best possible care. That is what these arrangements and the good work of the Minister for Aged Care in the other place are all about — providing the best possible framework of care for those in our community who have contributed so much.

The member for Caulfield raised a couple of issues and I want to try to address those in the time available to me. She raised an issue in relation to the development of guidelines, where that was up to and whether they would be ready for the operative date, 30 May. I am advised that work is well under way. The consultation has already begun and the Nurses Board of Victoria, as usual, is taking its responsibilities seriously and will have those guidelines — that code of practice, if you like — ready for implementation on 30 May. Might I add that at a suitable time after the implementation phase I think I can commit to facilitating a briefing on

that code of practice for the member for Caulfield, who has expressed an interest in these matters. That is something the government will monitor, and the board will also monitor the way in which that works over time. The member for Caulfield has expressed an interest, and I am happy to try to facilitate a briefing at an appropriate time.

In relation to the second issue the member for Caulfield raised — that is, what exactly the term ‘management’ means, other than the commonsense understanding we enjoy here now — in a practical sense that will be fleshed out in relation to the code as developed by the board.

The member for Caulfield also raised some issues in relation to division 2 nurses. It is important to note and put on the record that there will be no change to the role that division 2 nurses currently play in this important area. They will still be an important, indeed critical, part of the administration of medication in aged care settings — that is, those medication-endorsed division 2 nurses. They play a great role. They are an important part of our dedicated work force, and these arrangements will not change the role currently played by those who are properly qualified to administer medication in these settings.

I conclude by again reiterating that those in our community who are older and who require high care deserve the best quality care possible. These arrangements, together with the government’s broader agenda in terms of aged care and the program and the work that Minister Jennings in the other place so ably undertakes in this important area, are all about giving those senior Victorians, our frail aged, who have made such a great contribution, some peace of mind that the care they get is of the highest possible standard. That is of benefit to us all. On that basis I say these amendments are worthy of support.

In relation to consultation, these arrangements have been developed after broad consultation with the sector, and the member for Lowan touched upon that. Again, we as a government are committed to bringing the sector with us and all stakeholders within that. I finish by mentioning — other members have made mention of this also — the creation of the new offence in relation to unprofessional conduct. As has been noted by the minister, the nurse — in this instance, a division 1 nurse — will have full control over the decision-making process and the administration of medication in these high-care settings. The new legislation, with these amendments before us today, will protect nurses from any direction to act in an

unprofessional way. That is important also in terms of confidence and the integrity of the nursing profession.

I am pleased to support these amendments. I commend them to all honourable members and wish them a speedy passage.

Mr SMITH (Bass) — I rise to say that the Liberal Party supports the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill. It is excellent that we are looking at giving care and protection to high-care residents. These people deserve appropriate professional support from our community, particularly when it comes to the administration of drugs and medication. In the main these people are in very dire need and require somebody else to look out for and be concerned about them.

We in the Liberal Party are keen to ensure that people are supported and looked after properly. However, we have a couple of concerns. One of them is that division 2 nurses will now not be able to manage the administration of medication to high-care residents in residential aged care facilities. In discussions with people from aged care facilities in my electorate we found that while division 2 nurses were able to receive some form of endorsement that allowed them to administer medication to some of these people, they are not going to be able to continue — —

Mr Andrews — That won't change. They will still be able to administer.

Mr SMITH — But not manage. There is a general shortage of division 1 nurses, and there was some concern that this may make it very difficult for some of the facilities that want to offer the best of care to their clients in their homes to give that good service.

We do not want to see nurses being forced into administering health care, and we understand that the legislation before the house will stop them being forced into administering medication if they are not properly qualified to do so. We know that from time to time rogues and cowboys in the industry allow that sort of thing to happen, but now nurses are in a position where some protection will be offered to them by this legislation. We must not allow them to be forced into doing things that they do not particularly want to do or are not qualified to do.

In recent times we have seen in the media some of the things that can happen to people in aged care facilities. We are all appalled when we see defenceless people, whether they be men or women, being abused in these facilities. Regardless of whether the residents are

abused in a physical way or a sexual way, all of us wonder about some of the people who go to work in these facilities and how they could even be considered for positions where they can carry out these sorts of offences against defenceless people. When the media reports these things it highlights what can happen.

The George Vowell Home has been mentioned in recent times. My now-deceased mother was a resident of that home, and the care she had there was fantastic. We could not have chosen a better facility for her to go into. Often it is only when you are placed in the position of having elderly parents who need care and who are not able to be offered that 24-hour care by the family that you think of these things. My sister looked after my mum for a long period of time; they probably spent about 15 years together. In the end the problem was that my sister just was not able to give mum the care that she needed.

In a place like the George Vowell Home people can get the constant care that they need, which is very important. It was particularly important to my sister, who was then able to get on with her life because she knew that Mum was in good care. I must say that it concerned me a great deal to see the George Vowell Home featured in that last media episode. I am sure that that was not the type of thing the home's management, its residents or the families who have members in that place would have expected.

Members of the opposition had some other concerns, which have been answered by the Parliamentary Secretary for Health, regarding the guidelines. It seems a shame that we were not able to see the guidelines that were going to be set. He said they would be ready for implementation by 30 May, but it would have been nice to be able to see them. I am sure they will be in place, and it is important that they are in place during the implementation period. What do the words 'management' or 'manage' really mean? I am sorry, but I did not think that the explanation that was given covered our concerns. If the minister takes the time to come into the house for the third reading, she may be able to explain what the word 'managed' means.

In conclusion, we have consulted quite widely with people in the aged care sector. They are also very supportive of this legislation, which certainly addresses an anomaly that has existed over a period of time regarding this type of managing and looking after people in the aged care area. I can only hope that we will not see any further media coverage of the abuse of any of our people in aged care. We must look after our elderly people, and we know that looking after them is big business. The parliamentary secretary talked about

tens of thousands of people in Victoria being in aged care facilities, and we hope that the good care those people are getting continues for a long time to come.

Ms OVERINGTON (Ballarat West) — I too am pleased to speak on the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill. This legislation will improve levels of care for all high-care residents in Victoria's aged care centres. For the first time all high-care residents will have their medication professionally administered and supervised, regardless of the type of aged care facility they reside in.

One of the objectives of the bill is to recognise the changed provision of residential aged care by moving the focus from the nursing home itself to the high-care residents, wherever they live. The Drugs, Poisons and Controlled Substances Regulations 1995 currently require that only a nurse may administer medication to a resident of a nursing home. To date the administration of medication to residents of hostels has not been regulated. High-care residents of hostels or mixed facilities are not covered by the existing laws. This legislation will ensure that we make better use of our skilled professional resources and give those professionals and our high-care residents the protection that is needed. I commend the bill to the house.

Mr LIM (Clayton) — Recently I listened to the *Life Matters* program on ABC Radio National, which I heartily recommend to members. There are always such lively discussions on science, religion, the arts and the law — indeed all matters affecting the lives of ordinary Australians. The particular program I refer to discussed the ageing of the Australian population and referred to an international conference on ageing which had just been held in Adelaide.

The conference found that people in western countries such as Australia are living to greater ages and working longer than previous generations. The over-50s now constitute more than 40 per cent of the population of most western countries. One speaker at the conference mentioned that the traditional political approach to such news is to order more of the same — that is, more aged care facilities, more free dentures and those sorts of things — but he also warned politicians that what has suited aged people in the past may not necessarily suit aged people in the future.

While someone who lived through the Depression may now be quite content with a two-room unit in a retirement village, it is very likely that an aged baby-boomer would be far from satisfied with such a quiet existence. We are already witnessing people who decide to sell up and move to the coast or to a country

location to spend an active retirement in a more congenial climate — the so-called sea-changers.

To its very great credit the Bracks Labor government is abreast of these demographic, social and political developments, and is already legislating to deal with the new realities. This bill recognises that the area of aged care is changing and changing very fast, and it makes legislative provision for the changes occurring in aged care.

As the minister said in her second-reading speech, the barriers between nursing homes and hostels are breaking down. This bill will ensure that the laws relating to drugs, poisons and controlled substances are appropriate for the new environment in residential aged care. Under the current legislation the administration of medication to an individual patient is regulated by law only in nursing homes, not in other types of aged care facilities. Of the 41 000 aged care beds in this state, around about 14 400 are in nursing homes and therefore subject to the present laws regulating the administration of medicines. However, many hostels are now mixed, offering both low and high-dependency facilities — these are currently not afforded state government regulatory protection. The implementation of this bill will mean that a further 9500 aged care residents will enjoy Victorian government regulatory protection in regard to drug administration.

This bill is the result of extensive consultation between the Bracks government and representatives of the aged care industry and nursing organisations. The extension of legislation to cover all high-dependency residents was very strongly supported. The new provisions allowing nurses to delegate routine tasks to other workers who have suitable training and experience have also been welcomed. This change will lead to efficiencies and better use of the professional skills of nurses. I commend the bill to the house.

Ms BARKER (Oakleigh) — I am very pleased to rise to speak on the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill. As has been said, the bill extends the coverage of the state government's regulation of medication in commonwealth-funded and regulated residential aged care facilities to provide protection to all high-care aged residents rather than just high-care residents in nursing homes as is currently the case and as was outlined in the second-reading speech.

As has been said, the Drugs, Poisons and Controlled Substances Regulations 1995 will sunset on 29 May 2006. Those regulations currently require that only a nurse may administer medication to a resident of a

nursing home, and it is generally only within a nursing home in which the administration of medication that has been prescribed for and dispensed to an individual patient is regulated. Administration of medication to residents of hostels — which have always been seen as homes for those who are perhaps less frail or dependent — has not been regulated.

As we know, it is the commonwealth which funds and regulates residential aged care. With the introduction of the Ageing in Place policies in 1997, the terms 'nursing home' and 'hostel' are now not used in commonwealth legislation. Therefore the distinction between the two types of residential aged care services is diminishing. In fact high-care residents now constitute some 30 per cent of what are designated as low-care, or what we would formerly have called 'hostel' places. As outlined in the second-reading speech there are some 9500 high-care residents who now live in these types of services. These services are not covered by the existing regulations. It is therefore very important that regulatory protection be extended to older, frail people who live in these hostel-type services and who are receiving and who actually require higher care.

The amendments in the bill shift the focus of regulation from the setting to the resident and therefore extend the coverage to all high-care residents. As I said, some 9500 additional residents will now be covered for professional supervision of this medication administration. This change in the administration of medication means that a nurse can now manage that administration — rather than just the nurse administering the medication — and can delegate to people appropriately qualified to administer the drugs. The nurse will still determine who is appropriately qualified to administer the medication, and the nurse remains in charge of the process.

I am aware of some concerns expressed in terms of the discretion of the nurse to manage that administration of medication and assurance be given that an approved provider of the aged care service, rather than the nurse, does not interfere with their role. A new offence will be placed in the Nurses Act 1993 to create an offence of directing or inciting unprofessional conduct by a nurse. This will ensure that it is absolutely clear that a nurse will make the appropriate professional judgments.

I note that for the purposes of this bill only division 1, 3 or 4 nurses will be able to manage that administration of medication by delegation. Division 2 nurses will not be extended further than they currently are, but we should not underestimate their extensive responsibilities, especially in the aged care system, which will remain unchanged. Previously this

government expected the division 2 nurse's role to benefit not only aged care residents but also hospital patients. That amendment to the Nurses Act in 2004 means the Nurses Board of Victoria can endorse the registration of division 2 nurses to administer medication once they have completed the required training in medication administration. This was the scope of practice in hospitals and community and residential aged care facilities which was very much needed and welcomed not only by the division 2s but also by the services.

Last week I visited the Churches of Christ Community Care OakTowers aged care facility in Oakleigh and had a discussion about how the training of division 2 nurses was going. I am very pleased that OakTowers supports not only that type of extension but also a number of its division 2s to extend their training. It is being found that the division 2s are doing that further training and then seeing that they would like to do even more. It would help enormously if some of the division 2s move up. It is important that we extend the regulation of drug administration to all high-care aged care residents so that it is not only those in nursing homes but also those in what we call hostel accommodation who receive it.

The proportion of people in residential hostel-type care receiving high-care services has gradually been increasing. One could suggest, and I think it would be correct, that part of that is due to a lack of high-care nursing home beds being made available by the commonwealth government to Victoria. We have a significant deficit of around 500 high-care nursing home beds, and we know the effect that has not only on people needing nursing home places but also on the families who in many instances are desperate to find quality nursing home places for their elderly relatives. Then there are the extending problems that our hospitals have when an elderly person cannot be transferred from a much-needed hospital bed to a nursing home bed.

Our elderly and frail residents in residential care, particularly those who require a high level of care, are very vulnerable, and we need to ensure that we do whatever we can at the state level. Extending the regulatory climate covering the administration of medicine, which is a state responsibility, to all high-care residents can provide better levels of care, and that is what we should be doing. I am very pleased to support the bill.

Ms MORAND (Mount Waverley) — I appreciate the opportunity to speak on the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill. This important bill builds on the reforms already undertaken

by this government with regard to nursing, including extending the scope of practice of division 2 nurses.

The bill has come in after a long period of consultation with the industry and with nursing representatives, including those from the Australian Nurses Federation (ANF) and the Nurses Board of Victoria. I want to take the opportunity to acknowledge the hard work that nurses do in the aged care sector right across Victoria. I refer in particular to the great team of people working at the Wairoonga aged care centre in Glen Waverley, who do an absolutely fantastic job looking after the elderly residents there.

This is an important bill because of the changing nature of the care of the elderly in our community. Not too long ago you would have found only high-care residents in nursing homes. Now with Ageing in Place across Victoria you find many people with high-care needs living in hostels. There are some 41 000 residents in residential aged care places in Victoria in over 800 different locations. Of these, over 14 000 are designated high-care places. In 1997 the commonwealth introduced Ageing in Place, and this has seen a large number of people with high-care needs living in hostels. There are some 9500 of these residents living in hostels across Victoria.

Currently the Drugs, Poisons and Controlled Substances Regulations cover residents in nursing homes only. The changes in this bill mean that the new provisions will not regulate the administration of medication in nursing homes; instead, these provisions will be moved into the act. This is an important change, as it is clearly more appropriate that the administration of medication to residents is based on their vulnerability and fragility rather than on where they happen to reside. The change will see nurses in divisions 1, 3 or 4 — in most cases it will probably be division 1 nurses — supervising the administration of medication to all high-care residents, whether they be in nursing homes or in hostels.

Currently nurses administer medications to all residents in nursing homes. Following the changes nurses will supervise rather than do the administration, although there will be occasions when the nurses will do it themselves. This is an important point to make, because the change does not necessarily mean that nurses will only supervise the administration of medication. It will allow the nurse the discretion to decide on when it is appropriate to delegate that administration to another suitable person in the residential aged care setting and when it is more appropriate to administer the medication themselves. When the administration is delegated, the nurse will still be responsible for

supervising to make sure that it is the appropriate time and that it is the correct medication and proper dose, et cetera.

I take up the concern raised by the ANF and the member for Lowan about the move from nurses administering medication to their supervising the administration of medication and repeat that the nurses will be able to make a professional judgment about the appropriate time to delegate and the appropriate time to administer medication themselves. In many cases they will continue to administer it.

The current environment allows for personal care workers to administer drugs to residents in hostels. These changes mean that they will continue to be able to administer drugs to residents, but for the first time the administration of those drugs to high-care residents will be supervised by a division 1, 3 or 4 nurse. That is a very important change and is an improvement on what currently exists. At the moment the personal care attendants administer the drugs without necessarily having any supervision. It provides for better supervision of the administration of drugs to high-care residents, and that is appropriate, because they have higher needs and are more vulnerable.

The legislation will be supported by guidelines that are currently being developed by the nurses board. This is an important aspect of the change, as the code will provide the necessary framework for the nurses in deciding when it is appropriate to delegate the administration of medication. This is an important decision and should be made by a suitably qualified nurse.

The new legislation will also protect nurses in making this decision by making it an offence to direct them to act in an unprofessional manner. I know that this change to the Nurses Act is supported by the ANF. I understand that the nurses board has already begun drafting the guidelines in anticipation of this legislation. I repeat the offer made by the Parliamentary Secretary for Health to the shadow minister that these guidelines will be subject to consultation on their introduction.

The member for Bass is a little confused about how this legislation will impact on the role of division 2 nurses. There will be no change whatsoever to their role. Division 2 nurses will still be able to administer medication if they have had their scope of practice extended and have met the registration requirements for that. So there is no change. That is important to note, because division 2 nurses play a very important role in the aged care setting in Victoria, and they will continue

to administer drugs and work in collaboration with the industry in doing that.

In summary, this is an excellent piece of legislation. It will ensure that there are better standards of care in relation to the supervision and administration of drugs to high-care residents in the aged care setting. I commend the bill to the house.

Mr BAILLIEU (Hawthorn) — I will speak briefly on the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill. I note that previous members, including the member for Caulfield, have spoken at length on the detail of this bill.

It is a short bill, but this is an important area. The administration of aged care services is a hot potato at the best of times, but it is increasingly so in this day and age. I know that within aged care services the administration of drugs has been a contentious issue for some time. When I was the shadow minister for tertiary education and training, the training required for division 1 and division 2 nurse positions was a hot issue, and the capacity of those nurses to administer drugs was very much at the front line of debate at the time. I appreciate that in recent years the government has made changes to the capacity of division 2 nurses to operate in this environment.

I want to focus briefly on the proposed guidelines and the call for consultation on them. I trust that the consultation will also occur after the guidelines are issued in a draft framework rather than there being just a conversation in advance.

I also note that new section 63AA, inserted by clause 6, makes it an offence to direct or incite a nurse to undertake any unprofessional conduct. That is able to be applied to the owners of aged care service facilities and providers. The reality is that an employee may intervene and undertake such direction to incite a nurse to unprofessional conduct. I trust that the application or administration of this penalty will be done in an equitable way and that the responsibilities for any breaches will be hammered home to those who are actually responsible, rather than simply referring the matter up the chain to those who, at the particular time, did not have responsibility for that position.

As the member for Caulfield has suggested, the opposition is supportive of the bill and is certainly supportive of the proper and efficient administration of aged care services in Victoria.

Mr HUDSON (Bentleigh) — I rise to speak in support of the Drugs, Poisons and Controlled

Substances (Aged Care Services) Bill 2006. This legislation means that, for the first time, all high-care residents must have their drug administration managed by a nurse. This will be done in accordance with professional guidelines. It is important to note that a nurse will only delegate this role to people who are appropriately qualified to administer drugs. That means personal care workers will only be able to undertake this role if they have appropriate training.

There have been some significant changes in the aged care sector. There are now some 41 000 residential aged care beds in Victoria; of these, 14 400 are designated high-care places in nursing homes. However, there are 9500 high-care residents living in mixed or hostel services who are not covered by the existing regulations in the Drugs, Poisons and Controlled Substances Act. That is why it is important to extend these regulations to those people.

In effect, an additional 9500 aged care residents will be protected through regulation. These high-care residents in hostels will receive the same protection as those in nursing homes. Distinct low-care services are becoming fewer in number. Nearly half our aged care facilities have 80 per cent or more high-care residents. The proportion of older people in residential care who are receiving high-care services has been increasing gradually, and we can expect that to continue well into the future. These older people are 'ageing in place'. This bill shifts the focus away from the setting — such as a nursing home — to focus on the resident, wherever they may live, whether it be in a nursing home or hostel. It also recognises the role of personal care workers in residential aged care in administering drugs to residents.

The Australian Nursing Federation (ANF) is concerned that there could be pressure on nurses, either overtly or covertly, not to follow their professional judgment in the management of the administration of drugs. They have expressed concerns that if a resident is unstable and their condition is changing daily, they need an assessment prior to any decision taken to administer a drug. For example, if you are going to give a blood pressure tablet to a resident, then you have to be able to take their blood pressure and be able to assess the level of medication the person should be receiving. I am therefore particularly supportive of the clauses that amend the Nurses Act 1993 and which create an offence of directing or inciting unprofessional conduct.

It is critical that nurses have full control over the administration of medication and that it is not interfered with in any way. It is also important that medication is administered professionally and that it is done in

accordance with the appropriate guidelines. In particular, I commend to the house proposed section 36F which provides that a nurse who manages the administration of medication under proposed section 36E must do so in accordance with the relevant code for guidance, issued by the nurses board under the Nurses Act 1993. I understand that a draft code has been developed by the Nurses Board of Victoria; however, the NBV is undertaking further consultation with stakeholders on the code, which is expected to be effective from 30 May 2006.

I expect that the Nurses Board of Victoria will consult closely with nurses and their representatives to ensure there is an appropriate code in this area. With those few remarks, I commend the bill to the house.

Mr JENKINS (Morwell) — It gives me a great deal of pleasure to speak in support of the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill. In particular, I congratulate the minister and the parliamentary secretary for the work they have done to bring this about.

As has already been explained, the regulations will sunset at the end of May, so we are in a position where we really need to take this step which recognises that there was previously a higher degree of delineation in aged care between high-care and lower care facilities — that is, between the nursing homes and hostels. However, the lines have certainly been greying over the last 30 years. It has been recognised that people do not make quantum leaps in the amount of care that is required or the amount of supervision or assistance they require as they go through their aged care experience. The current system recognises that this transition occurs over a long period rather than with these quantum changes and that we need to recognise that.

