

## HOUSE OF ASSEMBLY

Thursday 24 June 2010

The **SPEAKER (Hon. L.R. Breuer)** took the chair at 11:00 and read prayers.

### **CORONERS (REPORTABLE DEATH) AMENDMENT BILL**

**The Hon. I.F. EVANS (Davenport) (10:32):** Obtained leave and introduced a bill for an act to amend the Coroners Act 2003. Read a first time.

**The Hon. I.F. EVANS (Davenport) (10:32):** I move:

That this bill be now read a second time.

In moving this bill, I will be referring to letters given to me by the Australian Funeral Directors Association (South Australian Division) in relation to this very simple issue. The Australian Funeral Directors Association has been in discussion with the government from before April 2008 about an issue that occurs in relation to reportable deaths interstate.

When a citizen of South Australia dies interstate, the interstate coroner prepares a report. The South Australian Coroner also prepares a report, so there is a double reporting process and this delays the whole grieving process for the family of the deceased and puts them through extra time delay and extra pain. I am advised by the Australian Funeral Directors Association that in every other state those coroners recognise the work of the interstate coroner in relation to the deceased, so that there is only one reporting process.

This bill gives power for the South Australian Coroner to recognise the work of an interstate coroner in relation to reportable deaths so that there is only one report into the reportable death and the whole process is quickened up for the grieving family of the deceased. It is cheaper, quicker and makes sense, so that is the simple intent of the bill.

I will not speak any longer. I think the merits of this bill stand on its own. It is regrettable that, for whatever reason, the government has not dealt with this issue in the previous two years. I am hoping that, now that it is before the house, the government can see its way clear to support this bill. I say to the government that if it does have amendments that can improve this bill, I am open to accepting them subject to negotiations. I am not saying that this is the perfect model, but I am saying that this is the bill that will bring this matter to a head in the house so that we can make the whole process simpler for the grieving families of people who die interstate. With your agreement, Madam Speaker, hopefully, the government will agree to this bill.

Debate adjourned on motion of Mr Sibbons.

### **LOCAL GOVERNMENT (INTERMENT OF HUMAN REMAINS) AMENDMENT BILL**

**The Hon. I.F. EVANS (Davenport) (10:37):** Obtained leave and introduced a bill for an act to amend the Local Government Act 1934. Read a first time.

**The Hon. I.F. EVANS (Davenport) (10:37):** I move:

That this bill be now read a second time.

Again, I will not delay the house long. This matter was also raised with me by the Australian Funeral Directors Association. This issue deals with the interment of human remains under the Local Government Act, so the bill is called the Local Government (Interment of Human Remains) Amendment Bill 2010. This bill also is very simple in its intent.

The Australian Funeral Directors Association, again, has been in negotiations with the government since April 2008, I understand, regarding this matter. The Australian Funeral Directors Association advice to me is that, when someone is cremated, a process is set out in the regulations attached to the current act. It requires a notice of identification to travel with the deceased so that, when the person is cremated, there is a guarantee of the identity of the person, and the reason for that requirement is obvious: it is hard to prove that the wrong person was cremated.

However, the Australian Funeral Directors Association has raised with me that, when someone is buried, there is not the same requirement for a certificate of identification to travel with the deceased, and the Funeral Directors Association is concerned that there is a loophole that allows for error, being that the wrong person is buried in the wrong grave. The problem of course with that, apart from the great distress to the family concerned, is that the only way one can correct

that or prove that is to exhume the body, which, of course, is a terrible experience for grieving families and they should not have to go through that.

The Australian Funeral Directors Association, which is the expert in this matter—I declare to this house that I am not an expert in funeral matters, although my brother does own two hearses—says to me that it is concerned, as an industry, that it is exposed to this loophole and grieving families are exposed to this loophole. This bill simply brings in to the Local Government Act provisions for a similar procedure for burials as is currently the case for cremations and therefore we give more certainty to the grieving families and more certainty to the Funeral Directors Association that the correct body has been buried.

*The Hon. R.B. Such interjecting:*

**The Hon. I.F. EVANS:** The member for Fisher reminds me that the previous select committee of the house reported on this matter and confirmed this matter so it is not something that is new to the house. Why it has taken this long then to deal with it is perhaps a mystery to us all. With those simple words, again, I hope the government can see its way clear to support this bill. I think it is a simple bill. I think it is a good measure and I think it will be a positive thing for grieving families if this loophole is closed as quickly as possible. With those few words, I look forward to the future support of the house.

Debate adjourned on motion of Mr Sibbons.

### **ELECTORAL (OPTIONAL PREFERENTIAL VOTING) AMENDMENT BILL**

**The Hon. R.B. SUCH (Fisher) (10:42):** Obtained leave and introduced a bill for an act to amend the Electoral Act 1985. Read a first time.

**The Hon. R.B. SUCH (Fisher) (10:42):** I move:

That this bill be now read a second time.

This bill is quite simple and straightforward. It provides that, when voting for the House of Assembly elections, an elector would not have to give a preference other than obviously their first preference. They do not even have to do that by law; they have to attend and get their name crossed off. It means that they do not have to vote for someone or more than one person that they do not support or wish to indicate any support for.