Previously residents in nursing homes were regulated by the principal act whereas those who were receiving a similar degree of high care in hostels were not covered. As a state and as a society, we need to make sure that we have these sorts of protections and regulations in place to ensure that those older people in our community — those people who have delivered a great deal to the common wealth of this state — get the best, most appropriate care regardless of where they happen to be. As a number of contributors to the debate have explained, the issue is really no longer about where a resident is being cared for; what is important is the particular circumstance of the resident and the degree of care needed.

This bill recognises that those who are receiving high care, who are having drugs and medication administered are receiving the same sort of support regardless of which facility they happen to be in. It has not taken away the very important role of the divisions 1, 3 or 4 nurses who currently directly administer the drugs in nursing homes. They will still have the ultimate administrative responsibility for that happening; it is just that they will not personally deliver the medication to each patient.

Included in the bill is a very important provision that says it will be an offence to direct or incite a nurse to behave in an unprofessional manner. From time to time there will be pressures in some facilities, and we need to make sure that the nurses who traditionally uphold the highest degree of professional standards are protected by legislation and statute.

I take the opportunity to thank all those staff and people working in aged care facilities in my electorate, who have done so well for so long and who are continuing to deliver a high level of service. We are all aware of examples of cases that indicate these issues need to be redressed, but there are steps being taken in that regard. The overwhelming majority of people working in aged care facilities act professionally. The nurses are continuing to move towards an administrative management role, and they will still have this important administrative function in the delivery of drugs and medications. I commend the bill to the house.

Ms BUCHANAN (Hastings) — I rise to support the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill. It is sensible and right that the bill has bipartisan support. I support the bill because its intent is clear. The bill will provide for the administering of drugs of dependence along with substances listed under schedules 4, 8 and 9 to high-care residents of residential aged care services; that is appropriate. It also amends the Nurses Act to create an offence of directing or inciting unprofessional conduct.

The intent of the bill is very clear, because it is extending drug administration protection to all high-care aged patients in residential aged care. The issue driving the bill is not where the care is at, as many honourable members have indicated in the debate today, but it is the level of the required care. As many members have pointed out, there has been a greying of the distinction between care centres providing the level of care from category 1 to category 5 care. Many centres have that mix so that the Ageing in Place principles can be afforded well for the residents in that facility. It is important that older Victorians have access

in this respect and that there is a responsible administration and administering of drugs.

This bill ensures that the 800 or so senior Victorians who are deemed to be high-care residents in commonwealth-funded aged care residences as well as the thousands of senior Victorians in other high-care placement facilities will have that drug regime managed by a nurse as well.

The bill is exceptionally good not only from its administration aspect but because nurses will now have greater clarity in relation to their roles and responsibilities to senior Victorians who they provide care to.

One of the points I would like to pick up on in relation to the provision of aged care services, particularly around the issue of administration of medication, is the deficit Victoria is experiencing of approximately 500 aged care beds and the impact this has on the provision and quality of health across the rest of Victoria's health services. I think we need to get the issue addressed very quickly. I can see there is a great deficit across the Hastings electorate and the Mornington Peninsula in particular. We need to get that issue sorted out through the federal government as quickly as possible so we can provide our senior Victorians, who, as the member for Morwell pointed out, have added to the greater common wealth of this state, with a quality of care regardless of their needs. But certainly their high-care needs must be addressed as quickly as possible.

In relation to the Hastings electorate, I have been working very hard with many of the aged care facilities, both commonwealth-funded and non-commonwealth-funded, around the issue of beds, particularly specialist beds in the growing area of dementia. This is one of the issues we need to address as quickly as possible. It is frustrating to note that while there is an identified need out there, it is not being addressed.

One of the other important issues for the Hastings electorate is the provision of beds for not just aged people but middle-aged or younger people who have high-care nursing needs. The administration of their medication in their nursing home or their care environment is equally important. I have been working with the Peninsula Private Hospital and Ramsay Health Care on the potential construction of a new aged care facility in the Langwarrin area, which is desperately needed. I am hoping we will get a resolution to that issue fairly soon. This bill will add to the level of quality care that future residents of those facilities will have.

I refer to another issue. Not a week would go by when my electorate office does not receive a call from a distressed family member seeking support for their parent or grandparent to get into high-care aged services. Quite often the person has been waiting in another facility, having been assessed by the aged care assessment teams in the region as having high-care needs. The challenge for all levels of government is to provide placements for people with high-care needs and make sure their quality of care, particularly in relation to the provision of medication, the monitoring of medication and their needs, is being met. I sincerely hope that all levels of government come together fairly soon to get that issue addressed.

Another related aspect of the bill concerns carers. If I can again refer to the 500 beds so desperately needed in Victoria, the pressure that places on carers caring for people with high-care needs in their homes and on respite services is very high. All of it revolves around the provision of aged care beds. They are there on paper but not there in terms of bricks and mortar. We supply the nurses that give quality care, but we just need the beds that will provide the care our senior Victorians so rightly deserve.

Carers have come to me on numerous occasions because they know, as many Victorians do, that we need those extra beds across the state. Once the beds are provided, and I hope they are provided sooner rather than later, the appropriate administration and administering of drugs I alluded to earlier can be provided.

I especially want to commend the Minister for Health. This has been a very important bill because the issue of aged care, nursing and the provision of a quality health care service to senior Victorians is one that I know every member on this side of the house is keenly interested in and committed to. Following on my commendation of the minister, I want to thank the nursing home or aged care service staff across the state.

I highlight those who work in the Mornington Peninsula and Western Port region for the fantastic service, dedication and professionalism that they provide to our aged care residents who have high-care needs. If I can finish on this point, this bill is only as good as having the beds and people in them to provide care to.

If we do not get the beds in Victoria, we cannot give the quality care we want to give to our senior Victorians who have provided so much to this state in their working lives — even for those who have not worked — as they have done a fantastic job in raising

families and being volunteers within the community. They deserve nothing but the best, and they deserve the 500 beds. On that point, I fully support and commend this bill to the house.

Mr LOCKWOOD (Bayswater) — I rise to support the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill, which is about some of the most vulnerable people in our society. There are a number of aged care facilities in my electorate which will be affected by the bill. The bill shifts the focus from the setting to the resident, as has been discussed by many speakers thus far. The organisations which care for the elderly are changing little by little. In this way, we ensure that the high-care residents receive the same amount of protection no matter where they live.

The effect of this bill will increase the number of residents regulated for the first time by about 9500 — this is a 65 per cent increase — which is quite large and substantial. The bill extends the coverage of drug administration to high-care residents in facilities other than nursing homes. Medication administration will be managed rather than necessarily administered by a nurse in every instance. This will improve the quality of care for residents not presently covered by the regulations.

At the moment there are many high-care residents in low-care facilities who are not currently covered by regulations; this bill will ensure that they get coverage. The bill will ensure that a nurse has the authority to determine the person who will administer the medication and will direct the administering of whatever drugs are required. That ensures the proper care of those high-care residents. The nurse remains in charge — and that is quite important.

The bill also creates a new offence of directing or inciting unprofessional conduct by a nurse. This is to protect the nurses from unnecessary pressure from providers so they cannot interfere with the role of the nurse when managing the administration of medication to high-care residents. It is the nurse's statutory responsibility, and they are able to resist any undue pressure — not that I think there necessarily would be.

The drugs, poisons and controlled substances regulations sunset on 29 May. This bill provides continuity and protection to the public, because it comes into effect on 30 May. It is important that this bill picks up from when the regulations sunset.

The Nurses Board of Victoria has drafted guidelines for the delegation and supervision by nurses to non-nurses for the administration of medication in these residential

aged care services. This has come from the culmination of a lengthy process of development and negotiation with all stakeholders over the past two years. It is always important to consult and negotiate with stakeholders to ensure we get the best result. That is what we are doing here. Most stakeholders support all provisions of the bill. The only difference is over the nurse actually administering drugs versus supervising their administration. The bill makes requirements more explicit and consistent with the commonwealth aged care framework.

I mentioned there are a number of establishments in my electorate — there are actually about 20 retirement facilities in the electorate of Bayswater. They obviously have various levels of accommodation — from independent living to hostel style support to nursing homes. Those organisations which are large enough to provide all three levels of accommodation sometimes provide overlapping services. They sometimes provide supported services to those in their own units and nursing-home-type services to some of those people in hostels. This is the way things are moving in terms of aged accommodation. The need for these facilities will increase over time as — it has been said many times — our population ages.

Salford Park Retirement Village, for example, is a very large establishment with three different levels of accommodation and does a great job. In my electorate are the Arpad Hostel; Canterbury Road Lodge; Centennial House Lodge; Clarendon Grange Hostel; Good Shepherd Retirement Village; Greenway Gardens, a great establishment on the greenway in Heathmont; Heathmont Lodge Hostel; Heritage Gardens Hostel; Marlborough Gardens Hostel; and the Polish Retirement Home.

The Tabulam and Templar Homes for the Aged is another establishment with various levels of accommodation which does a great job in Bayswater, particularly for the German community. Bayswater has a very long German heritage. Quite a significant part of the population is German, and that has been so for over 100 years. That establishment is in Bayswater because of the resident German population. Viewmont Terrace and the Waldreas Village Lodge are also in my electorate.

There are a dozen or so hostel-type establishments in my electorate which will be covered by this legislation. Those establishments do great work and are all well managed. Great staff are at some of those establishments. Many of them provide a community within a community. I have visited a few of them and have seen they provide entertainment and a way of life

for the residents. It is not just about the physical health of residents and the administration of medication, it is about providing whole-of-life support for aged people in these hostels. The need to have proper drug administration has increased and has been addressed by this particular legislation — the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill. I commend the bill to the house.

Ms NEVILLE (Bellarine) — I am pleased to join the debate today to support the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill. As many other members have articulated today, one of the key aims of this bill is to ensure that residents who receive high-care services, regardless of where they receive those services, are covered by the same state regulations.

Times are changing — no longer do we only see high-care residents located in nursing homes. This shift is probably partly related to changes in community expectations. We see many more people being able to be cared for in the community for longer periods. It also relates to the lack of nursing home beds. If members look at some of the statistics around this, we can see an increasing number of high-care residents taking beds which would otherwise be classified as low-care beds. As we all know, this causes particular issues for older people who are in our acute hospital system and in ensuring residents get the appropriate levels of care.

This bill is about trying to respond to both of those issues and to acknowledge that we have a large number of aged care residents requiring high-care needs in places other than nursing homes, such as in hostels, or in mixed services.

I know some members have mentioned this, but it is worth reiterating that if you look at the figures you see we currently have 9500 high-care residents who live in mixed or hostel services. This is quite a large percentage and obviously requires action from the government to ensure that those residents have access to the same sorts of protections as those who happen to be in nursing home beds.

There are also fewer low-care services. As I said, what we are seeing in the community more and more is the ability, capacity and desire to try to support our older relatives within a home setting, wherever possible. Obviously life outcomes are much better for those residents who are able to stay in a home setting for longer periods. We are also seeing something like 55 per cent of all residential places now being used for high care. The demand for those places continues to grow. As we support people staying longer in their

homes, we will see more and more people needing care but at the high end of care. As a community we will need to be able to respond to and provide the services necessary to meet the needs of the ageing population who can be well supported in the community for long periods but will ultimately need more intensive care later in their lives.

As I indicated previously, clearly we have a major crisis in the availability of nursing home beds across Australia, particularly in Victoria. Certainly in my electorate there are particular demographic pockets that are above the state average in terms of an ageing population. Proportionately the borough of Queenscliffe leads the state in terms of number of residents aged over 65, and there are also pockets like Portarlington. Unfortunately the provision of nursing home beds is not keeping pace with the ageing of our population, nor is it meeting the needs of that population.

The state government is doing all it can in trying to provide additional high-quality aged care services — for example, the incredible investment in the McKellar Centre in Geelong, which is an aged care and rehabilitation centre which under a previous government had been heading for privatisation. We are currently rebuilding the McKellar Centre and it will be a state-of-the-art facility. There will be a range of provisions — for example, hostel beds and low-care and high-care beds. This bill will ensure that wherever they are within that facility, whatever the nature of the setting, they will have the same access to state regulations as if they were in a nursing home and to the current provisions for those in nursing homes.

If I can return more specifically to the bill, currently the regulations provide only for high-care residents within nursing homes. As I said before, that does not take account of the fact that we have this large and growing number of high-care residents in other settings. This is obviously outdated, so this bill will ensure that all those residents, regardless of where they are, will have access to the same sorts of regulations and protections as those residents who are in nursing homes.

A couple of points were raised previously by the member for Caulfield in relation to the issue of nurses. There is no doubt that we have a crisis generally in the availability of nurses across both the acute and aged care sector, but particularly within the aged care sector. This is a challenge for us all. We also know that across the state each year a large number of young people who apply for nursing places within our university system do not get in. It is oversubscribed by a large amount every year. The solution is not only about watering

down regulations because we have a crisis but also about pushing the commonwealth government to provide adequate numbers of higher education contribution scheme (HECS) funded places for nurses. It is a bit like the current debate around doctors. We just do not have enough and Victoria seems to be constantly missing out.

It is great to see commitments to investment in infrastructure, but what would be fantastic is some pressure from the opposition on the provision of additional nursing places so that we can meet the demand and provide the best quality services to our ageing population within nursing homes, hostels and mixed services. I encourage members of the opposition to take up that challenge and talk to their federal colleagues about ensuring that Victoria gets a better share and that all over Australia we get increased numbers of HECS-funded places for nurses.

This bill will ensure that all our aged care residents, whatever their setting, are better protected in relation to the administration of drugs and medication. It will also provide better flexibility in terms of the administration of those drugs by requiring the nurse not necessarily to administer but rather to manage the administration of those drugs. The bill provides some strong safeguards to ensure that is done appropriately once the code is put in place when the bill comes into effect in May. It will provide guidelines for that management responsibility. It will ensure that the nurse who is managing the process has the absolute say about that, so if they deem another person not to be appropriately trained, they can continue to administer the drugs themselves. It will ensure that, for example, we have a number of personal care workers who are appropriately qualified. They will be able to administer drugs, but under the management of nurses.

This bill rightly takes account of changing expectations and of the fact that we do not have enough nursing home beds, and I urge the commonwealth to do something about that as quickly as possible. It also ensures that we continue to move forward as a community to provide greater protection for our older Victorians who have contributed so much to this community and that in the administration and management of drugs and medications our older Victorians get the best possible care.

Mr LEIGHTON (Preston) — As one of the few members in this place who was once registered under the Nurses Act and who administered medication, it is a pleasure to speak in support of the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill. I can say that I was a member of the Nurses Board or, as it

was known in those days, the Victorian Nursing Council which was responsible for registering nurses and setting up various competencies and standards, so I hope I bring that perspective to this debate as well.

The bill does two principal things. It extends the requirement for the involvement of registered nurses not just in nursing homes but into hostels for high-care residents, and it also sets in place the process for nurses to delegate and oversee the management of other persons, such as division 2 nurses and personal care assistants (PCAs), or tenants, in administering medication. The setting for this legislation is an ageing population, so increasing numbers of patients and residents in nursing homes and hostels.

There is a shortage of trained, registered nurses. I hold the federal government accountable for its failure to provide sufficient training places for nurses in tertiary institutions. Prior to the transfer of nurse education from hospitals into tertiary institutions, the state had greater control of providing for its need for nurses and addressing labour market shortages. That is not the case now that nurses are trained in tertiary institutions. While the transfer of nurse education was to ensure that those places provided in old hospital schools went into the tertiary institutions, there has been a failure to meet the growth in demand for nurses.

It is important to stress that in this day and age we expect greater accountability in the provision of health services and the treatment given to our patients. The administration of medication is a very important and onerous duty of health professionals, ranging from the safeguarding of drugs of addiction through to the actual administering. It is important that we have people who are professionally trained in the administration of drugs who recognise not only the indications for administering medication but the contraindications, the circumstances under which you might not administer medication and the side effects. Of course some forms of administering medication, such as injections, require people who are professionally trained.

I welcome the enhanced role of the Nurses Board of Victoria in these procedures. In my day the nurses board did not do much more than register nurses. In respect of the courses provided in tertiary institutions, it went through the curriculum and decided whether to approve those courses for registration. It set out the competencies for registration in each of the divisions. The nurses board, I believe, has a much stronger role now where it can actually set out various standards of practice as nurses in each of the divisions perform their various roles. I welcome in particular its role in

safeguarding that nurses are not directed or incited to commit unprofessional conduct.

I think back to my days in mental health when there was a lack of registered nurses. From day one totally untrained staff off the street were expected to perform a range of duties including administering medications with very little training or support from other nurses. Registered nurses have to be insistent that they are not forced by proprietors of hostels or nursing homes to take short cuts and do things which are not only unprofessional but are dangerous to the lives and wellbeing of patients.

In closing I want to mention one other item. I regret the reduced role of division 4 nurses in administering medication. I hear from some of my friends and former colleagues that with the move of the intellectually disabled into community residential units, there has been a tendency to call in other nurses to administer medication rather than using available teams of division 4 registered mental retardation nurses. That is a waste of people who are not only legally qualified but in fact have a range of skills and experiences.

The legislation we are looking at now is a natural outcome of how the health industry and sector is developing with the move of nurse education into the tertiary institutions. It is inevitable at this end of the range of their duties that some of those would be handed over to division 2 and personal care assistants, but I am satisfied that the necessary safeguards are in place with the professional misconduct provisions. I look forward to the nurses board playing an enhanced role in supervising safe and competent practice.

Ms D'AMBROSIO (Mill Park) — I am pleased to add my comments to the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill. I also wish to make the observation, because it is an important acknowledgment on the part of this government, that the traditional distinction between nursing homes and hostels has been broken down for quite some time. That is a welcome development for a lot of different reasons. I will touch on them shortly. The point of this bill is to ensure that the laws that govern protective measures of people in high-care residential places are extended and follow people regardless of the type of facility they reside in.

The old laws failed to apply to hostels and mixed facilities regardless of the fact that there may have been high-care residents located in them. That meant there was a failure of regulation to apply in the administration of medication to those high-care residents who simply

were denied the ability to have protective measures applied to them by virtue of their location.

This bill follows changes in the industry. I would like to refer to one particular facility in my own electorate of Mill Park which is similar to others that are developing across the state. At the San Carlo aged care facility, a low-care residential facility is co-located with a high-care residential facility. It also has co-located public housing where people who are moving on in years are living. There is a transitional process for people in their later years — from living quite independently to low care and then to high care. That is a reflection, of course, of people living to be much older and being healthier, and of new ways of ensuring that people in the community are able to keep their circle of friends over many long years, having regard to their particular needs as they age.

The bill provides that all division 1 nurses can manage the administration of drugs. That is a professional step up for many division 1 nurses, who will maintain the ability to administer drugs to high-care residents. For them to assume management is a good thing and will ensure that all high-care residents will have proper management of their medication by someone who is a highly competent professional. Therefore, if they do not do it themselves, division 1 nurses will have the authority to determine who will administer medication and how. Division 2 nurses or personal care attendants — who, of course, have appropriate training and qualification in the administration of medication — will be able to take the role of administering medication to high-care residents.

The bill allows for regulations to be brought up to date with the environment in which many aged care residents live. It provides all high-care residents with regulatory protection and, as I said, recognises that division 1 nurses have a management capacity. The bill has been welcomed by most stakeholders. It enforces the commitment of the government to ensure that we have decent aged care services and that we continue to assist with the development of professional standards in nursing. The bill does not provide for a change in the role of medication-endorsed division 2 nurses who will still be able to administer medication. The bill provides for no real diminution of functions across the divisions of nurses but augments the authority of division 1 nurses to manage the administration of medication.

The government has devoted \$50 million above the amount required by the federal government to match funding of home and community care. We have also put \$258 million into upgrading state public sector residential aged care facilities. We are very keen to

ensure that we continue to afford the most professional of care to people who are amongst those in greatest need — that is, our aged population. They deserve to have laws that afford them due protection in the administration of their medication. The bill allows the regulations to extend to all 23 900 high-care residents, some of whom are now without proper protection. The bill also provides for the secure storage of medication in all facilities with high-care residents. That is another reflection of modern times. The regulations need to keep up with the descriptions of where residents live, not simply define the need for protection in the administration of medication based on the facilities that existed when the regulations were put in place. That is a big plus for all current high-care residents.

The bill provides for the regulations to be given effect to on 30 May, which allows ample opportunity for the development of new regulations to meet the requirements of the regime for which the bill seeks to afford a proper regulatory system. Already personal care attendants with appropriate training and qualifications administer medication to residents of hostels. Now high-care residents of hostels will be afforded greater safety by the bill.

Mixed-care facilities are a positive option. People are definitely living longer. When people live in a facility where they can go from low care to high care, it ensures that circles of friendship are maintained. That certainly becomes a more important issue for us all as we get older. Currently 55 per cent of all residential places are occupied by high-care residents, which demonstrates clearly the need to have in place legislation and regulatory systems which reflect the needs of the community. When those needs change the government needs to respond quite quickly but with due care and diligence to ensure that the necessary protections are extended to people in those situations.

As I mentioned earlier, the requirements for the safe storage of schedule 8 and schedule 9 medications will be extended to cover all facilities where high-care residents abide. It is a big plus to ensure that protective measures are in place to maintain the proper administration of medication to aged people.

I believe that the bill has been broadly welcomed by many stakeholders. Some remain sceptical but with the test of time the bill will prove to very squarely meet the needs of our aged population by extending the necessary protections in the administration of medication to those people. I commend the bill to the house.

Mr TREZISE (Geelong) — I am also pleased to be speaking in support of the bill because it again highlights the Bracks government's commitment and dedication to ensuring that Victorians are subject to a world-class health system and, in this case, to ensuring that we provide world-class facilities and systems for residents in aged care facilities.

The Bracks government is genuinely committed to providing a world-class health system. One has only to look at the upgrades to Barwon Health in my electorate of Geelong to appreciate the government's real commitment to Victoria's health care. For example, as the member for Bellarine pointed out, currently more than \$70 million is being spent on the complete upgrade of the Grace McKellar Centre in Geelong. We have only to hark back to the late 1990s to remember that we came close to seeing a 'For sale' sign erected on the centre by the Kennett government. Make no mistake about it: the Kennett government was going to hock off the centre to the highest bidder. When the Bracks government came to power in 1999 it saved the Grace McKellar Centre — a very respected aged care facility in Geelong — and retained it in the public sector; and now we are seeing a \$70 million-plus upgrade of that centre.

The Grace McKellar Centre and the bill we are debating tonight are examples of the commitment of the Bracks government to providing aged care facilities. Members of this house are well aware that our population is ageing. Many of the baby boomers are moving quickly towards needing aged care services. As a member whose wife is a palliative care nurse who looks after patients in their own homes — that is, people who have chosen to stay in their own homes for care rather than put themselves into the acute care setting of a hospital — I understand the importance of the regulations that this bill makes provision for.

The aged care sector needs more nurses. We need to ensure that we are recruiting and training more nurses, hence the great need for more nursing places in universities. In my electorate, Deakin University has an excellent nursing school. I know that Deakin, along with the community, welcomes extra nurses within our community. That is an area the federal government needs to address urgently. As other members have pointed out, members of the opposition should be calling on their federal counterparts to do something about it, just as they should call on their federal counterparts to do something about aged care nursing beds.

The ACTING SPEAKER (Mr Ingram) — Order! The time available to debate this bill is reasonably

limited, and some members have strayed from it. I remind the honourable member for Geelong that he is required to keep the majority of his contribution to the bill.

Mr TREZISE — I take your point, Acting Speaker, but it is important to highlight the fact that much of the answer to our health care needs lies in ensuring that, as I said, we have nurses and nursing beds in place for our ageing population.

Specifically on the bill, this is good legislation because it provides for better and tighter practices in the administration of drugs to residents in aged care hostels. This protection will now be provided to residents in all aged care facilities rather than just, as we know currently occurs, in nursing homes. As has also been pointed out by a number of members who have spoken earlier, the following are important statistics. In Victoria currently there are 41 000 aged care beds; of these, less than 15 000 are in designated high-care places in nursing homes. It is important to note that with the implementation of this legislation this figure will increase by nearly 10 000 and that nearly 24 000 aged care residents will now have their drugs administered under government regulation, as compared to the current 14 400. So this is important legislation.

As I said before, the bill highlights again the Bracks government's commitment to a world-class health system for all Victorians. As I also said before, this bill is specifically for aged care residents. It is important legislation, and as such I wish the bill a speedy passage through this house.

Mr SEITZ (Keilor) — I rise to support the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill. The overall objective of the bill is to update and improve the regulation of drug administration in residential aged care services. The bill places an obligation on the approved provider of a residential aged care service to ensure that the administration of medication to all high-care residents is managed by a nurse. In doing so it extends the regulation of drug administration in residential aged care services to an additional 9500 high-care aged care residents not covered by the existing regulation. That is naturally welcomed, but the bill is also in step with the needs of today's industry.

A fortnight ago I had a meeting with the aged care service providers. They organise regular meetings to liaise with government and industry, and they have raised the shortage of trained staff to do all the work. Releasing some of the trained nurses and allocating

some of their tasks to other people under their supervision are excellent steps forward, because, as has been said before, it is very hard to retain nurses in a high-care facility. It is physically straining work for them, and therefore nurses are always being sought to go back into that industry.

Also this government has depleted the number of available nurses by retraining and recruiting them all into hospitals and attracting them to different fields. The aged care industry is short of qualified people to work in that area to meet the needs and demands of our ageing population, who should be dear and important to all of us, particularly when we are talking about people in high care.

In my electorate there are several such facilities, and at different times I am called upon to locate a high-care facility or a nursing home that has beds in the high-care services area in my electorate. A lot of them are actually just low-care hostel accommodation or serviced apartments, as you might describe them. I have a number of retirement villages, as they are now known, in my electorate which have been built there because entrepreneurs have moved out into greenfield sites where they can get land at a reasonable cost to build those centres. Naturally people move from all parts of the west of Melbourne to retire in retirement villages, but then when the time comes — and age and/or illness catches up with them — they require nursing home care.

In fact yesterday I was presenting a Bulldogs membership cap to a person in a high-care aged care hostel. Three generations of his family, including his father, have been Bulldogs supporters. I thought it was appropriate that, although he is mentally quite alert, he was in a high-care facility, because his body needs help. Sometimes we forget that people who are in those facilities are quite mentally demanding and alert, and can put pressure on the nurses and staff. They demand medication for pain relief which has not been prescribed by the doctor, or they want to take it more often than has been prescribed. Therefore it is important that there is a nurse in charge, particularly when prescription medicines are handed out.

As things stand, in a number of nursing homes in my electorate doctors are few and far between. The family doctor does not come out to see the patient; the patient has to be transported, sometimes by ambulance, back to the surgery of their family doctor because of the shortage of doctors. The prescriptions written for the patients naturally have to be handled by a qualified nurse. Many people use our community chemist chain in Keilor Downs; prescriptions are collected, made up

at the pharmacies and delivered back to the nursing home where a qualified nurse has to lock them up in a cupboard and later sort them out for the different patients. The nurse must make sure the scripts are not mixed up; that requirement in the bill is welcome. It is then up to the qualified and registered nurse to do the hours and record the administration of the medication.

This whole process has been developed over a trial period and the nurses board has developed a protocol where everything has to be recorded and processed in a professional manner. This is important not only to protect the 'clients', as they are called today, rather than the 'patients', but also for the sake of the family so that they have confidence and do not worry about their loved one in a high-care facility.

Most nursing homes, in my area in particular, are treated as a person's second home. Family members, visitors and friends can visit at any time. There are no restrictions on visiting because washing time, physio time, bath time or meal time can be happening at any time. The nursing homes are basically run as if they were the person's own home, as though they were living in their own lounge room or bedroom. You can see the clients at any time. But there needs to be care taken in how medication is administered.

As I said, it was a big surprise for Doug Brudenell when I visited him yesterday because we brought with us some staff from the local newspaper. That brought a smile to his face. It made the day for him; it made a pleasant change from taking his medication and having all the other general treatment at what is an excellent facility. His wife visits him every day; she helps him, keeps him company and takes him around to different activities.

It is now not necessary to make sure your visit to a client takes into account when medication is being administered. When my wife and I visited Doug two weeks ago we were not familiar with the process and thought we would have to go out of the room while he was given his medication, but they said, 'No, you can just stay here and talk and we will just administer the medication he needs for the evening'.

We have moved ahead in introducing changes in the administration and security of medication. In Doug's case the person who administered the medication made sure that he took it and that he was not storing it, keeping it under his tongue or whatever, as we have heard used to happen when some people used to take a lot of tablets at once and tried to overdose later.

The regulations that are being put in place with this legislation will go a long way towards preventing accidents from happening in nursing homes, particularly in high-care facilities. Some of our facilities are big places and when there is a friendly environment where family members can move around freely and bring in the client's favourite food or a snack that the dietician has agreed to, this makes the staff's job more complicated.

This legislation will also protect service providers that are registered and controlled by the government and will provide added protection for nurses who are administering medication. It will ensure that staff are suitably qualified and trained in how to administer the medication, and that also affords protection for them.

I often visit people in my electorate in their homes, and I know that it is common for the sons and daughters of insulin-dependent people to administer medication to their parents who need help and some of whom may be in wheelchairs. Some family members are trained to give injections of penicillin, a common medication for people affected by sugar diabetes. Other people in my electorate have more complicated requirements, but there are not enough spaces for them in high-care nursing homes.

For cultural reasons many people like to remain in their own homes, where they can be provided with extended care and be looked after by family members. Community carers who come to their houses receive appropriate training which keeps them up to date with developments in their area. Nurses from the Royal District Nursing Service also visit people in their homes to check that family members are suitably trained to administer insulin and other injections. It is important that people are trained to do these things properly so that we do not have accidents.

I welcome the bill and wish it a speedy passage through the house. I hope it will make it a better job in the future — —

The ACTING SPEAKER (Mr Smith) — Order!
The member's time has expired.

Mr THOMPSON (Sandringham) — I congratulate the member for Keilor on a well-reasoned and eloquent contribution to the debate. I did not know he had such a commanding overview of aged care services in his electorate, but obviously he has.

The bill before the house is the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill, which the opposition supports. The bill provides that all high-care residents will have their medication

professionally administered, regardless of the type of aged care facility in which they reside. It also amends the Nurses Act to protect nurses by making it an offence to incite unprofessional conduct. The current regulations sunset on 29 May and the bill provides for those regulations to be transferred to the act because the regulations are deemed not to have sufficient power. The bill further provides that division 2 nurses will not be able to manage the administration of medication to high-care residents in residential aged care facilities.

One of the outstanding facilities in the Sandringham electorate is the Fairway Hostel, which was developed through the support of a number of people in the local Sandringham community. I pay tribute to the outstanding work undertaken by Leslie Falloon, Shirley Martin and Barry Hutchins and a number of other hardworking residents of the Sandringham area. Sandringham is one of the oldest electorates in Victoria, inasmuch as the proportion of its residents aged over 65 years is among the highest in the state. As a consequence, many people are experiencing the transition from residing in their homes to entering aged care facilities.

I will make some general observations about aged care. Firstly, many people experience difficulty when they try to find available spaces for family members in aged care facilities; and secondly, aged care facilities at times have younger people as residents, some of whom have acquired brain injuries or other physical incapacities. It may be more appropriate that those younger people are housed in environments that are better suited to their needs. One of my constituents spent two years in an aged care facility and, if not for the great work of a lady who had taken on the role of advocate on his behalf, he would still be in that facility. That person is now living on a semi-independent basis in the outside world.

In the past low-care hostel facilities and high-care nursing home residential facilities have tended to be separate organisations. In 1997 the federal government introduced its Ageing in Place policy and since that time it is very common to have high-care and low-care facilities co-located. This initiative of the Howard government is a constructive reform that provides a range of residential options for members of the Australian community. As a consequence of this trend, some 9500 Victorian high-care residents now live in mixed-care facilities and hostels now have high-care residents.

Recently I was invited to launch a new service at one hostel — a minibus service to local shopping centres. This service has been introduced at The George, a residential facility in Brighton run by Retirement

Services Australia. RSA has another facility in the area, called Concierge Bayside. Both those facilities offer a high standard of residential accommodation.

I also note that Fairway Hostel offers an outstanding range of accommodation and services for ageing members of the Sandringham community. It is a best-practice model, and its style of architecture has been acclaimed. It recently received an increase in its number of beds which enabled it to develop a further extension which was leveraged through the availability of land from the Sandringham Hospital.

There are some areas of concern. The guidelines to be produced by the nurses board have not been produced to date. The bill does not clarify what 'manage' means, and the aged care sector is concerned that the division 2 nurses will be discriminated against. With those remarks the opposition supports the bill.

The ACTING SPEAKER (Mr Smith) — Order! Old habits die hard for the member for Sandringham. The Chair noticed that he was speaking from his old spot, and he may wish to return to his right seat when he next makes a contribution.

Mr STENSHOLT (Burwood) — I stood up before in my place. You, Acting Speaker, almost had to wake up the member for Sandringham, because he was clearly in the wrong position. The Bracks government is in the right position on this one. We are standing in the right place and looking after the aged in Victoria. We are not confused; we know where we stand. We are looking after the 40 000 people in aged care facilities in Victoria.

This bill extends the regulation of drug administration to all high-care residents in aged care facilities rather than just high-care residents in nursing homes. We have a marvellous system in Victoria, and Victoria is the place to be for older people in aged care facilities.

The state government is vitally involved in the provision of aged care, as indeed are many non-government organisations and community organisations as well as private providers. In Victoria we are very lucky to have a long history of aged care, and the Bracks government is continuing it and giving it a very high priority. We are not about closing down facilities; we are about continuing them and providing them with support. In Victoria we have many mixed facilities, whether they be hostel based or low-care or high-care facilities. As other members have pointed out, there are nearly 41 000 commonwealth-funded aged care places in Victoria, about 18 000 high-care places and around 21 000 low-care places.

Like other members I have many facilities in my electorate which are either mixed or dedicated, whether they be high care, low care or indeed hostel accommodation — for example, Cabrini Residential Care in Queens Parade, Ashwood, is only a few years old. I am looking forward to going there in a few weeks because the staff will be holding an Anzac Day commemoration service. I have been there quite a few times, including at the opening of the facility by the local federal member for Chisholm, Anna Burke. I was recently at the annual fete of Nazareth House Hostel, which is a very large facility in my electorate. I was also there a few weeks ago talking to the sisters in charge and the nurses and discussing its accreditation. I also remember discussing its accreditation about three years ago.

I was recently over at Elizabeth Gardens, which has a typical combination of hostel, high and low-care arrangements, to celebrate the 100th birthday of one of the residents. It is good to see the nurses in those facilities looking after their residents. Condare Court Aged Care Community Hostel is another very good facility in my electorate. I was there the other day announcing to the people gathered for their evening meal that the no. 76 bus is being returned to the local area.

It is very important that we support aged people in our communities once they move into that type of accommodation so that they are able to stay there, whether they move from a hostel to a low-care or a high-care facility. There are other facilities in my electorate like the Lynden Nursing Home and Garoopna Uniting Care–Tanderra Hostel for Older Persons as well as Samarinda Lodge. I am on the committee of management at Samarinda Lodge and the provision of drugs, poisons and controlled substances — in other words medication — is very important. It is one of the issues that we have to look at. At the moment we are looking at a program of reaccreditation for Samarinda Lodge which is due to come up for that in the middle of this year. We have a subcommittee looking at management guidelines, procedures and practices. Of course there is a range of such procedures for any properly managed aged care facility, which this one is. I really do commend the people who work there. The nurses, the caregivers and the people in the kitchen do a marvellous job.

This is a community-based facility in Ashburton. Not many facilities are not backed by a large organisation or the money of a private provider or the state. The community got together and raised the funds for an aged care facility. Originally it was a low-care facility but time has gone by and now the majority of the

patients are in high care. It is a very friendly place. That is the essence of our better aged care facilities in Victoria: they are places where people are looked after and feel comfortable and their relatives have a degree of assurance and confidence that their parents or relatives are being well looked after.

As I mentioned, I am a member of a subcommittee which is looking at these sorts of procedures and practices, such as the administration of medication. We were discussing it only a couple of weeks ago when we were looking at it and making sure it was properly done. I am pleased that this bill has come forward because it will help the committee of management and staff of Samarinda Lodge — let alone all the others in my electorate — to ensure there is a proper management process which can be governed by proper regulation which is provided for in this particular bill.

Clause 6 provides a new offence for directing or inciting unprofessional conduct, so that nurses working in these homes can be assured that they will not be pressured to do things which they regard as unprofessional in the administration of medication. This is an excellent bill for aged care in Victoria. Victoria is the place to be for aged care and I commend the bill to the house.

Ms CAMPBELL (Pascoe Vale) — It is with pleasure that I rise to support the Drugs, Poisons and Controlled Substances (Aged Care Services) Bill 2006. It is heartening to be able to commend this bill to the house because as a result of this good legislation, changes will ensure that for the very first time all high-care residents must have their drugs administration managed by a nurse.

The fact that this legislation brings an extra 9500 high-care residents under important regulations is something of which each and every one of us should be proud. As we have heard from other speakers, the existing medication administration law covers only high-care residents in nursing homes. Many people who have high-care needs are not in accommodation that currently provides that protection, so more people will be protected. From the facts and figures that have been provided to members, we are looking at a significant increase in the number of people moving into high-care facilities. Currently these facilities provide around 40 000 places — 18 000 in high care and 21 000 in low care — and far more people are moving in as this community ages.

They are the facts of the bill, but what is behind it is what I am really interested in. I compliment the minister, the parliamentary secretary and the staff

involved in the formulation of this bill, because it is about remembering that every single resident — be they high care or low care — requires the appropriate administration of drugs. In this regard I compliment one of my neighbours, who loved his father and cared for him at home. He provided very significant high-care nursing to his father in their family home. This man did not have a nursing background, but he followed instructions exactly and loved and cared for his father. People who are in aged care facilities — whatever they happen to be — are humans who require love and attention as well as medication. This legislation enables high-care residents to get the appropriate love and attention as well as appropriate medication.

We all know that people in residential facilities pay a percentage of their pensions — or their families pay fees additional to their pensions — to enable high-care treatment to be provided. If the requirement is for an appropriately qualified person rather than a registered nurse, the money can go a bit further. Many people in aged care facilities want more than anything the love, care and attention that goes with appropriate nursing and personal care work.

Each one of the people in nursing homes is someone's son or daughter. They generally have siblings, and often they are spouses, parents or grandparents. For each of us — whether it is our aunty, uncle, father-in-law, mother-in-law or grandparent — they are people who require appropriate medical and emotional care. This bill enables both to be provided. It will enable people in nursing homes or elsewhere who are in need of high care to get the best health care possible.

Ms ALLAN (Minister for Education Services) — In summing up I thank a number of members for their contributions to debate on the bill. They are the members for Mulgrave, Ballarat West, Mount Waverley, Bentleigh, Clayton, Oakleigh, Morwell, Hastings, Bayswater, Bellarine, Preston, Keilor, Pascoe Vale, Mill Park, Burwood, Geelong, Caulfield, Lowan, Bass, Hawthorn and Sandringham.

Mr Ryan interjected.

Ms ALLAN — For the benefit of the Leader of The Nationals, I note they all, including the member for Lowan in representing The Nationals, made very important contributions regarding the importance of aged care services in this state. This issue will become more important with the ageing of the population. It is important that we make sure legislation keeps pace with current practice and also looks to the needs of the future.

A number of members made reference to the importance of aged care services in their own communities. I am very pleased that a year or so ago the Premier opened a new 60-bed nursing home in my electorate. We saved this nursing home from the privatisation bloc, as the former government wanted to privatise this operation. We were very pleased to be able to build this 60-bed nursing facility to meet the needs of local residents for the future. That is what this bill does, and I am very pleased to commend the bill to the house.

Motion agreed to.

Read second time.

Remaining stages

Passed remaining stages.

JUSTICE LEGISLATION (MISCELLANEOUS AMENDMENTS) BILL

Council's amendments

Message from Council relating to following amendments considered:

1. Clause 1, page 2, line 15, omit “2005.” and insert “2005; and”.
2. Clause 1, page 2, after line 15 insert —
“() the **Legal Profession Act 2004**.”.

NEW CLAUSE

3. Insert the following part heading and new clause to follow clause 28 —

“PART 13 — AMENDMENT OF LEGAL PROFESSION ACT 2004

AA. Legal Services Board elections

- (1) For the heading to clause 5 of Schedule 1 to the **Legal Profession Act 2004** substitute —

“**Preferential voting for advocate member**”.

- (2) After clause 5(2) of Schedule 1 to the **Legal Profession Act 2004** insert —

“(3) This clause applies to the election of the advocate member.”.

- (3) After clause 5 of Schedule 1 to the **Legal Profession Act 2004** insert —

“**5A. Exhaustive preferential voting for non-advocate members**

- (1) This clause applies to the election of the non-advocate members if there are more than 2 candidates.
- (2) The first vacancy is to be filled in the manner specified in clause 5(2) for determining the result if there are more than 2 candidates for election of a member and, for that purpose, a reference in clause 5(2) to a “defeated candidate” or a “non-defeated candidate” is to be construed as a reference to an “excluded candidate” or a “continuing candidate” as the case may be.
- (3) The second vacancy is to be filled as follows —
 - (a) all the ballot-papers (other than the ballot-papers which are rejected) are to be rearranged under the names of the respective candidates for which a first preference is indicated;
 - (b) the ballot-papers on which a first preference is indicated for the elected candidate are to be placed in the parcel of the continuing candidate next in order of the voter’s preference;
 - (c) the total number of votes given to each continuing candidate is to be ascertained;
 - (d) the candidate who has received the greatest number of votes, if that number constitutes an absolute majority of votes, is to be declared elected;
 - (e) if no candidate has an absolute majority of votes —
 - (i) the candidate who has received the fewest votes is to be declared an excluded candidate; and
 - (ii) the ballot-papers counted to the excluded candidate are to be distributed amongst the continuing candidates next in order of the voters’ preference; and
 - (iii) the total number of votes given to each continuing candidate is to be ascertained; and
 - (iv) the candidate who then has received the greatest number of votes, if that number constitutes an absolute majority of votes, is to be declared elected;
 - (f) if no candidate then has an absolute majority of votes the process of declaring the candidate who has the fewest votes an excluded candidate and distributing the ballot-papers amongst the continuing candidates next in order of the voter’s preference is to be repeated until one

candidate has received an absolute majority of votes and is declared elected.

- (4) If on any count 2 or more candidates have an equal number of votes and one of them has to be declared an excluded candidate the result is to be determined by lot.
- (5) If on the final count 2 candidates have received an equal number of votes the result is to be determined by lot.
- (6) In this clause, “**continuing candidate**” means a candidate not already elected or excluded from the count.’”.

LONG TITLE

4. Long title, omit “and the **Working with Children Act 2005**” and insert “; the **Working with Children Act 2005** and the **Legal Profession Act 2004**”.

The ACTING SPEAKER (Mr Smith) — Order! Before calling the minister I inform the house that the third reading of the bill was passed with an absolute majority. I am of the opinion that the adoption of these amendments should therefore require an absolute majority to be obtained.

Ms ALLAN (Minister for Education Services) — I move:

That the amendments be agreed to.

Mr McINTOSH (Kew) — It is a great pleasure to usurp the minister to explain the amendments she just proposed to the house. These amendments are brand new amendments to the original justice legislation. They amend the Legal Profession Act, which is not one of the acts sought to be amended by the omnibus bill.

While the opposition supports the amendments that have been put by the government — they were certainly supported in the Legislative Council and we support them here — the reality is that it is an indictment on the government, firstly, in the way they have been put this evening; and secondly, in that this is a third tranche of amendments to such a significant bill that at the time all parties agreed was significant. There were over 500 pages of amendments in the original bill. Given the amount of time on and exposure of that bill, little or no time was taken to deal with the detail, and we are now picking up the pieces.

I note that the government took over 12 months to appoint a legal services commissioner to the Legal Services Board, apparently notwithstanding the urgency of pushing through the principal bill and with little or no consultation with the profession. Yes, there had been a long gestation period to the final bill, but the final bill got little or no exposure and was the subject of

substantial criticism by the Law Institute of Victoria and particularly the Victorian Bar Council, which was concerned that the detail would not be worked out.

Yet again we have a situation where we have to come back and amend significant legislation to make it workable. It is a simple amendment. Essentially what was in place in the original bill was that two solicitor representatives of the Legal Services Board would be elected. The problem was: how do you elect two members of the Legal Services Board from the solicitor ranks of the profession without some mechanism in place? It is a silly amendment, and it is absurd that now — over 12 months since the passage of that bill, and certainly some 12 months after we expected that Legal Services Board to be put into place — it has had to come back to this house for us to fix up the pieces that should have been fixed up in the first place.

That is an indictment of this government and how it does business. It is more about getting a headline rather than getting the detail right. It has brought into this house a 500-page bill the detail of which is being criticised by a wide group of people, including people from the law institute and the bar council. That is an indication that the government is not really fair dinkum about consultation or the business of government which is managing these sorts of systems, and it is an indictment on the competence of the government. It is just regrettable that the Attorney-General is not in the house and has sent a junior minister to deal with these amendments. With those few remarks I support the bill.

Mr RYAN (Leader of The Nationals) — The Nationals support the amendments to the legislation made by the Legislative Council. I note that the bill now before us in its amended form was passed in the Council last Thursday. I acknowledge that the consideration of the legislation was held over from Thursday until today so that we could have the opportunity to look at it, and that we were offered a briefing by the government, for which I am grateful.

The regrettable fact is that an error has been made and has had to be fixed in this fashion by the amendment which is now before the house. The amendment is, as the minister in the other place has said, of a technical and mechanical nature.

In effect it enables the introduction of a preferential voting system for the single advocate member who will be one of the three legal representatives on the legal practitioners board, while also introducing an exhaustive preferential voting system to enable the two non-advocate members of the Legal Services Board to be elected. Apparently it was an oversight made at the

time of drafting the legislation which will be cured by this amendment, which The Nationals support.

Mr LUPTON (Pahran) — This small but important technical amendment will bring clarity to the proposed elections for the Legal Services Board and in doing so will provide for preferential voting to be the method of election for the advocate member on the board and for exhaustive preferential voting to be the method of election for non-advocate members.

The Justice Legislation (Miscellaneous Amendments) Bill was debated and passed by this house recently, then went to the Legislative Council, and in that process consultations resulted in the Legal Profession Act being amended; also the bill will now clarify the method of election of members of the board.

This is not an unusual situation. A wide variety of important but minor technical amendments are being made to pieces of justice legislation. The originating bill amended a variety of acts under the justice portfolio including the Appeal Costs Act, the Constitution Act, the County Court Act, the Courts Legislation (Judicial Appointments and Other Amendments) Act, the Courts Legislation (Judicial Conduct) Act, the Crimes Act, the Evidence Act, the Public Notaries Act and so on.

As is often the case, the need to amend a particular part of the justice legislation so as to clarify a point was taken advantage of during the legislative process that saw this bill pass this house in the first instance. Amendment 3, made in the other place, will ensure that the Legal Services Board will have an effective and clear method of election of its advocate and non-advocate members. That is a very sensible thing.

Elections to the board will come up in the near future. We want to make sure that there is no doubt or dispute about the way in which board members are elected, that the forthcoming elections can be dealt with sensibly and surely and that there will not be any issues taken up during or subsequent to that about the processes of the board in electing its members.

The office of member of the Legal Services Board, to which people will shortly be seeking election, is an important one, and those who are successfully elected to the board will have a very important job to do in protecting members of the public and representing their particular arms of the legal profession to ensure professional conduct and that consumer interests are properly safeguarded.

It is very important to make sure those people are elected in a proper fashion, and this bill will give clarity

and certainty to that. The government has been very sensible in moving to have this minor house amendment made at this point. As I said, it is not unusual when dealing with justice legislation to have often numerous technical amendments to a range of legislation incorporated into single amending bills, and this is another example of that. It is appropriate that we are doing this, and it will certainly lead to a good outcome for the people of Victoria and the better administration of justice in this state. I commend this bill and the amendment to the house.

Mr MAXFIELD (Narracan) — It certainly is a pleasure to speak on the Justice Legislation (Miscellaneous Amendments) Bill. As all members are aware, the bill involves a number of technical amendments in a number of areas, all of which would not be regarded as earth-threatening or significant. However, I think it highlights the thoroughness of this government. It really keeps a very close watch on what is happening with legislation that has gone through this house and has then acted appropriately by moving small but technical amendments.

If the government does not move these small amendments, there is a potential for some significant issues to occur. Although minor in nature, amendments to the Serious Sex Offenders Monitoring Act and the Victorian Civil and Administrative Tribunal (VCAT) Act can have significant impacts in terms of the effects on our community. Also, there have been amendments to the Working with Children Act to ensure that we give proper effect to the government's decision that registered teachers will be exempt from the requirements of the working-with-children scheme. That legislation provides for the expansion of the definition of a registered teacher. Some teachers may not be formally qualified, but they have been recognised under the act.

They are examples of the sorts of technical amendments that this government is dealing with today. It highlights the desire to ensure that we effectively leave no stone unturned in terms of ensuring that any errors that may crop up from time to time are promptly and effectively cleared.

Those in my electorate are very much aware of the workings of legislation through the Moe Magistrates Court. It is a court that has served the community very well over a long period. With the establishment of the magnificent new justice precinct in Morwell, the government is bringing together a number of agencies, including the police and courts. There will still be a significant and ongoing role in our justice system for the Moe Magistrates Court in Gippsland. I know the

Moe community is looking forward to a number of very innovative programs being run out of the Moe Magistrates Court, as well as the continuation of the court, which will ensure that access to justice can be achieved promptly. In some instances in the past there has not been enough room to hold hearings locally. Hearings of VCAT that may have been held in Melbourne will in future be able to be held in the Latrobe Valley in Gippsland as a result of the new justice facility in Morwell, and work in conjunction with those facilities in Moe.

The Bracks government is ensuring that those in regional Victoria have access to justice and a prompt, easy and accessible court system. I am certainly very proud of a government that puts provincial Victoria at the forefront of our community. It is an absolute pleasure to commend this bill to the house.

Mr LOCKWOOD (Bayswater) — I too support the amendments to the Justice Legislation (Miscellaneous Amendments) Bill. We are proving that the process works by dealing with these technical amendments which were moved in the upper house. The Nationals were fairly gracious about that. Technical amendments to bills are often needed. Mistakes and omissions are made, and there is often the need for a minor amendment to make sure the legislation works. The member for Kew was a little less gracious and took the opportunity to bag the government over a technical error. I guess that is his right.

Ms Allan — He has never been in government; he would not know.

Mr LOCKWOOD — Yes, he needs the experience — but still, perhaps it was a good way to take up 5 minutes.

Mr Dixon — What are you doing?

Mr LOCKWOOD — I am learning from the member for Kew.

The amendment basically facilitates democracy. It ensures that there is a system of preferential voting for the election of the advocate member of the Legal Services Board, and it provides for a system of preferential voting for the election of the two non-advocate members of the board. This is all necessary because the elections are fairly soon — at the end of May. It is quite worthwhile to pass this legislation. As I said, it was moved in the upper house and is supported here. It is all part of the justice program. The government is committed to ensuring that the laws remain responsive and effective. Facilitating democracy is very important.

It is important that the Legal Services Board function properly and its members be democratically elected. As I said, the election will be on 31 May 2006. We cannot have a flawed election process for the board so it is important to put this through now. There is not a lot else I can say. I do not have any courthouses being built in my electorate so I cannot — —

Ms Allan — What about the lawyers who live in your electorate?

Mr LOCKWOOD — There are plenty of lawyers who live and work in Bayswater.

Ms Allan — And they have great representation.

Mr LOCKWOOD — The ones who get along with me get great representation. I have had contact with quite a few of the lawyers in my electorate. They seem to be reasonable people. I have written to them and phoned some of them. Some of them are not overly enthusiastic about spending time with their local member — they are too busy. They have practices and businesses to run so they tend to stick to themselves a little bit, despite the opportunities I might have made available to them.

I am sure the legal profession is functioning well and is quite healthy in the electorate of Bayswater. These amendments to this bill will ensure the legal process continues functioning effectively in Victoria. I commend the amendments to the house.

The ACTING SPEAKER (Mr Smith) — Order! It is with the greatest of pleasure that I call the member for Morwell.

Mr JENKINS (Morwell) — It gives me a great deal of pleasure to rise, particularly with you in the chair, Acting Speaker, to discuss the — —

Ms Allan — What is this — Gippsland love?

Mr JENKINS — Gippsland people understand Gippsland people.

This government is committed to a fairer justice system and a justice system that continues to work efficiently for all people, not just Gippslanders but all people in Victoria and certainly all those people in regional Victoria. I think everybody here understands the degree to which this government has been prepared not only to invest a great deal of time and care in ensuring we get legislation right but also to take the opportunity when we can to go back and look to ensure we get legislation and the law absolutely right. Undertaking those reviews

leads to a number of consequential amendments, but it is very important that we do that as a government.

I would like to thank the Attorney-General and his staff for the hard work they have done. While these amendments are not on their own significant policy initiatives, it is important that we get the legislation right so the justice system continues to work efficiently and fairly and people understand it. Some of the amendments are a matter of clarity rather than actual substance. We are ensuring that everybody has a similar understanding of how some of these acts work — the Appeals Costs Act, the County Court Act and the Courts Legislation (Judicial Conduct) Act. Those acts required some clarification, and an important correction was made in relation to judicial pensions to give effect to the Constitution Act 1975, which is extremely important.

My electorate has been fortunate to see not only the Bracks government's commitment to getting the law right and getting legislation right but also that we are making a similar investment in the bricks and mortar of the justice system. A large number of these provisions will be administered in the new justice precinct in Morwell — a \$37 million investment which will see a large number of people able to access the justice system in regional Victoria. I commend the bill and the amendments to the house.

Mr SMITH (Bass) — It does not give me a great deal of pleasure to get up and speak on the Council amendments to the Justice Legislation (Miscellaneous Amendments) Bill. Contrary to what was said by the members for Morwell and Narracan, this bill is nothing more than an amendment to an amendment to an amendment. It cannot be seen as anything other than another government stuff-up.

How could a government with so many bureaucrats sitting around in the Department of Justice have the cheek to bring this sort of legislation back into the house time and again because it could not get it right? This is not just some ordinary ministerial error; this is from the legal people in the Attorney-General's department, which has not got it right again. The bureaucrats who sit around in the Attorney-General's department could not get it right the first time, and they could not get it right the second time. Let us hope that this time, the third time, they might get this bill right. I ask members to look at the bill. What is it all about? It is all about being able to elect somebody to sit on a board. They could not even sort that out and get it right.

The Attorney-General should have a good look at himself and he should have a good look at the

bureaucrats who sit in the department. He should talk to his advisers to see if they can put a little time and effort into trying to get not only this bill but other bills right. This is typical of this government. It rushes bills into this house and it does not allow enough time for the opposition to look at them. The government has not got the detail right. The government should spend a little more time on the bill. The devil is in the detail. When you cannot elect solicitors to a board because you do not know how it is to be done, even though it is quite simple and based on a preferential voting system, the Attorney-General and his department should have another look at the bill and get it right.

I can only say that the Attorney-General and his department should be condemned for their absolute stupidity in having to have this bill brought back to the house on three separate occasions. They are dills!

Motion agreed to by absolute majority.

Sitting suspended 6.29 p.m. until 8.02 p.m.

**DRUGS, POISONS AND CONTROLLED
SUBSTANCES (PROHIBITION OF
DISPLAY AND SALE OF COCAINE KITS)
BILL**

Second reading

Debate resumed from 1 March; motion of Ms PIKE (Minister for Health).

The Nationals amendments circulated by Mr DELAHUNTY (Lowan) pursuant to standing orders.

Mrs SHARDEY (Caulfield) — I rise to speak on the Drugs, Poisons and Controlled Substances (Prohibition of Display and Sale of Cocaine Kits) Bill. While this is a very small piece of legislation it has some importance because it is probably an important step in ensuring that young people are not encouraged to use an illicit drug — that is, cocaine.

I think all of us well remember the issues surrounding the investigation by Professor Penington into drug usage in Victoria back in 1997, the subsequent Turning the Tide response and the programs that were introduced to address this very serious issue. It is certainly an issue that I think both sides of politics have a great deal of concern about. As parents and grandparents, people in this place are also deeply concerned that their own families do not join this pathway to what often amounts to destruction of life, so

the Liberal Party will be supporting this piece of legislation.

I suppose the question needs to be asked: why are we looking at paraphernalia for just one drug and not looking at paraphernalia for other drugs? Some people might have a different attitude and think that some other drugs are not quite as harmful, but in my view any illegal drug has the potential for harm and we should be taking every step to ensure that we protect young people from going down the pathway to drug usage. The drugs that come to mind, of course, are drugs that some people think are not as harmful, but we know that other drugs like cannabis can have a very deleterious effect on people, particularly those people who have a tendency towards psychiatric illness.

When we were looking at this issue back in the late 1990s, I was probably one of the people who was not convinced that there was that linkage, so I took myself off to the Waiora clinic to speak to some of the psychiatrists and clinicians there about this issue. At that time there was not a lot of literature worldwide which actually supported the link between cannabis usage and psychiatric illness. Subsequently, though, that literature has come to light, and it is now well understood that where an individual has a tendency to psychiatric illness this drug can trigger such an illness. When one looks around at the high incidence of depression and other illnesses today and realises that a lot of those illnesses are linked to drug usage or come in combination with drug usage, one sees that we as a community bear a lot of responsibility to look at every possible step we can take to try to minimise drug usage.

The main provisions of this bill will prohibit the sale of razor blades, tubes, mirrors, scoops and glass bottles when they are brought together in a combination to make up a cocaine kit. Those individual items on their own, of course, do not make up a cocaine kit, but what is clear in this legislation is that they can, put together in the form of a kit, encourage people to use cocaine. I notice the member for Mulgrave is indicating that razor blades can be used for other purposes, and of course they can.

This bill creates an offence of displaying cocaine kits in retail outlets, with a penalty of 60 penalty units for an individual and 300 penalty units for a body corporate. It creates an offence of selling a cocaine kit with the same penalties as for displaying the kits. It also grants the police power to seize and retain cocaine kits.

In addition to the issue I have raised regarding why we are not having a look at banning other paraphernalia that is used for drug taking, the amendment that is to be

spoken to by The Nationals raises an important issue — that whilst we are banning the display and sale of cocaine kits, there would be nothing illegal about a shopkeeper having a stash of them out the back. Under this legislation that would not seem to be illegal. I am sure The Nationals will be looking for some clarification, and perhaps if it is thought to be a good idea, the government might like to look at the member for Lowan's amendment.

I looked at a web site on drug use and in particular cocaine because not having ever even seen cocaine, although I am certainly aware that it is a white powder —

Mr Helper — So is Ajax.

Mrs SHARDEY — Exactly — there are a lot of white powders that have different uses.

This document, which I copied from the web site of the Australian Drug Foundation to try to understand the elements of cocaine and what it can do to someone — it is important for us as a Parliament to understand it — states that:

Cocaine belongs to a group of drugs known as 'stimulants'. Stimulants speed up the activity of the central nervous system — the messages going to and from the brain. Amphetamines (or 'speed') and nicotine are also stimulants.

Sometimes we forget that nicotine is a stimulant, but as a person who has smoked I appreciate very much that it is. It states also:

Cocaine most commonly comes in the form of a white, odourless powder called 'cocaine hydrochloride'. It has a bitter, numbing taste.

The powder is extracted from the leaves of the coca bush, found mainly in Peru and Bolivia.

It is often processed with various other chemicals. Cocaine is:

... inhaled (snorted) through the nose, or injected. It is also smoked through a process known as 'freebasing' — where the cocaine is converted to an alkaloid form. Cocaine hydrochloride cannot be smoked, since the drug is destroyed at high temperatures.

'Crack' is a very pure form of freebase cocaine sold in the form of small crystals or rocks. Crack is smoked in pipes or in cigarettes, mixed with tobacco or marijuana. Crack has rarely been seen in Australia.

It states that the street names for cocaine are:

C, coke, flake, nose candy, snow, dust, white, white lady, toot, crack, rock, freebase.

It is quite an education, reading this stuff. The department kindly provided me with some information about cocaine use in Australia, but it is consistent with the information I have here. The department's figures are that 8 per cent of people have used amphetamines or speed in their lifetime, and 4 per cent are said to have used cocaine in their lifetime. It believes the data for the last 12 months shows there was a 2 per cent usage of amphetamines, and 1 per cent for cocaine. The document I have says that the Australian Institute of Health and Welfare figures for 2001 show that 4.4 per cent of Australians reported using cocaine at some time in their life and that:

Of those who had ever used cocaine, the average initiation age was 22.6.

If people start using coke at nearly 23 years of age I am not sure whether that means that people are starting fairly late after using simpler, less harmful drugs. I do not know at what point in the cycle someone is likely to have used heroin or have moved on to heroin. But certainly it is fairly tragic to think of someone of nearly 23, who should be achieving things in their life, turning to use cocaine, and I therefore hope this bill has some impact.

On the immediate effects of cocaine, the document states that many people have experienced the following effects shortly after taking cocaine: psychological arousal, including increased heart rate; exhilaration; anxiety; feelings of wellbeing; decreased hunger; panic; poor concentration and judgment; indifference to pain and fatigue; feelings of great physical strength and mental capacity; enlarged pupils — which are pretty easy to detect; other forms of arousal; and unpredictable and violent behaviour.

Some of the bad effects for people who use large quantities over a period of hours can be: extreme agitation, anxiety, paranoia, hallucinations, dizziness, nausea and vomiting, tremors, unpredictable violent or aggressive behaviour, loss of concentration and coordination, loss of interest in sex, loss of ambition and motivation, heart pain, heart attack, paranoid psychosis, increased body temperature, and rapid, irregular and shallow breathing.

They are all pretty nasty things. The dosage and method of use that can cause cocaine overdose varies from person to person, as I am sure happens with other drugs. But the effects of overdose are very intense and generally short in nature. Although uncommon, deaths from coke overdose have been recorded due to the following things: seizure, heart attack, brain

haemorrhage, kidney failure, stroke and repeated convulsions. That is not a nice way to die.

I turn to the long-term effects. People who have used crack over long periods tend to take coke in higher quantities or go on high-quantity binges, I think they call them, that are interrupted by crashes. A binge is when the drug is taken repeatedly over hours or days. The person may attempt to end the binge by taking a depressant drug, such as alcohol, benzodiazepines or heroin. The binge is followed by the crash, a period of intense depression, lethargy and hunger. It all sounds very nasty, does it not!

The unpleasant effects of coke increase with more frequent, long-term use. This often results in the person discontinuing their use for a good period of time. Most of the following symptoms will dissipate once cocaine use ceases, so all the restlessness and nausea and so forth disappears. There are a number of dangers relating to the method of cocaine use, and there are various methods. Repeated snorting damages the lining of the nose and nasal passages and can cause damage to the structure separating the nostrils. Some members may have read in a magazine — I am not sure which one it was — that an actress in the United States snorted coke so much that her septum disappeared, so there was just one large nostril instead of two. That, too, sounds pretty awful!

Cocaine is often mixed with substances that are poisonous when injected. It may cause collapsed veins, abscesses and damage to the heart, liver and brain. In addition, because people who use cocaine often do not know the exact purity and strength of the drug, their chance of overdose and death is also increased. If it is injected into the skin, either by intent or accident, cocaine causes severe vasoconstriction, which may prevent blood flowing to the tissue, potentially resulting in severe tissue damage. This can occur after just one injection — if you have never used it before and you have just one injection of this stuff, it can cause this problem. Of course, with the injection of any drug that we know about there is also an increased risk of the transmission of blood-borne viruses such as human immune-deficiency virus (HIV), hepatitis B and hepatitis C.

Smoking cocaine can cause breathing difficulties, chronic cough, chest pain and lung damage, as can the smoking of pretty much anything. Long-term injection can result in blood vessels becoming blocked by substances mixed with cocaine, which can lead to major damage to bodily organs, inflamed blood vessels, abscesses, HIV, hepatitis and so on. Regular users may develop a reverse tolerance whereby they experience

the effect of the drug more intensely. Tolerance to cocaine may not be obvious due to the tendency to mix coke with other drugs, such as alcohol.

In terms of treatment options, while abstinence may be a suitable treatment aim for some people, many programs recognise that for others this may not be possible or realistic. Most programs adopt strategies that have the overall aim of reducing the harm and risk related to the person's drug use. Certainly that type of treatment is something that we in this Parliament have looked at, and many of the programs that are currently available go along that path.

I will look at the clauses in the bill only briefly because members are able to read it for themselves. The essential clause, apart from the commencement clause, is clause 3 which inserts new part VA, dealing with cocaine kits, into the act. Proposed section 80B makes it an offence to display cocaine kits in a retail outlet. Proposed section 80C creates a new offence of selling a cocaine kit. The decision to create an offence in the selling of cocaine kits was made out of concern, according to the second-reading speech, about the sale of set items that tend to encourage young people to use cocaine. The new offence is the selling of the cocaine kit to another person if the seller, according to proposed section 80C:

... knows or is reckless as to whether the cocaine kit is sold for the purpose of ... introducing cocaine into the body of any person.

As I mentioned earlier, the maximum penalty for the new offence will be 60 penalty points for an individual and 300 points for a corporation.

Division 2 of the new part VA sets out the powers the police will have to enforce the new offences with appropriate seizure powers in relation to kits. Provisions allowing the police to retain the kit and to destroy the kits in certain circumstances are most important. I am not quite sure what happens to the kits that are not destroyed; however, perhaps the parliamentary secretary can give us some idea of what happens to the kits that have been confiscated by the police and not destroyed by them. I would just like some idea — —

Mr Andrews interjected.

Mrs SHARDEY — No, when the member for Mulgrave is responding, as he always does, I would appreciate that information.

A communication strategy is part of the whole idea behind the legislation. I took the trouble to look at the

Victorian Alcohol and Drug Association (VAADA) budget submission for this year because I think it is important to get the view of an organisation like this which has a good deal of understanding about these issues. It expressed some concerns in relation to drug programs as a whole. Certainly VAADA welcomed the government's intention to improve access to justice for disadvantaged populations but it went on to talk about some other things that it is concerned about. On page 3 of the submission it said:

The issue of harms associated with substance use, however, is increasingly alienated from the health and community sector and related policy. Current policy thinking doesn't capture the broad issue as it relates to the diversity of health and social needs of individuals and communities affected by substance use.

However, VAADA:

... calls on the Victorian government to turn its focus to the health and social aspects of the harms associated with alcohol and other drugs and to strive towards a more holistic way of responding to substance misuse.

...

VAADA was concerned ... that the implications of disadvantage caused through the harms associated with alcohol and other drug use were not addressed in *A Fairer Victoria*.

In this pre-budget statement it urged the Victorian government to:

... address the harms associated with alcohol and other drugs as an inter-related factor that causes disadvantage for Victorians.

VAADA recommended that the Victorian government:

develops a strategy to

ensure that those individuals with AOD —

alcohol and drug —

issues have equal opportunity to access universal services to reduce disadvantage

ensure access amongst prison populations to universality of health care services ...

reduce barriers impeding Victorians overcoming substance dependency from fully participating in social and economic life ...

Further, it:

considers the role of the AOD sector in addressing the intersections across AOD use and other factors contributing to disadvantage —

as important, and it would like to see an examination of the substance abuse on disadvantaged communities and

then the implementation of a strategy to reduce related disadvantage. So there are a number of issues it thinks are important in relation to how government approaches drug and alcohol use within the community and it is encouraging a more holistic approach.

Finally, VAADA's submission says:

What is lacking, however, is a clear vision of an integrated strategy (within health policy) that responds to the harms associated with substance (mis)use within the health context.

...

... it is timely to consider the role of AOD services in health promotion, community education and early intervention — for example, with young people and within newly emerging ... communities.

That is the view of one of the most important organisations that deal with drug and alcohol issues in our community, and I think it would be worthwhile for the government to take that advice.

In any event, the Liberal Party supports this piece of legislation and will be watching and listening with interest to the contribution by The Nationals further explaining their proposed amendment.

Mr DELAHUNTY (Lowan) — I rise on behalf of The Nationals to speak on this important bill, the Drugs, Poisons and Controlled Substances (Prohibition of Display and Sale of Cocaine Kits) Bill. We know the purpose of the bill is to amend the Drugs, Poisons and Controlled Substances Act 1981 by introducing, as set out in the explanatory memorandum:

... a new part VA into the act which creates new offences to display or sell a cocaine kit.

The Nationals support the intention of the bill, but we do not believe it goes far enough. We will move an amendment that will create a new offence to possess cocaine kits for sale.

The bill is about prevention measures for substance abuse, and as such is a positive initiative in promoting the health and wellbeing of our community. Over time there has been a range of drug prevention treatment initiatives to reduce the impact of illicit and licit drugs in our community. Between 1998 and 2004 the increase in the number of clients accessing drug treatment services was nearly 30 per cent, which is to be commended.

This further initiative by the government and the amendment proposed by The Nationals will address the use of cocaine, which is dangerous and can cause a range of serious medical conditions — and the member for Caulfield spoke about a few of those — as well as

deaths. The selling of cocaine kits is seen to promote the use of a drug of dependence, that being cocaine. Cocaine kits vary in their contents and packaging. Typically they contain a small metal tube, a razor blade, a small scoop, a small glass bottle and mirror. Those items are usually packaged in a wallet or a metal compact.

This legislation will prevent items from being displayed and sold as a package to promote the use of cocaine, but as I said, The Nationals feel that has not gone far enough. We will move an amendment that will make the possession for sale of cocaine kits an offence by inserting in section 80 that it is an offence to possess cocaine kits for sale. In other words, a person must not possess for the purpose of sale any cocaine kits.

Under the legislation before us it is an offence to display or to sell those items. A retailer could hold a box full of cocaine kits — he could have 50, 100 or 1000 in his back room — and that retailer would not be committing an offence. It would then be up to the police to catch them selling it, and we do not think that is going far enough. Having a box full of these in the back room of a retail shop, such as a tobacconist's or the like, should be an offence, because otherwise it puts too much responsibility on the police to come in at the appropriate time to catch the retailer selling those items. We all know the old story about going to certain shops and wink, wink, nudge, nudge — 'We know you have some kits down the back', and you could purchase them. This amendment adds more support to what is good legislation. As I said, we support the intention of the legislation but we do not think it goes far enough.

I want to cover a couple of proposed sections in the bill. Proposed section 80B makes it an offence to display a cocaine kit in a retail outlet. A retail outlet is defined as a market or a shop. A lot of cocaine kits are sold by tobacconists and others, so I am informed — I am pleased to say I was briefed by departmental officers, and I thank them for that. I was shown some of the kits, and they are well put together. My information is that they are sold for between \$25 and \$50 a kit. It is interesting to know that there is even a kit for women, which sells for \$35.

But in the bill new sections 80D and 80E provide that a member of the police force may seize and retain a cocaine kit if he or she has reasonable grounds for suspecting that the kit is displayed or sold in contravention of section 80B or 80C. The explanatory memorandum to the bill says:

The kit may be retained by the police for up to three months or a longer period ordered by the Magistrates Court.

But again it is a very difficult thing. It is easy to deal with the display side — it would be silly to do it under this legislation — but there is no reason why people could not hold these kits in a box in a back room. There could be 40 or 50 of them — they are not that big — and maybe even more. It would then be up to the police to catch them selling the kits. We think that is not good enough. We believe if people have these things stored in the back room of a retail shop, that should be an offence under this legislation.

I think the member for Mulgrave, if I heard him rightly, said, 'If they catch them selling them, that is fair enough'. But if police suspect they are selling the kits and they raid the place, with a warrant, and find 50 or 60 of these kits down the back in a box, we believe that should be an offence and should be picked up under this legislation. We hope the Labor Party, along with the Liberal Party and the Independents, will support this amendment.

We know the bill aims to tackle the problem of cocaine drug use. I just want to cover some information provided to me about this. Snorting cocaine is dangerous. As is said, it can kill. It can lead to decreased blood supply in the nasal septum — the tissue separating the nostrils — leading to nosebleeds, and erosion and death of the tissue, and perforation and collapse of the nasal septum. A similar effect can damage the palate, leading to an abnormal connection between the nose and the mouth. Death from cocaine use has been known to occur and has been reported after administration by a range of means, including snorting. Death may be preceded by a period of confusion or by convulsions, sometimes as a result of stroke, heart attack or respiratory paralysis. So it is bad news.

The member for Bulleen asked me if I have tried it. I can assure him that I have not. But we know that illicit drugs damage our community. Indeed some of our overuse of legal drugs is damaging to our community. Unfortunately this impacts heavily on our youth. Our youth are our investment in the future, and I think we should make sure that we have a united approach and a desire to strengthen our education, prevention and diversionary programs and, importantly, our detoxification programs in relation to illicit drugs use.

The drug scourge, we all know, impacts on many families in Victoria and can have long-term problems for the users, whether they be health or employment problems, or, importantly, mental health problems. Another concern is that, I am informed, about 60 per cent of our prisoners are in prison because of drug-related crimes, so it has enormous impacts not

only on the health of these people but on the community though crime and on incarceration, which is a cost to us in the community.

But, importantly, we in The Nationals support the view that we should have appropriate education programs. We know there are good secondary education programs, but unfortunately what I am hearing is that they might have to be moved down even to the 8 to 12-year-olds in primary schools. We also have to make sure we have community education programs. I know a lot of community health centres do that type of work, and that is to be commended, but that needs to be incorporated with other community education programs.

We also need to look at our prevention programs. That is why this law, with the amendments put up by The Nationals, is important. There is also a need for prevention programs that are initiated by our community, such as those dealing with peer pressure, which I think is important in a lot of activities. But there is also a need for diversionary programs. I know the previous coalition government started the Turning the Tide program. I know that was supported by this government. I am not sure where it is up to at this stage, but I believe it is still progressing. We also need diversionary programs through the courts.

I want to focus a little bit on the detox programs. It is important that we help those who want to get rid of this curse of drugs, and I will come to the residential services later in my presentation. When I started as a member of Parliament in 1999 there were many debates on drugs. We even had eminent speakers come into this house to speak about the problems of drug abuse. But it was highlighted to me at that stage that we had only about 100 residential care beds for people who wanted to get off drugs. That was not good enough. I believe the government has increased that number, and I think the figure is at around about 199 residential care beds at the moment. That is the latest figure I have been able to get from the library, but I still do not believe that is good enough.

I believe there are about 26 000 people undergoing drug treatment.

Mr Andrews — There are 796.

Mr DELAHUNTY — The member for Mulgrave tells me there are 796 beds. That is to be commended. If that is the figure for residential care detox beds, that is to be commended, because I assure members that three or four years ago I had people coming into my office — parents and friends — trying to get support for people

to get into residential care facilities for detoxification and they were not able to get in. The government was prepared to spend money on helping people to stay on drugs but not to provide facilities to help them get off drugs. If what the member for Mulgrave said is true, I think that is to be commended.

When I was looking through the government publication entitled *Department of Human Services Victoria Drug Policy and Services — An Overview*, dated 2004, I saw that under the heading ‘Residential services’ it says:

Residential services provide a 24-hour staffed residential treatment program of an average of four months duration. Residential rehabilitation assists clients to develop skills that enable them to re-enter the community and links them back to ongoing community-based services. Victoria has 199 beds available —

according to this document —

for adult and youth residential rehabilitation.

This is dated 2004, I will say that — and there were also other withdrawal services. There were also community-based treatment services and youth alcohol and drug services out there in the community. But again I reinforce the point that if we are going to be fair dinkum about this we have got to make sure we provide the services to assist people to get off drugs.

In a 2005 press release I was able to access I found that 26 000 people were undergoing drug treatment in that year. That is a surprising number of people. It is amazing to think that 26 000 people are undergoing treatment. When I asked a question at the departmental briefing I was given some data on drug treatment. The section I refer to deals with the number of clients presenting to drug treatment services for cocaine or amphetamine-related problems between 2001 and 2005.

In 2001, 41 people accessed treatment for cocaine addiction and 1442 for amphetamine addiction. In 2002 the number went up to 50 for cocaine and 1805 for amphetamines. In 2003 the number for cocaine dropped back to 44, and there were 2097 for amphetamines. In 2004 the number had gone back up to 64 for cocaine and 1978 for amphetamines, and in 2005 it was 54 for cocaine and 1930 for amphetamines. They are the people who are going for treatment, but as we all know there are probably many more people out there who are not accessing treatment, and from a community point of view we also need to look at them.

Obviously as a community we have many service partners that assist in providing people with drug

treatment. There are many organisations and peak groups, such as the Victorian Alcohol and Drug Association (VAADA), the Turning Point alcohol and drug centre, Family Drug Help, Quit Victoria and the Pharmacy Board of Victoria, that deal with this problem. The Australian Drug Foundation is also a very important organisation that helps in that area.

I am informed that there are 89 alcohol and drug service agencies that provide more than 100 services across Victoria. Of these agencies, 14 operate in hospital settings, 32 operate in community health centres, and 43 are stand-alone facilities. So there are services out there, but my fear is that there are fewer services in country areas. As a member of The Nationals and speaking on behalf of those people, I know there are limited services for them, and they often have to travel long distances. But my understanding from the research I have done in preparation for the debate on this bill is that we are improving some of those outreach services.

Drug abuse, as we all know, tears families apart — and not only families but communities. I have seen examples of that happening, and not just in family situations. Some of these people are elite athletes or elite scholars. They can be hit by the curse of drugs, and it not only tears their lives apart and their families' lives apart, but importantly it tears communities apart because these people are considered great assets to a community.

Unfortunately drug abuse often hits our youth. I have often said that young people are our investment in the future. We need to provide education, prevention, diversion and detox programs to assist our young people. This bill, along with The Nationals' amendments, is another way we can make it harder for pushers, sellers or dealers to get their cocaine into our youth. I trust that this house will support not only the bill but also the amendments put by The Nationals. With those few words I wish the bill a speedy passage.

Mr ANDREWS (Mulgrave) — I am pleased to rise in support of the Drugs, Poisons and Controlled Substances (Prohibition of Display and Sale of Cocaine Kits) Bill. Firstly, I must say that I welcome the support of The Nationals and the Liberal Party for this important measure, and I will come back to some of the issues raised by honourable members opposite in a moment.

The bill before the house is the latest example of the government's commitment and resolve in the area of drug prevention and drug treatment services, which are critically important services for many of the most

vulnerable in the Victorian community. The government is committed to improving these services, and an important part of that is providing the overall legislative framework to guide both enforcement and in many respects the community's attitude to these issues.

I want to run through the main points of the bill, and then take the opportunity to detail some of the government's efforts in the drug and alcohol sector since its election in 1999. It is important to talk about both elements of the drug and alcohol sector, and to acknowledge that it is an important and arguably growing part of our overall health system. The member for Caulfield raised the issue of dual diagnosis or drug-induced psychosis and other issues in that sector, and I will try to touch upon some of those issues as well because they too are important.

The amendments create offences relating to the sale or display of cocaine kits. By way of background — and other members have spoken about this — for the record, these kits vary, but I am advised that they usually contain at least two of the following items: a small metal tube; a razor blade; a scoop or a spoon device; a glass vial or bottle; and a mirror. I suppose it is clear to members of the government and to all honourable members and to the broader community that these kits are assembled and sold for the express purpose of facilitating cocaine use. I do not think any other use can be envisaged logically or reasonably. The bill defines a cocaine kit as being a kit with at least two of those component parts I have mentioned coming together in the context of where they might be sold. I do not think any other use can be envisaged for these items other than the express purpose of using cocaine.

The amendments ban the sale or display of these kits, which is an important measure and a response to the prevalence of such kits in the broader community, as was publicised in the media last year. Serious penalties apply to an individual or to a body corporate — that is, a company — that breaches these provisions, which is appropriate because these are serious matters. As other members have outlined, these very dangerous drugs can and often do have a profound effect on the health and wellbeing of those who use them, so it is appropriate that significant penalties apply to those who facilitate the consumption or the use of cocaine in our community.

The bill also provides Victoria Police with additional powers in relation to the seizure of these kits, and gives the police the power to destroy the offending material. The member for Caulfield has raised an issue in relation to my understanding of what happens to kits that are in the possession of Victoria Police but are not destroyed.

I am happy to seek advice on that point, but given that the bill empowers Victoria Police to destroy them, my assumption — and it is always dangerous to assume, so I will check it out — is that as a matter of course and pursuant to those powers the kits would be destroyed.

As I said, cocaine is a dangerous and illicit drug of addiction with very serious health consequences for users. The arrangements before the house ban the blatant promotion and facilitation of cocaine use in our community. The arrangements should be supported, and it is encouraging to see broad support in the chamber for these measures.

This legislation further demonstrates the government's commitment to and purpose in preventing drug use and providing world-class treatment and support services for illicit drug users and the broader community. The member for Lowan was fairly eloquent when he spelt out that no typical factors predispose a person to drug use. It could be any one of us, any of our children, members of our families, or friends and workmates, therefore a degree of protection is given to the broader Victorian community when we have a proper safety net and a proper drug and alcohol sector to provide care and treatment. We are all benefited by that. Indeed we are all enhanced by it.

It is for those reasons that we are very proud as a government to have invested hand over fist, if you like, in a very substantial way in this sector. I want to go through some of the elements of that before returning to some other questions raised by the member for Lowan and the amendments circulated by him.

We are very proud that since 1999 we have increased funding for drug and alcohol services by around 50 per cent, which is a substantial boost to funding. Of course, more can and must be done, but that is a very promising record of investment and the results are there for all our Victorian community to see. Furthermore, we have increased the number of drug and alcohol treatment beds — and these are the figures I provided earlier to the member for Lowan — from 431 when we came to government in 1999 to some 796 this year. Our aim is to provide the most appropriate care to people, and access to these services is such an important issue. To that end counselling waiting times have decreased from seven days in 2000 to less than one day in 2006. That is very important in giving people the help and support they need in a timely fashion.

As a government we have reduced waiting times for community withdrawal services by over 72 per cent, and I am particularly proud of that initiative. We have continued to keep waiting times to under 10 days. Some

in the sector may argue that that is too long, but we have made a substantial improvement despite some fairly significant caseload growth since 1999. It is interesting to note that since 1999 there has been a 17 per cent increase in the provision of youth treatments — that is, for people aged between 12 and 21 years — and over a 100 per cent increase since 2001–02 in the number of clients treated where the primary drug of concern was ecstasy or amphetamines. That initiative is about addressing trends in drug usage. That is a dramatically boosted sector, it having been given a large part of the resources it needs to fight the scourge of drugs and to provide care and support to those in our community who fall victim to them.

Furthermore in broader policy terms, rather than simply dollars and bed days the government has continued the Premier's Drug Prevention Council, which was established in March 2001. Its work in leadership advocacy is well known and I think is supported by everyone in this house and also the broader community. There have been a range of community strengthening initiatives such as targeted assistance into communities that are at risk, which have been of great benefit.

For instance, across the state 76 projects including projects in Koori groups and in culturally and linguistically diverse communities have been funded. In relation to the local drug strategies project, or drugs hot spots — which very specifically targets street drug use — five municipalities across Melbourne are funded for that. Half of my electorate is in the City of Greater Dandenong, and we are all very proud of the work that has been done as part of the hot spots funding which has been of direct benefit to so many people in treatment for drugs and in promoting a greater understanding and awareness in my local community about these issues.

In terms of specific client groups, in my role as parliamentary secretary I am very pleased to visit many of our 100 community health services and have seen first hand the pharmacotherapy program and the dual diagnosis initiative. Time is against me in this debate, but the member for Caulfield highlighted that. Again it is an area where the government has invested significantly.

On a less hard-edged side, if you like, but one that is still very important in terms of the ultimate harm that these drugs can cause, I was very pleased to launch a code of practice in relation to the use of party drugs including gamma hydroxybutyrate (GHB). The list goes on and on and, as I said, time is against me but our achievements in this area are very substantial.

As I said at the outset, there is more to be done and the government does not move away at all from a commitment to continue to boost this sector and continue to provide for those in the community who need that broad support. That is important for them and their families, and it is important in terms of the productivity of the whole state. I think it is also important for all of us, given that, as I said at the outset, there is no pattern in and no predisposition to these issues. We can each fall victim to them, and we are all enhanced by a much better safety net and a much better system of care.

In the minute available to me I note that the member for Lowan has circulated a proposed amendment, and I thank him for giving me some warning of it prior to the dinner break. Unfortunately I am not in a position to indicate whether the government will support it. I will seek advice on that front and in good faith I am happy to come back to the member.

Mr Delahunty interjected.

Mr ANDREWS — I assume the member for Lowan would like members on this side of the house to vote for it, so my position may not be a great help to him. I will seek some advice and come back to him. The amendment is offered in good faith as a genuine attempt to strengthen the important provisions before the house.

I welcome the support of the member for Lowan and The Nationals for these measures. I will seek not so much instruction but guidance and some advice, and I will be happy either later in the debate or when the bill is between houses to come back to the member for Lowan. It is not offered as a stunt, as are many amendments that come from that side of the house. I am happy to explore the matters further. I commend the bill to the house.

Mr COOPER (Mornington) — Cocaine is one of the terrible drugs that are afflicting our community and communities right around the world. Here in Australia we know a lot about cocaine as a drug, but after that the information becomes a little hazy. I am indebted to the Australian Institute of Criminology for some background information in a paper it published in May 2004, headed 'Cocaine use among a sample of police detainees'. I was not interested so much in the cocaine use among police detainees but I was certainly interested in the background of the drug itself. The paper highlights the fact that cocaine was first imported into Australia in the late 1800s and, as most members probably know:

All of the illicit cocaine found in Australia comes from South America —

from countries like Columbia, Peru and Bolivia —

with Columbia producing more than 80 per cent of the world's cocaine ...

I do not want to go into the details of what goes on in Columbia but we know that it is a strife-ridden country where violence is a predominant way of life.

The institute also makes the claim — and I would not dispute it — that:

The number of cocaine detections in Australia has been on the increase since 1998 ...

But it also says:

Prevalence of cocaine use among the general population has remained low over a number of years.

The point I am coming to is just how serious cocaine is in Australia in comparison with other drugs such as amphetamines and cannabis. I am talking now of illicit drugs. If we talk about licit drugs then we know that the most commonly used of those is alcohol, and that that one does the most damage in the Australian community.

The paper goes on to talk about people who use cocaine, including a group that:

... consists of people who are better educated, of a higher socioeconomic status, and more likely to administer cocaine intra-nasally ... Little is known about cocaine use in this group as they rarely come to the attention of law enforcement officials or health care workers.

... Overall, cocaine-related offences accounted for only 0.3 per cent of all drug arrests in 2002–03.

I quote from page 4 of the paper:

Specific research into the effect of cocaine use on the offending patterns of users is practically non-existent in Australia. While studies sometimes make reference to the prior criminal histories of users, most are predominantly concerned with the prevalence of cocaine use in the sample. To date, almost all research into cocaine use in Australia has been among drug-using populations in Sydney. This has meant the characteristics of cocaine users in other jurisdictions remain relatively unknown. Furthermore, the effect of cocaine on criminal behaviour, and the extent of cocaine use among those involved in crime, are largely unknown.

Therefore here we are dealing with a relatively small number of people, certainly a very small number of known drug users. Those who are using this substance, cocaine, are predominantly in the higher economic bracket and therefore the vast majority are highly

unlikely, as the paper says, to draw themselves to the attention of the police and therefore highly unlikely ever to be charged with the offence. I emphasise to the house that these are not my words, these are the words of the Australian Institute of Criminology, the pre-eminent research body in this country on criminal behaviour.

We can draw from that that this legislation is punching in the breeze. We on this side of the house are not in any way saying we should not be dealing with the issue of cocaine use, but it is a minor problem in terms of illicit drug use in Australia. Cocaine use is a tiny fraction of illicit drug use, which raises the question of the other drugs which are being used and on which more work has to be done, as the member for Mulgrave said. I would like to see the government concentrating a lot more effort on them.

One has to ask why the government introduced this legislation. On this side of the house we have no doubt as to why. We know it is a Neil Mitchell-generated piece of legislation. Only a few weeks ago the Premier got cross-examined by Neil Mitchell on 3AW about cocaine kits being sold in shops around Melbourne. The Premier said, 'I will look into it', as he normally does and — bingo! — we have this legislation to ban the sale of cocaine kits in Victoria. We know it has been generated by the pressure that was placed on the Premier on 3AW one Tuesday morning.

Even with the Premier's embarrassment and the pressure that has been applied to cause this legislation to be introduced the government still could not quite get it right. The Nationals' amendments show that there is a significant flaw in the legislation — in fact, they have highlighted that flaw. The bill says that displaying a cocaine kit is illegal and that it is an offence to sell a cocaine kit, but it does not say that a person who possesses a cocaine kit that clearly is going to be sold at some stage has committed an offence. The Nationals' amendments have highlighted a significant flaw in the legislation. I do not want to put words into the mouth of the member for Mulgrave, but it is clear from what he said at the conclusion of his speech that he has some considerable sympathy for these amendments — —

Mr Andrews — You are putting words in my mouth.

Mr COOPER — You may say that, but the reality is that everything gave you away. Let us not argue this. You are going away to seek instruction on this; they were your words. One would hope the government would see its way clear to supporting these amendments, because they are very sensible. They

tighten up a bill that has a significant flaw and needs to be tightened up.

At the end of the day the Liberal Party will not oppose this legislation. However, when talking about the use and abuse of illicit drugs, there are more important issues than cocaine, and they need to be addressed by this government. There are significant issues in regard to the abuse of licit drugs as well, as members constantly hear from this side of the house concerning alcohol, which is the most widely used and most dangerous drug in our community. Again I urge members to read the recent report of the Drugs and Crime Prevention Committee on the inappropriate consumption of alcohol and to understand just how significant that problem is to our society — not just here in Victoria but throughout Australia.

With those few words I support The Nationals' amendments, and when they are put I intend to vote for them.

Dr HARKNESS (Frankston) — It is with pleasure that I rise to speak on the Drugs, Poisons and Controlled Substances (Prohibition of Display and Sale of Cocaine Kits) Bill. I will start by saying that illicit drug use throughout Australia is nefarious and has a massive and detrimental impact on not only the users of illicit drugs but also on society as a whole. Illicit drug use is the scourge of society and leads to a huge amount of societal effects.

I will briefly turn to some of the issues surrounding cocaine and its use. Not having a great deal of knowledge about cocaine and its impact on people, I did a little bit of research on the computer and ascertained that cocaine has a stimulatory effect which has a big impact on people by speeding up the workings of the brain. Some immediate effects that are felt by users of this substance include feelings of euphoria, exhilaration and confidence, an accelerated heart rate, an increase in body temperature, a burst of energy, dilated pupils, loss of appetite and the urge to have sex. In high doses the impact of cocaine on a person is even more greatly felt, making the user feel extremely agitated, paranoid and aggressive. Some of the unpleasant physical effects include dizziness, hallucinations, nausea, vomiting and heart pain.

The bill is important because it goes to one of the core problems — that is, the supply of cocaine and of the necessary apparatus and paraphernalia for people to use cocaine. Let us look at some of the impacts I have just described. For instance, repeated snorting damages the nasal lining and can also lead to damage to the structure separating the nostrils. Cocaine is often mixed with

substances that are poisonous when injected, causing major health problems. If injected under the skin, either by intent or by accident, cocaine causes severe vasoconstriction and, importantly, increases the risk of blood-borne viruses and infections such as HIV, hepatitis B and hepatitis C.

Who uses illicit drugs? Looking at some of the research that has been done, the 2004 national drug strategy household survey found that in general females are less likely than males to use illicit drugs, that for both sexes the use of illegal drugs is highest in the 20 to 29 and 30 to 39-year-old cohorts, and that the proportion of females who had recently used illicit drugs had decreased significantly since 1998.

I turn to this legislation. In August 2005 the Premier announced that this government would continue its very tough stance against drugs by banning the sale of cocaine kits in Victoria. The intention of this bill is to ban not only the display but also the sale of cocaine kits in order to reduce the harm associated with the ingestion of cocaine.

Cocaine kits vary, but a kit usually includes some of the following: a razor blade, a small tube, a small glass bottle, a scoop and a mirror — some of the things which make the use and abuse of cocaine much easier for a user. The intent of this bill is largely to restrict the sale of kits which are marketed to particular users and which make it so much easier for them to engage in this particular behaviour, which not only has all those health effects on an individual that I mentioned but also has much broader societal impacts.

Given that cocaine kits have a wide variety of everyday items such as mirrors as well as the other things I described, the new provisions of this bill will make sure that the possession of those individual items is not made illegal but that certainly the sale and marketing of these kits for the purpose of using cocaine is. I note that the provisions of the legislation are going to be enforced by Victoria Police and police will have the power to seize any alleged cocaine kits that are sold or offered for sale, and they will be held pending prosecution. This bill is an important and very useful step in trying to curb this particular behaviour which has major health effects on users but also much broader societal effects, some of which the member for Mulgrave described.

In conclusion it always amazes me each time I come in here and listen to the debates, particularly the contributions from the member for Mornington. Even on bills that he agrees with he always manages to put a negative spin on his contributions. He always has a

negative spin to put on everything he talks about in this place, even when we are dealing with very good legislation which is going to have a very positive effect and will go a long way towards stopping activities which are harmful to many people.

I applaud the government and those responsible for preparing this legislation. It is very good legislation. I encourage other members to support it, and I wish it a speedy passage through the house.

Mr KOTSIRAS (Bulleen) — To the surprise of the honourable member who has just spoken, I support the legislation. It is a pleasure to stand and speak briefly on this bill, but I need to ask the government for some clarification. The use of drugs in our society is a serious problem, and we all have a responsibility to try to ensure especially that our young people understand that illicit drugs are unsafe and should not be used. It is also important that we make them understand that these are not recreational but in fact illegal and dangerous drugs and that they should stay away from them.

The bill prohibits the sale of razor blades, tubes, mirrors, scoops and glass bottles in combination for the purpose of taking cocaine and creates the offence of displaying cocaine kits in outlets, with a penalty of 60 units for an individual and 300 units for a body corporate. It creates the offence of selling a cocaine kit, with the same penalties, and grants the police powers to seize and retain cocaine kits and deal with items which are taken from premises. However, I would like the government to explain the meaning of a few parts of the legislation. Firstly, new section 80A, headed 'What is a cocaine kit?', states that a 'kit is constituted by two or more of the following items' — and the list includes a razor blade, a tube, a mirror, a scoop and a glass bottle. What that says is it is illegal to have a razor blade and mirror together. I can imagine many people having a mirror and blade together, so that needs to be looked at and tightened up.

New section 80C, headed 'Offence to sell a cocaine kit', contains no mention of purchasing a kit over the Internet; it talks about premises, shops and retail. My question to the government is: can someone sell the kits over the Internet? Is this taken into account in this bill, or is it something which the government has not looked at? Earlier I spoke to the member for Mulgrave who was not sure of the answer but said he would get back to me. I hope the government can clarify whether this provision incorporates selling kits via the Internet. I support the amendments put forward by The Nationals. They are good amendments which take things a step further. There is no point making it illegal to sell kits while allowing someone to have boxes of them in the

back room. The government should realise that the amendments of The Nationals should be accepted, and I urge government members to support them.

I was also shocked and surprised to read some of the data on the use of cocaine. According to the data, which is based on the 2001 strategy, 8 per cent of the population have used speed and 4 per cent have used cocaine in their lifetimes. The data for recent use was 2 per cent for amphetamines and 1 per cent for cocaine. Of those who had used cocaine or amphetamines, 74 per cent said their preferred means of administering the drug was by snorting, and that can cause some problems with their health. It can lead to decreased blood supply to the nose, resulting in nose bleeds, the erosion and death of tissue, and the collapse of the nasal septum. It is dangerous, and it is about time we tried to do something to ensure that our young people understand it is dangerous to take cocaine. Any legislation that goes towards doing that is good.

As I said, I support The Nationals' amendments. I hope the government supports them, and I hope it returns with an explanation about the Internet issue. An article in the *Australian* says:

Illegal drug manufacturers are using online auction sites to avoid controls on buying equipment and supplies for synthetic illicit drugs.

Drugs kits can be sold on the Internet. It is disappointing if this has not been taken into account — and we hope to have explained why it was not taken into account. I urge the government to have a look at this clause and perhaps incorporate into the bill a provision dealing with the practice of trying to sell kits via the Internet.

I support the legislation. It is a good first step. I urge the government to support the amendments circulated by The Nationals. I would also support measures that would do more to try to convince our young people that taking illicit drugs is not safe.

Mr LEIGHTON (Preston) — Cocaine is a drug of dependence. It is a mind-altering drug that can result in psychosis. It can cause substantial harm to the physical and mental health and wellbeing of an individual. I am pleased to support this bill. The trafficking, possession and sale of cocaine is already outlawed. This bill goes a step further: it defines what a cocaine kit is and makes it an offence to display or sell cocaine kits. Proposed section 80A defines a cocaine kit as being:

... two or more of the following items ...

(a) a razor blade;

(b) a tube,

(c) a mirror,

(d) a scoop;

(e) a glass bottle;

(f) any other item —

which can be used in conjunction with the above for using cocaine. Typically a cocaine kit is used to snort cocaine through the nostrils. I have listened intently to the contributions to the debate, particularly by the member for Lowan. The obvious difficulty with going a step further and outlawing the possession of cocaine kits is that the items that make up the kits can be owned quite legitimately in a house — for example, things such as a mirror or a razor blade for shaving — so I think there are problems in going a step further.

Mr Andrews — What do you know about that?

Mr LEIGHTON — I can assure the member for Mulgrave that I do not have a razor blade at home, but in many households you would find a number of those items for quite legitimate and legal purposes.

In preparing for this debate I had a look at a site called www.cocaine.org and an article entitled 'In search of the Big Bang. What is crack cocaine?'. I was interested to see — and I thought this was just an old wives' tale — that Coca-Cola originally had cocaine as an ingredient. The article says:

Until 1903, a typical serving contained around 60 milligrams of cocaine.

The other thing I was interested to see was that cocaine was once sold over the counter. Until 1916 one could buy at Harrods a kit labelled 'A welcome present for friends at the front', which contained cocaine, morphine, syringes and spare needles. We are outlawing cocaine kits tonight, but back then you could buy them legally, including the drug itself, over the counter at Harrods!

More important is the effect of drugs of addiction — drugs of dependence — on mental health. This article includes a more serious discussion, and I want to quote a paragraph from it:

As a rule of thumb, it is profoundly unwise to take crack cocaine. The brain has evolved a truly vicious set of negative feedback mechanisms. Their functional effect is to stop us from being truly happy for long. Nature is cruelly parsimonious with pleasure. The initial short-lived euphoria of a reinforcer as uniquely powerful as crack will be followed by a 'crash'. This involves anxiety, depression, irritability, extreme fatigue and possibly paranoia. Physical health may

deteriorate. An intense craving for more cocaine develops. In heavy users, stereotyped compulsive and repetitive patterns of behaviour may occur. So may tactile hallucinations of insects crawling underneath the skin ('formication').

As a former mental health professional I have seen formication first hand among patients. The article continues:

Severe depressive conditions may follow; agitated delirium; and also a syndrome sometimes known as toxic paranoid psychosis. The neural after-effects of chronic cocaine use include changes in monoamine metabolites and uptake transporters. There is down-regulation of dopamine D2 receptors to compensate for their drug-induced overstimulation. Thus the brain's capacity to experience pleasure is diminished.

As one who grew up in the 1960s I think the dangers of drugs were less understood then. However, working in mental health in the 1970s I experienced them first hand as we admitted patients with drug-induced psychosis. Drug-induced psychosis is quite frightening and distressing for a patient. One of the conditions I mentioned before was formication — the feeling of ants crawling over you. It is one of the most frightening things you can see.

If you admitted a patient with acute psychosis to mental health in the 1970s, such as we did in the acute, locked ward at the Royal Park Psychiatric Hospital, at the back of your mind you questioned whether it could be drug-induced psychosis. When I talk to my friends who still work in mental health, they say that these days that is far more common — it is more likely to be the norm than the exception we saw in the 1970s. It is too simple to say that using drugs of dependence leads to mental illness or psychotic episodes; I think it is far more complex than that. There probably has to be some predisposition to psychosis in the first place, but at the very least it becomes a lottery if you start taking drugs like that.

I want to finish by saying that an area of growing concern for me is the dual diagnosis of people with a mental illness and a substance abuse problem. I welcome the work the Bracks Labor government is doing on the dual diagnosis initiative. Unfortunately we are going to need a lot more of that work, because of the prevalence of these drugs of addiction. I am pleased to support this bill.

Mr WELLS (Scoresby) — I will make just a couple of major points on this bill. It gives me a great deal of pleasure to join the debate on the Drugs, Poisons and Controlled Substances (Prohibition of Display and Sale of Cocaine Kits) Bill. The main purpose of the bill is to prohibit the sale of razor blades, tubes, mirrors, scoops and glass bottles in combination for the purposes of

taking cocaine. It creates an offence of displaying kits in retail outlets, with a penalty of 60 penalty units for an individual or 300 penalty units for a body corporate. The bill grants police the power to seize and retain cocaine kits and to deal with them accordingly.

The fault with this bill is, as The Nationals and the member for Mornington have pointed out, that it does not cover the issue of possession. If the display of cocaine kits in windows is banned, there are particular shops where people know they can go to the back counter and buy cocaine kits. Therefore nothing is gained. I heard a couple of members say, 'Hang on, razor blades, mirrors and glass bottles are not illegal'. I understand that but, as the legislation says, it is the possession of those items in combination that is illegal. That is the point we are making.

If someone is walking down the street with a combination of a razor blade, a tube, a mirror, a scoop and a glass bottle, it is not a coincidence. If a member of the police force were walking along and found someone with a combination of those things, I would like to hear the person's excuse or reason for carrying them. As a reasonable person I would draw the conclusion — and am sure the police would see it the same way — that those things were being carried for the purpose of using cocaine. We need to make it clear to Victoria Police that that act is also an offence.

I hope the government takes the proposed amendment of The Nationals, which is supported by the Liberal Party, in good faith — that is, that the possession of a cocaine kit should also be an offence. That would cover a person walking down the street with a cocaine kit. It would also make clear what, in the eyes of the police, is an offence: if they found a cocaine kit on a shop's premises for any reason, then it would be an offence. A kit may not be displayed, but if it is on the premises, then it is possession.

I hope that proposed amendment will be dealt with fairly. We all have a responsibility to reduce the use of any sort of illegal drugs, especially drugs like cocaine. They mess with our kids. As parents we all hope that when our children go out to a party they will be looked after and will act responsibly. We know that that is not always the case. With those few words I indicate that the Liberal Party will be supporting The Nationals' amendments. We hope that the government considers these amendments in good faith and accepts them.

Mr SEITZ (Keilor) — I rise to support the Drugs, Poisons and Controlled Substances (Prohibition of Display and Sale of Cocaine Kits) Bill. It is a small but very important bill. We all know what a curse on our

society drugs of dependence are. It is a particular curse if you have a family member who has been caught up in the scene where drugs of dependence are used. It is one thing that parents lose control of. The community has no control of those people. Those drugs affect people's mental attitudes after constant use. I am astonished that we have to introduce a bill like this because people are selling cocaine kits at markets and at other community places.

I have heard of primary school starter kits in my area. I was shocked and horrified when I discussed the matter with the police.

Mr Smith — They are all Labor voters!

Mr SEITZ — No, they were all coming over from Brighton, selling them to our kids in the western suburbs. That is how they make their money over there.

Back on the bill, a typical kit contains a razor blade, a tube, a mirror, a scoop, a glass bottle and any other items that are used to make the selling of the product easier and to show and teach the innocents how to use it. One can relate this situation back to the days when snuff tobacco was a fashionable thing. Some are trying to market cocaine kits in the same way, with beginners kits to start with. I call them 'beginners kits' because once people are hooked on the drug, they do not need a starter kit because they make their own equipment. They find items, hide them in different places and put them together. One person who did that camped in some bushes outside my office. That person was basically living there and was constantly stoned from cocaine sniffing.

This bill is important. I heard a member describing how the police will be able to identify cocaine. It is important for the police to have the power to act and if necessary take to court the people who are found selling or in possession of cocaine. In most cases the people who are selling cocaine to young people to get them started on it, whether at a party or a social gathering, are the ones who are causing the damage to our society. Parents and others are confused about where and how they can contact the police.

This bill will allow the average citizen to contact the police and say, 'Look, this kit has been sold by so-and-so', or, 'This person is in possession of it or is distributing it or advertising it by word of mouth', or whatever the case may be, whether it is at a weekend market or some other back-lane store where they are pushing this sort of stuff. It is just abhorrent to me that people are actually selling it, that people who are part of our society are doing that sort of thing to our young

people. Invariably it is the young people who are affected, who get started and hooked on the cocaine kick and then finish up injecting harder drugs with needles.

I wrote to the police that I was really concerned one morning to hear a commotion at the front of my house. Women were out there in their dressing gowns because they had found needles on the nature strip and were all concerned about their children stepping on them as they walked to school, injuring themselves or, worse, picking up AIDS if they had a scratch from those needles lying around. I would not have thought it would happen in a dead-end, blocked-off street like mine, which is not a through road with major traffic or parking facilities, because drug users generally do their deals in car parks or back lanes. My experience is that they shift from one place to another as soon as you alert the police. They are chased out but simply find another car park and another area to carry on their dealing.

There was a case in one of the schools, which it would not be fair to name, where dealers were removing a brick from the wall to leave drugs in exchange for money. Students would take out the brick, put the money in, the dealer would come and leave the cocaine there and put the brick back in. This was discovered only through the vigilance of a neighbour across the road who reported it to the police. Of course they caught not the offenders but the victims, because the young people were not suspicious or looking around to see whether police were watching them. The dealers in this vile substance are shrewd enough to be always looking out so as not to get caught.

Only last week in Eisner Street, which is at the end of my street, it was discovered that a rented house had been used for growing marijuana. They call them marijuana sitters now — the people who maintain the property, not the people who put up the money and run the business. They simply pay somebody to maintain the hydroponic equipment. This was at the end of my street, and it is alarming because all of those drugs of addiction have become a lot stronger and people become addicted to them a lot more quickly. In years gone by, in the 1970s, you would say marijuana was a harmless drug, but today it has become a real drug of dependence which affects people's mental health and attitude. People get completely hooked on it and invariably it is left to their families to cope with the situation and to try to get assistance for their children.

Again, private psychologists and psychiatrists in the western suburbs who treat and assist the children assigned to them are few and far between. Rather than going before a magistrate or a court, the children have

to attend a hospital to dry out and clean up. With those few words I commend the bill and hope it goes a small way to stopping the spread of drugs of dependence.

Dr SYKES (Benalla) — I wish to make a contribution to debate on the Drugs, Poisons and Controlled Substances (Prohibition of Display and Sale of Cocaine Kits) Bill. I would like to indicate that I wish to support the amendments to be moved by the member for Lowan, as I believe it is fundamentally nonsensical to make the sale and display for sale of cocaine kits illegal without making the possession for sale of cocaine kits also illegal.

I want to look now at putting cocaine abuse in perspective. I am a member, along with other members of this house, of the Drugs and Crime Prevention Committee. A few months ago we completed an inquiry into amphetamines and party drugs. From my involvement in that inquiry, my conclusions include the belief that there are no safe drugs, whether they be marijuana; amphetamines; gamma hydroxybutyrate, commonly known as ‘GBH’; ecstasy; heroin; cocaine; or many of the legally available prescription drugs. None of them are safe. All of them, if abused, result in permanent brain damage, and the degree of the damage that is caused is dependent on the traits of the individual drug taker as well as the amount of drug consumed and the duration of consumption of that drug.

To manage the problem of cocaine abuse or abuse of other drugs, we need to have a multi-pronged strategy. First of all, there is a need to decrease the demand for the drugs. This revolves around focusing on educating potential users, particularly our young people, about the realities of drug use, about the risks associated with it and about alternative ways of getting your highs such as simply by living and being in good company and being actively involved in sporting clubs and other group activities. It is also important, in addressing the demand for drugs, to focus on peer group pressure and to try to reduce the pressure coming from people’s friends and peers that points them towards taking drugs because it is the cool thing to do.

We also need to focus on reducing the supply of drugs. Clearly drug suppliers — the drug lords — need to be caught and punished extremely severely. If they are doing the crime they should be doing the time, and it should be made very tough. This piece of legislation fits into the next component of reducing the drug problem — that is, the component of reducing the number of kits available for the taking of these drugs. It seems extremely logical that we should prohibit the display for sale and the sale of these drugs and also the possession of these kits for potential sale.

Another aspect of harm minimisation and reducing the effects of drugs is the reduction of the harm caused to those people who are taking them. That has a number of aspects, some of which are quite controversial — for example, the creation of a safe environment for those people who choose to do drugs. That is where we come to things like the safe injecting houses, which have their pros and cons; that is still a strategy to be considered. We also need to look at the high risks associated with impurities in drugs, for so often the problem is not only the drug that people think they are taking but the impurities in the drug, particularly impurities in drugs such as GBH, which have contaminants that can cause extremely severe side-effects.

We also need to look at reducing the amount of time spent by people whilst on drugs. That is done through counselling people and giving them guidance and helping them find the inner strength to get off drugs and go straight. A big component of that is tender loving care. That may come from support services, whether it be from the Department of Human Services or places such as Odyssey House. It also particularly comes from families — those close to the people doing drugs — and also from peer groups. Family and peer group support are probably the two fundamental things that are going to give individuals the inner strength to address the issues that initially led them to drug taking.

As other speakers have mentioned, we should not think that cocaine or general illicit drug abuse is limited to a small proportion of the population. There would be very few people in this house or any part of our community who have not had some contact with someone severely affected by the overconsumption of illicit drugs. It may be one’s brother, sister, mother, father, niece, nephew, friend or friend’s child. That being the case, it is important that we have an all-of-community approach to addressing the drug problem so we can reduce the health and social implications of cocaine and other drug abuse. Hence the focus on decreasing demand, decreasing the supply of the drugs and kits, and harm minimisation for those who are partaking.

We should just look for a moment at the rural perspective. The reality is that drugs are equally available in rural communities. When the Drugs and Crime Prevention Committee was holding a public hearing in Benalla into the harmful effects of amphetamine and party drugs, it was said that if you could not get drugs within 20 minutes in some of our regional cities, then you were just not in touch and you were not trying. Drugs are as readily available in country areas as they are in the city, but often in country or rural areas support services may be found

wanting. For example, Odyssey House recently established a rehabilitation clinic in Benalla for people wanting to go straight, but regrettably it has had to cease to function for a few months because it has run out of money. Other groups in our area such as Open Family Australia in Wangaratta and local general practitioners and chemists are giving their best shot to help people. We also have other youth service providers and general welfare services in the community.

This legislation, with the amendments proposed by the member for Lowan to prohibit even the possession of cocaine kits for sale, will play a part in our fight against the consumption and abuse of illicit drugs. Therefore the legislation and the amendments have my support.

Mr LOCKWOOD (Bayswater) — I rise to also support the Drugs, Poisons and Controlled Substances (Prohibition of Display and Sale of Cocaine Kits) Bill. The items in the cocaine kit — razor blade, tube, mirror, scoop and glass bottle — are fairly mundane everyday items but together they have a harmful intent. That is the reason for the bill, and that is the reason why we need to deal with these kits and stop them being out there popularising the use of dangerous drugs like cocaine. The display and sale of kits encourages the use of cocaine and sends the message if they are on display that cocaine use is okay. It is certainly not okay.

Cocaine, as we have heard already, is immensely harmful. It is addictive and physically destructive. We have heard that if it is regularly inhaled or snorted, nose and sinus disorders develop, and if it is injected, there is the risk of blood poisoning, HIV/AIDS, hepatitis, damaged blood vessels and skin abscesses. Heart problems could be another side effect of long-term use and some people experience behavioural problems such as severe depression, a condition known as cocaine psychosis; it can produce aggression and disturbing hallucinations. Regular long-term users are prone to suffer from permanent psychosis. It is definitely a harmful drug and one we need to eradicate as far as possible.

The use, trafficking, supply or possession of cocaine is, as we know, illegal, and rightly so. The government is obviously keen to prevent the spread of cocaine use; it is illogical in a sense to ban cocaine but not the kits that promote its use. The government is serious about protecting the health and welfare of the Victorian community. In 2003 the government committed \$176 million to continue its drug strategy of providing access to drug and alcohol treatments. They continue to improve. There have been campaigns to target young people over the years.

The Premier's Drug Prevention Council was appointed for a second term. These drugs — heroin, cocaine and cannabis — are all bad. Even legal drugs can do enormous harm. My opinion on cannabis has changed over the years from perhaps a position of benign tolerance, although I have never liked anything that the people smoked no matter what it was, to being firmly opposed to any cannabis use. From my experience and increased knowledge gained over the last few years I know just how harmful that can be. The use of all illicit drugs must be actively discouraged; I can see no reason to encourage their use.

Under this bill it will be illegal to sell a cocaine kit to another person if the seller knows or is reckless as to whether the other person intends to use it for cocaine use. It will also be an offence to display such a kit. The argument has been about possession. As I said, they are fairly mundane items, and one wonders how effective a ban on possession will be. As I said, at the moment it is not an offence to possess these kits, but the circulated amendments would make possession an offence under the bill. The provisions will, of course, need to be enforced by Victoria Police.

Cocaine is often seen as a glamorous drug. It features in the Hollywood and pop star lifestyle. You see a lot of publicity about famous people being caught with cocaine in their possession, which only goes to glamorise its use. Some popular fiction has been written about huge cocaine snakes. I remember a book written by one of our own longstanding pop stars which referred to an enormous cocaine snake on a table at a party and which all the party-goers imbibed in. That sort of glamour about cocaine use is not at all useful. I certainly do not like to see it, because cocaine does enormous harm to young people and should never be encouraged.

I have not had a great deal of experience with illicit drugs locally. I am fairly blind to drugs; I have never tried to buy them, so I do not know how available they are. I know of some places in my electorate where drugs are reputed to be available at night. One or two local residents who have been annoyed by people using drugs have gone looking for syringes, and to make sure I get the message they have popped them under the door of my office, and my then finding them has never been a pleasant experience. Perhaps that is not a useful thing to do either. I stand firmly opposed to all illicit drugs, and I fully support the bill before the house. I commend it to the house.

Mr THOMPSON (Sandringham) — An Art Garfunkel song has the words 'Shattered dreams, worthless years', and it has been the experience of

many people who have followed the road of drug experimentation that their lives have been fraught with a range of difficulties.

In the mid-1990s the Penington drug inquiry was held, and a debate took place in this chamber about a proposal for a range of reforms regarding the decriminalisation of marijuana. One of the Penington inquiry recommendations was the proposal for people to be able to grow up to two or three plants in their backyards for their own consumption.

It was my view at the time, and it remains my view, that that was an inappropriate prospect. I pay tribute to the very fine work of the late Dr John Ross, who was the then Liberal member for Higinbotham Province in the other place. He had undertaken a range of studies in the biochemical field. It was his vocational background, and he had a role, if I recall it correctly, with the addiction research centre. He provided a level of intellectual leadership at a time when there were proposals for reform across a very wide frontier.

Concerns were raised in the drug reform debate of the 1990s regarding the link between the ingestion of marijuana and the onset of psychosis. Suggestions were made that were not necessarily underpinned strongly by a wide level of research. To its credit the then Kennett government initiated support for a range of inquiries and scientific research into the correlation between the onset of psychosis and the use of marijuana.

In my time in this chamber a number of moments stand out. The occasion that stands out to the highest degree is a speech given by the then National Party member for Warrnambool, John McGrath. In a very poignant speech he related the difficulties that two of his children experienced through psychosis which he understood to have been induced by marijuana usage. The then member for Warrnambool was a community leader and he had seen the impact on the lives of his own family members. That story is replicated across the state and across the nation, family by family, even today. Among the indigenous community in this state and across the nation the use of inhalants and marijuana is decimating communities. Taking another drug, alcohol, and its impact on communities in central Australia, that was part of the story of the town dwellers and the tragic death of the great-granddaughter of Albert Namatjira.

The bill before the house today, the Drugs, Poisons and Controlled Substances (Prohibition of Display and Sale of Cocaine Kits) Bill, is directed towards preventing the more widespread use of drugs of addiction. It prohibits the sale of razor blades, tubes, mirrors, scoops and glass bottles in combination for the purposes of taking

cocaine; it creates an offence to display cocaine kits in a retail outlet, with a penalty of 60 penalty units for an individual and 300 penalty units for a body corporate; and it creates the offence of selling a cocaine kit with the same penalties. It grants the police the powers to seize and retain cocaine kits and deals with the forfeiture of seized cocaine kits.

During the 1970s, perhaps, there was an Eric Clapton version of a J. J. Cale song that had the following words:

She don't lie, she don't lie, she don't lie, cocaine
 If you got bad news, you want to kick them blues, cocaine
 When your day is done and you got to run, cocaine
 She don't lie, she don't lie, she don't lie, cocaine
 If your thing is gone and you want to ride on, cocaine
 Don't forget this fact, you can't get it back, cocaine
 She don't lie, she don't lie, she don't lie — —

Ms Duncan — Sing it; you are ruining it!

Mr THOMPSON — A number of overtures have been made in the chamber that I sing that song and someone suggested that in my narration of it I was actually ruining it. The reality is that cocaine and a number of other drugs distributed in Australia have ruined the lives of many people — they have kneecapped the life possibilities of many people.

I have legally represented people who were addicted. In one sad case a young fellow, who was an addict and was starting a business, was found dead on the floor of a St Kilda boarding house at the age of 29, through having injected heroine that was not of the constituent qualities that he thought he was purchasing at the time. The impact upon parents, siblings and children through the premature forfeiture of life is a tragic thing.

One thing that remains anomalous in my mind is the number of shops around Melbourne that have for sale a range of devices that might assist hydroponic cultivation — presumably of tomatoes, but the reality is by the leaves drawn on the windows of the outlets they may have another purpose — and also the sale of bongs from such outlets. It seems that there may well be a gap in the laws of the land and if as a community we are serious about redressing illicit drug use and about combating the link between the taking or smoking of marijuana and the onset of psychosis, then there are other steps to be taken.

Within my own electorate on at least three occasions in the last 12 months I have dealt with members of families where there have been serious outcomes relating to drug use. One concerned a Melbourne University graduate. Another concerned the

grandmother and aunt of a three-year-old child whose mother was drug addicted and incapable of looking after her own child. The grandmother and aunt took legal proceedings to take custody of the child for her welfare.

There was another circumstance as well where a person's life prospects had been seriously eroded through reliance upon a drug of addiction, so from the opposition's perspective the bill is a step in the right direction. I do not know that it properly tackles the range of issues in a comprehensive manner. There is scope for this legislature to look at those matters more seriously. Whether it be at Australian Football League level or in the Australian outback, life prospects are being seriously eroded through the use of illicit drugs.

Ms DUNCAN (Macedon) — I am pleased this evening to speak on the Drugs, Poisons and Controlled Substances (Prohibition of Display and Sale of Cocaine Kits) Bill — a long name for a quite small but very important bill. I would like to make some reference to the comments made by the member for Bass, and I am assuming that the member for Bass was joking, but it is hard to tell. He seems to believe this is a problem found exclusively in the western suburbs. It is frightening to see that apparently this type of stereotyping still exists. We know, certainly on this side of the house but I am sure more widely, that drug use, especially of drugs like cocaine, knows no geographic or socioeconomic boundaries. This drug affects us all regardless of where we live. I suspect that any mention of drug problems existing in the member's electorate would fall on deaf ears as he simply would not believe they existed. I guess it must be comforting to be ignorant on such issues and to simply put your head in the sand and believe it could not possibly be occurring in your own backyard. It is frightening to contemplate that that is what the member for Bass thinks.

This is an important bill to amend the Drugs, Poisons and Controlled Substances Act of 1981 to ban the display and sale of cocaine kits. Cocaine kits consist of a number of items that of themselves are not illegal but together are designed for one purpose only — basically to ingest cocaine in one form or another. It is about making sure that people understand that all sorts of drug uses are prohibited and that the sale of kits in this way is promoting the use of cocaine.

The bill also seeks to make it illegal to display or to sell cocaine kits. The bill defines a cocaine kit, and it is certainly not intended to make it an offence to sell any of the items in the kit individually. Accordingly the definition provides that a cocaine kit is constituted only when two or more of the relevant items are packaged

together in such a way that it is clear that the purpose of their possession is for the preparation or use of cocaine. The maximum penalty for a person for this new offence will be 60 penalty units, and the maximum penalty for a body corporate will be 300 penalty units, which is in line with other similar offences.

It is part of an ongoing drug prevention program that this government has supported by investing significant amounts of money in drug prevention and treatment programs. There have been some positive outcomes as a result of that investment. We have seen increases in the number of people being treated and an increase in the sorts of facilities that are available for people to receive drug treatment. We know this is an ongoing problem that requires ongoing government action. This government has taken some significant steps and continues to do so; it continues to invest in drug prevention programs.

The kits we have seen previously tend to be sold in places like tobacconists, drug paraphernalia shops and adult stores. The new legislation not only bans the display and sale of cocaine kits, with the onus being on the retailer, but is also accompanied by a communication strategy which will involve all retail outlets likely to sell cocaine kits. Part of the communication strategy will be to advise those outlets of the new legislation. I commend this bill to the house.

Ms D'AMBROSIO (Mill Park) — I too rise to speak in support of the Drugs, Poisons and Controlled Substances (Prohibition of Display and Sale of Cocaine Kits) Bill. Drug-related problems are of course in our community and they vary enormously. Drug dependence or drug-induced states often lead to a variety of criminal behaviour. That includes burglary and violence against the family, against property and against the community in general, and indeed self-harm. Other problems that can arise are of an indirect nature in terms of harm; they lead to family breakdown, unemployment and homelessness. We need to be very aware of the connections between the abuse of illicit drugs and those breakdowns in society, whether it be through criminal behaviour or other types of harms to the community.

I wish to reiterate the comments made by the member for Macedon with respect to the ubiquitous nature of illicit drug use and harm that is perpetrated on the community. The problems are vast, as I have briefly described, and government responses need to be equally broad. This bill plays just one part in the government's overall drug strategy.

The bill seeks to ban cocaine kits to help reduce the use and abuse of serious drug-taking in the community. As has already been explained, cocaine kits typically contain razor blades, small glass bottles, mirrors, scoops and small metal tubes. The kits are packaged to facilitate the intake of cocaine. That is the critical element here. The definition of what constitutes a cocaine kit in the bill refers to a combination of two or more of these items for the purpose of the kit being used for the human intake of cocaine.

I am pleased to see that the unlawfulness of packaging these kits does not simply apply to retailers who may display for sale or indeed sell a cocaine kit. The existing act defines the word 'sell' to include those people involved in the wholesale or retail sale or offering for sale of a prohibited drug. The bill recognises the chain of involvement in the ultimate display and sale of cocaine kits. A legislative response which only makes it an offence to display and sell cocaine kits at the retail end is only half a response if we do not look at the chain of supply, if you like, in the process.

The bill presents certain powers to Victoria Police in the enforcement of these new offences. These include seizure powers, where police suspect that cocaine kits are being displayed or sold. Provision for the destruction of kits by Victoria Police is made in certain circumstances.

In the very little time I have left, may I remind the house of the government's very clear actions to tackle drug abuse in our community. The government boosted funding to the drug strategy by an additional \$176 million in 2003 for a further four-year continuation of the program. We have seen a significant increase in the number of drug users accessing and receiving drug treatment services, and between the years 1998 and 2004 we saw a 30 per cent increase in access to drug treatments.

The government's response to drug-related problems must be multifaceted. I am sure everyone here agrees with that. This government boosted funding of services and the enforcement, education and awareness campaigns to this very end. Those campaigns have included the Premier's Drug Prevention Council, formed in 2001, the community strengthening initiative, local drug strategy projects in the five hot-spot municipalities, and the homeless and drug dependency initiative. I commend the bill to the house.

Business interrupted pursuant to standing orders.

ADJOURNMENT

The SPEAKER — Order! The question is:

That the house do now adjourn.

Southern Cross station: construction

Ms ASHER (Brighton) — I raise an issue with the Minister for Major Projects in the other place. The action I seek is for him to respond, either verbally or in writing, to the speech delivered by Peter Fitzgerald at the Australian Fabian Society on 29 March this year. Peter Fitzgerald was appointed in 2003 to review the government's public-private partnership (PPP) program, and I would like to remind the minister that on 25 August 2003 a media release in the name of the Treasurer described Mr Fitzgerald as:

... a director and founder of Growth Solutions Group, a strategy and marketing consultancy. Mr Fitzgerald is a lawyer and business consultant, as well as being recognised for his expertise —

and I emphasise 'expertise' —

in the areas of energy and infrastructure.

The press release went on to describe his vast experience.

I have raised the Fitzgerald report, which was compiled as a result of this inquiry, in this place previously, and I note that the Minister for Major Projects in the other place has still failed to make any comment on the operation of PPPs in this state.

I also refer the minister to page 112 of the annual financial report, which indicates that the Spencer Street Station Authority commitment for the Spencer Street station rebuilding program — now Southern Cross station — is \$1.84 billion. That is a significant increase on the previous year, 2004. In other words, Mr Fitzgerald's figures are borne out by state government documentation.

I refer to the speech Mr Fitzgerald gave to the Australian Fabian Society — I must say it is not my usual reading — and to his comment:

So the typical pitch after a PPP is announced sounds like this —

and doesn't this sound like the government!

The state has won private sector capital

to build a world-class piece of infrastructure.

The savings to the taxpayers will be at least 10 per cent.

The benefits to the state will be more than \$1 billion of economic impact

and more than 10 000 permanent jobs.

He also said:

My concern is that this formulation is often reverted to and usually or typically wrong in most respects.

Mr Fitzgerald also refers to the ‘annoying inventory of political fictions in Victoria, particularly for major projects’. Later in his speech he said:

More than \$1.8 billion so that the private sector can build us a nice roof?

And:

The full payment stream is often missed or denied, as is the case with Spencer Street.

The minister clearly has a role in Spencer Street station, and I ask him to issue some comment on this particular speech and on the operation of PPPs.

Lara Secondary College: Victorian certificate of education

Mr LONEY (Lara) — I wish to raise a matter for the Minister for Education and Training relating to Lara Secondary College. I ask that the minister approve this secondary college to offer the Victorian certificate of education (VCE) from the commencement of the 2007 school year. Lara Secondary College has been very successful in its first three years of operation, actually exceeding projections and exceeding all of the assessments that were made prior to its opening. It has attracted tremendous support from the local community and proved to be a very good college. It is currently so successful that, although it was built to accommodate only 450 students, that figure was exceeded this year, with around 550 or 560 students. This is a significant enrolment and expected to grow much larger in the future, up to about 800 to 900 by the year 2008.

It was always envisaged that this would be a year 7–12 college, but it was opened for years 7 to 10 with a review of its ability to offer years 7 to 12 based upon achieving the necessary enrolments. The school has clearly demonstrated that those enrolments have been achieved and is seeking approval in the near future to go to VCE so that it can start properly planning its curriculum provision and the way in which that will be done for what will essentially be the first year 11 intake next year.

The school is already offering a pre-VCE commencement course for year 10 students — that is,

the Victorian certificate of education over three years. The school has put in place partnerships with other secondary providers within the area. It is confident that it can offer the broad curriculum provision that is required at the VCE level, both in its own right and through the partnerships it has in place with other colleges such as Corio Bay Secondary College, which already offers a wide VCE curriculum.

Through those collaborative arrangements with other providers in the area Lara Secondary College will be able to meet the expectations of both the community and the department in having a broad curriculum in the very near future — in fact, from next year. As a community we are asking the minister to act quickly to give approval for the VCE course to commence next year.

Lowan electorate: preschools

Mr DELAHUNTY (Lowan) — I raise a matter for the attention of the Minister for Community Services concerning preschool education in the Lowan electorate. In my electorate preschools in many small towns are finding it very difficult or near impossible to continue because of a shortage of funds or difficulties in attracting qualified teachers. The action I seek from the minister is that she review the level of funding provided to the preschools by the Department of Human Services and that she recognise the need to increase per capita and other grants to adequately cover the actual cost of providing preschool programs.

I have met with many parents, teachers, staff and administrators of preschools in my electorate who are deeply concerned about the viability of their preschools. I want to quote from a letter from Jodie Russell of Balmoral which is typical of the concerns raised with me. Her letter states:

I am writing to you as a concerned parent of preschool-aged children and citizen of the Balmoral community.

...

Through my role as treasurer, and also through feedback from past parents, I have become aware of the never-ending necessity for fundraising for the kindergarten just to function.

...

So year after year parents are forced to seek additional funds from an already overstrained community for this same goal.

We are a small community with numerous organisations all trying to compete for the support of a struggling farming community to keep their services going.

...

Parents are stretched to the limit at times, baking cakes, selling cans of drinks or coffee, working all day at a stall to

make a few hundred dollars, to then turn around and have to do it all over again to raise enough money to meet the annual budget.

...

I don't believe it is a problem unique to our kindergarten. I am sure all facilities, particularly those in other small towns, have similar problems ...

Is there some way the government can better fund these facilities, which are absolutely vital in initiating our children into the process of formal education and development of social and interactive skills ...

I share the concerns of this parent and many others who are struggling to manage preschools due to the high workload and the limited funds available. Research has shown that the first five or six years of a child's life are critical in determining a child's attitudes and behaviour later in life. It is well known that \$1 spent on preschool education saves a community \$7 in dealing with other consequences later in a person's life.

The government should be investing more funds in providing the best preschool and early-intervention programs and combining them with positive-parenting programs. I believe this government undervalues preschool education, which is vital to the continuing development of the Lowan electorate.

Honourable members interjecting.

Mr DELAHUNTY — I am getting interjections for saying that education has been undervalued. The reality is that we still have problems out there. The action I call for is that the minister review the level of funding provided to preschools by the Department of Human Services and recognise the need for increased per capita funding and other grants to adequately cover the actual cost of providing preschool programs.

Diamond Creek: sports facilities

Ms GREEN (Yan Yean) — I raise a matter for the attention of the Minister for Sport and Recreation in another place. The action I seek is the allocation of funding for new indoor sports facilities in Diamond Creek. As a Diamond Creek resident and parent I understand as much as anyone how much we need new sporting facilities. Diamond Creek residents love their sport. Indeed the Diamond Creek women's football team won the Victorian Women's Football League grand final last year, and the men won the Diamond Valley Football League's second division. Whether it is football, cricket, tennis, baseball, bowls, cycling, basketball or netball, Diamond Creek kids and adults are into sport in a big way.

Diamond Creek schools at the primary and secondary level all participate well in local competitions; but love has its limits, and the limits of all Diamond Creek's facilities are showing — in fact, they are bursting at the seams. For instance, the Diamond Creek Force netball team has no access to indoor facilities at all and has spent more than \$200 000 to hire indoor courts outside the shire over the past three years. It simply is not good enough that in 2006 this country's most popular sport for women and girls continues to be played on outdoor asphalt courts.

The Diamond Creek Community Centre is well operated by the YMCA, and the facilities are well used by locals, but the centre is becoming a little tired. I thank the minister for his recognition of the need for facilities at Diamond Creek through his allocation of \$25 000 to Nillumbik council to undertake a recreational needs study of the town. The council has opted to combine these funds with other moneys also allocated by the state government through the Department of Sustainability and Environment for a strategy plan for the town called Diamond Creek 2020. I congratulate the council for the way it has engaged the community in coming up with ideas about what Diamond Creek will look like in the future, particularly what sporting facilities residents prefer and where they should be located.

The minister saw first hand how Diamond Creek kids love their sport when he and I visited the Diamond Creek East Primary School for its mini-Commonwealth Games event in February. Also, during the recent visit by the Premier and cabinet to Nillumbik the minister met with community members about the need for new facilities. The minister should be congratulated for providing previous funding for sporting facilities in Diamond Creek, including upgrades to lighting at Marngrook Oval to serve football and cricket matches and upgrading and improving access to the Diamond Creek Bowling Club.

I understand Nillumbik council has now concluded its state government-funded study and come up with a range of options. Each one of these options comes at a significant cost and will require cooperation across all levels of government. I urge the Nillumbik council to conclude its deliberations soon and commit funds for sporting facilities for Diamond Creek from its own funds and also to further submit funding applications to the minister for this year's funding round.

I also call on the federal government to pay its fair share of this worthy project. The federal government has spent next to nothing on sport in our area, and it needs to start contributing something for a change. I

want to thank the community and Nillumbik Shire Council for its work on this project and urge the minister to fund indoor sporting facilities for Diamond Creek.

VicRoads: rebirthed vehicles

Mr COOPER (Mornington) — I have a matter for the attention of the Minister for Transport, and I want him to assure the taxpayers of this state that they will not have to pick up the costs of fixing the criminal and corrupt actions of VicRoads employees. The criminal activities to which I refer relate to a variation of rebirthing motor vehicles, with VicRoads being involved in the illegal registration of those vehicles.

To demonstrate I will provide a brief history of one vehicle, a Mercedes 560 SEC, which was imported into Australia in a dismantled condition and labelled 'for use as parts'. It was then reassembled by a person who had at the same time acquired a wrecked Mercedes 300 and who then registered the reassembled Mercedes 560 SEC as the rebuilt Mercedes 300. VicRoads registered the 560 SEC using the engine number that was apparently the engine number of the Mercedes 300. At the same time VicRoads gave the 560 SEC a VP number, which is stamped on vehicles which have been rebuilt or otherwise have a clouded history. It is like a new birth certificate.

This Mercedes 560 SEC, which was later sold to a constituent of mine, is one of a number of vehicles which were registered by an employee or employees of VicRoads. I am informed that Victoria Police will be laying charges against that person or persons for fraudulently or illegally registering vehicles. My constituent has told me he has been advised that the scheme involves at least 800 cars.

What has ensued since the discovery of the scheme is that the vehicles do not comply with Australian standards, the fault for which has been accepted by VicRoads. The major cost for making these vehicles compliant is now being quietly picked up by VicRoads, and in the case of the Mercedes 560 SEC owned by my constituent the amount is \$10 000. If it is correct that the scheme includes at least 800 cars and that the cost for each is \$10 000, the overall amount currently being funded by Victoria's taxpayers to fix this criminal behaviour would be of the order of \$8 million.

The Minister for Transport needs to come clean to Parliament and to the Victorian community about this matter, and he needs to ensure that the taxpayers of the state do not fund the cost of making those vehicles compliant with Australian design rule standards. The

criminals, not the taxpayers, should be paying. The Minister for Transport is supposed to be responsible for VicRoads, but it appears that he has allowed that organisation to keep secret its involvement in this sordid \$10 million scandal. That is corrupt behaviour in itself and will be seen as such by most Victorians. This disgraceful affair does no credit to either the minister or VicRoads; they both need to seriously lift their performance.

Croydon Football Club: funding

Ms BEARD (Kilsyth) — The issue I wish to raise is for the Minister for Sport and Recreation in the other place. I seek the minister's support for an application by Maroondah City Council for a sport and recreation minor facilities grant for Croydon Football Club. The grant would improve the club's existing pavilion facilities including the construction of a multipurpose room to be used as a change room facility for visiting teams during the winter and as a gym during the summer. Other improvements would see the installation of a canopy to provide an additional sun-safe, sheltered area at the entrance to the pavilion and would enclose the pavilion's balcony area to create additional function room space and allow people of all abilities to view sporting activities in comfort.

The City of Maroondah has requested \$50 000 from Sport and Recreation Victoria towards the total cost of \$140 000. This year, 2006, is the centenary year of the Croydon Football Club — to my knowledge the first sporting club in the city of Maroondah to reach this important milestone in continuous operation. Well done, Blues! The club is in the electorate of Kilsyth. The application has strong support from Maroondah council's management team, in particular Helen Croxford, the director of community and leisure services, and Cr Tony Dib. Cr Les Willmott, the 2005–06 mayor of Maroondah, is another enthusiastic supporter of the club. Once a week the clubrooms are used as a meeting place by the Croydon Italian Senior Citizens Club. The application was submitted for consideration under the 2006–07 round of the Community Facilities Fund program.

Croydon Football Club is in good hands with a strong team led by its manager, Geoff Meyland, club president Nick Fraraccio and vice-presidents Alison Church, Tim Cross and Colin Hetherton. At Croydon Football Club women play a vital role in the voluntary leadership, with Rhonda Hughes and Jessica Keenan among others. It is also the club for which my brother, Peter Fuller, played football. As the 2006 community-based football season is about to kick off, it is timely to give every favourable consideration to supporting the City of

Maroondah's application. I am proud to be a Blueboy sponsor and to recall some of the words of the Croydon Football Club song:

We play together as a team.

Whether in sport or politics, team spirit is an essential ingredient for success. I support the application by the Maroondah City Council and ask the minister to favourably consider the grant application. I congratulate all involved in the Croydon Football Club. It is a great club, and I am proud to be associated with it.

Planning: Frankston precinct

Mr BAILLIEU (Hawthorn) — I raise a matter for the Minister for Planning. It goes to the issue of the proposed bulky goods precinct in Frankston on land between Cranbourne Road, Deane Street and Gertrude Street at the back of Frankston. Specifically I ask the minister to meet with the Frankston City Council to determine the capacity of the intersection of the Moorooduc Highway and Cranbourne Road to deal with the traffic generated by this project. Also I ask the minister to release all documents and reports on the traffic impact of the project and to investigate the involvement of his department in the applications for this project.

The project is on a large piece of land zoned residential behind the existing retail centre on the Moorooduc Highway. The land has been consolidated in a controversial and dubious way over the last three or four years, aided by a cabal of Labor mates including Frankston councillor Mark Conroy and Rogan Ward. Indeed on the very day after the application for the rezoning was made in May 2004, a member for Chelsea Province in another place called on the then Minister for Planning to expedite approval for the project.

Serious concerns were raised at the time about the project and the way it was put together. They included the fact that the proposal went against the municipal strategic statement and went against the Frankston City Council housing strategy — and remember, this was residential land, residents were opposed to it, and it would have a major traffic impact. The intersection there is already one of the worst in Melbourne. Now an independent study has revealed that a bulky goods precinct would dramatically increase congestion at the intersection. The council is now baulking at the rezoning, and this project is a potential disaster for downstream investors, ratepayers and taxpayers. On *Stateline* on Friday, 31 March, this year, Cr Conroy said of this issue:

This business about the traffic; VicRoads are responsible for the traffic, not council. Are they seriously saying we should kill this project off and it's VicRoads' fault because they don't know how to manage or run or are not responsible for their own roads?

That is what Cr Conroy said on Friday. Sadly he has been caught out before, because on 30 August last year in the Frankston *Independent* Cr Conroy was quoted as saying:

VicRoads recently put out a report showing that EastLink — or whatever the Scoresby freeway is called at the moment — will have no impact on Frankston traffic.

This is a \$2 billion road with 30 000 cars expected to pour off the end daily ...

The VicRoads claim that it would have limited or no impact beggars disbelief ...

Blind Freddy could see this can't be the case.

This project has been smelly from the start and is getting stinkier by the day. The minister needs to advise us of a solution — —

The ACTING SPEAKER (Mr Nardella) — Order! The member's time has expired.

Housing: Coburg

Ms CAMPBELL (Pascoe Vale) — I raise a matter for the attention of the Minister for Housing in the other place. The action I seek is that she announce the name of the successful tenderer for the management of the Munro Manor Office of Housing accommodation project in Munro Street, Coburg. Moreland requires additional Office of Housing singles accommodation for a range of age groups and social needs. Munro Street is ideally suited to this because of the ease of access to public transport, employment, health and community support through the Moreland community health centre, and to senior citizens groups that cater to people from a range of ethnic backgrounds.

On 1 March I had the pleasure of opening eight units of affordable accommodation for singles in Balloan Street, Coburg. The joint project with Yarra Community Housing had a total cost of \$1.1 million, with the state government providing \$850 000. One of the tenants, Mr Spontaneous Searchparty, known as 'Spon', accepted a key on behalf of residents. It was really quite an event. I congratulate Dr Rob Leslie, the chief executive officer of Yarra Community Housing, and Richard Howard, the director of the organisation, together with their wonderful team.

On 22 March an equally impressive project in Nicholson Street, Coburg, jointly funded by the Office

of Housing and Moreland City Council, became home to eight happy Victorians. In that case the state provided just under \$1 million and the council provided land worth just under \$400 000. The council also chipped in an extra \$36 000 and Yarra Community Housing contributed approximately \$27 000. I thank the Office of Housing team, the council and the Yarra Community Housing staff who made these homes a reality.

Regarding the Munro Street project, I understand architectural work on internal design features has been completed. The next important step is to announce the successful tenderer for the management of Munro Manor, and then to begin the building works. We are now looking forward to the next Office of Housing project to enable at least another 20 Victorians to call Moreland their home and their community.

Shepparton electorate: Leading from Within program

Mrs POWELL (Shepparton) — I raise a matter for the Minister for Community Services regarding the Leading from Within program in my electorate. I ask the minister to provide funding for this vital program so that it can continue to help people to recover from trauma in their lives. The Leading from Within program was started in 2002 by Jenny and Patrick O'Connell in response to a number of deaths of young people by suicide or car accident in the Shepparton district. These deaths had an enormous impact on the young people's families, friends and community. The O'Connells assessed the situation and, in response, developed a program to help people cope and move on positively.

One of the first successes of the program was Nathan Williams, a young man who became a participant after the death of his brother by suicide in 1999 and the death of a close friend, who also committed suicide, three months later. This was a devastating time for Nathan and his family, but through this wonderful program Nathan is now a mentor for people going through difficult times. He is also giving back to his community as a young leader. On Australia Day Nathan received the Australia Day junior citizen award for Mooroopna and was chosen as young citizen of the year by the City of Greater Shepparton.

There are many success stories like Nathan's. Because of this program some participants have stopped using antidepressants, marijuana, alcohol and cigarettes, and a number of underachieving students who were going to drop out of school have gone on to achieve their Victorian certificates of education and undertake

tertiary career training. In addition family members of people who have committed suicide have been able to learn skills to successfully cope with their losses and to provide mentoring to others who have had similar experiences. Participants who were suicidal or self-harming have recovered and become mentors to others who had similar experiences.

Leading from Within is a trauma recovery and suicide prevention program that has supported and provided training, motivation and understanding to over 130 adults and young people going through some devastating times in their lives. It has a fundamental message: horrible things sometimes happen in our lives, things over which we have little or no control, and ultimately it is not what happens but how we respond to it and deal with the effects of it that matters. The service is now growing, as is the need for the type of service, so there is a need for permanent ongoing funding.

I thank the Mooroopna Lions Club and its president, Mr Peter Kearney, for providing the service with a generous donation of \$4000. But much more funding is needed. I am urging the government to commit funding to the Leading from Within program to allow Jenny and Patrick O'Connell and their dedicated committee, led by David Freer, to continue to support people through their trauma and grief and give them the skills to cope.

Shepparton district needs this program. There is a lack of counsellors and a lack of mental health providers and mental health facilities. The funding is needed to expand the program to train more people to assist in running the successful program to ensure that many more people can be helped through their difficulties.

Retirement villages: residents rights

Ms MORAND (Mount Waverley) — I raise a matter for the attention of the Minister for Consumer Affairs in the other place and seek her action to ensure that regulations are put in place as soon as practical to reflect the changes made to the Retirement Villages Act last year relating to the establishment of model contracts and the refund of exit entitlements. I was involved with the review of the retirement villages legislation during 2004, and the resulting amendments to the act were passed early last year.

Around 25 000 Victorians live in retirement villages across the state. The amendments to the act were needed to bring the legislation up to date to better reflect the changing nature of the industry and to ensure that consumers rights were adequately protected. The amendments were made while recognising the need to maintain a viable industry that is growing and is

becoming more and more important in providing a range of accommodation options for older people.

During the consultation on the reforms many issues of concern were raised by residents, including the problem of not understanding the detail of contracts they had entered into, the ability for residents to have some power over the sale of their units when they leave the village and the time delay in accessing refund entitlements. Therefore amendments were made to improve the involvement of owners in the sale of their units and the time limits set for the refund of exit entitlements.

Wide consultation was undertaken during the review, and quite a bipartisan approach to regulating this important industry was pursued. I know the Liberal member for Monash Province in the other place was very familiar with the industry and consumers concerns and had a good understanding of the need for reform. So it came as a surprise to read members statements in the other place last week in which a member for Monash Province praised the raising of a issue by the Liberal candidate for Ferntree Gully relating to a local retirement village. The issue raised by the candidate was about supporting the call for the six-month refund rule to apply to all existing contracts.

The amendments made to the Retirement Village Act regarding the six-month rule for non-owners apply only to future contracts. If I understand the member for Monash Province properly, she is suggesting that, in relation to whatever exit entitlements are written into these contracts — whether they be one year old or 30 years old — all the contracts should be overturned. If she is suggesting this, I wonder whether she has consulted with the retirement village industry about this suggestion.

The position she now seems to be taking contrasts with her contribution during the debate on the bill last year. At the time the member did not put forward a suggestion or an amendment to the provision relating to the six-month refund rule to the effect that it should apply to existing contracts. In fact, she took the opposite position, referring to concerns by the industry about the implications of the refund rule on future contracts. Then again in a question to the minister in October last year she asked whether the minister could guarantee that the six-month rule would not adversely affect investment in retirement villages in Victoria.

The member was concerned about the impact of the six-month rule on the viability of the industry last October, but last week she seemed to take the position that the six-month rule should be applied

retrospectively. I am confused about which position the member is actually taking on the six-month refund rule.

Responses

Mr CAMERON (Minister for Agriculture) — The honourable members for Brighton, Yan Yean, Lowan, Mornington, Kilsyth, Hawthorn, Pascoe Vale, Lara, Shepparton and Mount Waverley have raised matters for ministers, and I will refer those matters to them.

Mr Thompson — On a point of order, Acting Speaker, and with respect to the Chair, who has had the decency to turn up, I note that only one government minister has turned up.

The ACTING SPEAKER (Mr Nardella) — Order! There is no point of order.

Mr Thompson — No minister has turned up who is required to answer a question.

The ACTING SPEAKER (Mr Nardella) — Order! There is no point of order. The house is now adjourned.

House adjourned 10.28 p.m.