Therefore, in the House of Assembly, you would simply vote for your first choice if you wanted to cast a first choice, but importantly for the Legislative Council I think it is a very significant proposed reform in that, rather than having the complicated arrangement that we have now, which some people would argue is designed to help certain interests, that voting there you would only have to indicate, if you chose, a preference up to the number of vacancies in the Legislative Council.

What deters a lot of people from filling it out—say, if there are 74 names on the ballot paper for the Legislative Council—is that they cannot be bothered or they make a mistake because by the time they have got to 65 they are not sure whether they have done the right thing or filled them all in. This bill provides for an indication according to the number of vacancies and the candidates chosen would therefore be able to match the vacancies.

I think it is a simple reform which makes it more likely that people will therefore go down the ballot paper and indicate their preference for the vacancies that are required to be filled for the Legislative Council, rather than having to negotiate their way through sometimes 60, 70 or 80 names.

I know that we have above-the-line voting, but some people would argue that that is designed to allow the preferences to be directed by the parties above the line rather than to encourage or facilitate voters exercising their full choice below the line. So I think this is a simple reform which has merit and I commend it to the house.

Debate adjourned on motion of Mr Sibbons.

### **VOLUNTARY EUTHANASIA BILL**

**The Hon. R.B. SUCH (Fisher) (10:46):** Obtained leave and introduced a bill for an act to provide for the administration of medical procedures to assist the death of a limited number of patients who are in the terminal phase of a terminal illness, who are suffering unbearable pain and

who have expressed a desire for the procedures subject to appropriate safeguards; and for other purposes. Read a first time.

**The Hon. R.B. SUCH (Fisher) (10:46):** I move:

That this bill be now read a second time.

This is a sensitive issue. As we all know, there are many people in the community who support it—according to the public opinion poll, approximately 80 per cent—and there are many people obviously who, for religious and other reasons, do not support it. There are many people, for example, within the Catholic and Lutheran faith, particularly within the hierarchy, who have expressed concern about the possibility of voluntary euthanasia. However, within some of the other churches—notably, many of the members within the uniting Church, some within the Baptist Church and others who go under the heading of Christian also support voluntary euthanasia.

There have been many attempts over time to introduce a measure here, both in this chamber and the other, and, contrary to what some people may think, I love life and I want people to have fulfilling lives free of pain and suffering. I do not seek the premature death of anyone, but there are some cases—not many, but some—where, despite a generally good palliative care system in South Australia, they cannot get adequate pain relief. There are some diseases—not a lot—such as some of the cancers, motor neurone and some of those other very nasty and terrible diseases where the pain cannot be totally relieved.

My bill is not an open slather for people who want to end their life, even though they may be dying. My bill is strictly limited to people who are in the terminal phase—that is, the final phase—of a terminal illness (they are dying and they are in the final stage), who are suffering unbearable pain, and obviously it is not able to be treated, and who have expressed a desire for their life to come to an end.

It is not an easy procedure for someone to go through. Under my bill they have to be mentally competent; they are not allowed to be depressed, although we can understand that if anyone is in a terminal phase of a terminal illness they would naturally have some degree of anxiety. However, they are not to be people who have clinical depression. They have to be assessed by two independent doctors. The witnesses are not to benefit from the estate, so the argument that people may wish to accelerate the departure of a wealthy relative is not possible under my bill.

In fact my bill, because it is so limited, has been criticised by some advocates for voluntary euthanasia, who say that it does not allow for an advance request. Under my legislation, you cannot indicate in advance that you want your life ended. For example, if you got into a particular state and wanted to depart this earth, my bill does not allow or provide for that. As a result, some people who are keen supporters of voluntary euthanasia have been critical of my bill. My bill is a very limited mechanism with a monitoring committee containing representatives from the Council of Churches, the AMA, the Law Society, the Palliative Care Council, the Voluntary Euthanasia Society and Disability SA, and it has a lot of safeguards built into it.

I was on radio last week, on FIVEaa with Lainie Anderson, when a lady rang in to say: 'Well, this is similar to allowing abortion.' No, it is not. An unborn child has no say in their future. I am not here today to debate the merits of that issue, but this is not comparable with abortion, because an unborn cannot make a conscious decision to be or not to be born, obviously.

This caller rang in and I sympathised with her concerns about abortion. She was arguing that the law has been relaxed here so that anyone can basically get an abortion up to about 26 weeks. I do not believe that the law has changed in that regard, but this is not parallel with abortion because, as I say, you cannot be part of the voluntary euthanasia provision of my bill unless you are mentally competent, have been assessed by two independent doctors and witnessed by two people who have no financial benefit to gain.

There are other safeguards in the bill as well, so I say to people that no-one who has a religious or any other belief against voluntary euthanasia has to be involved, either as a patient or as a health professional. No-one is imposing this on anyone else; no-one is saying that you have to be involved in this as a professional or as a patient. It is voluntary euthanasia purely for those people for whom their conscience or religious belief allows it.

People have their different views of God. I do not accept the view that we have a god of pain and suffering. I remember our inquiry into voluntary euthanasia by the Social Development Committee. One of the senior members of the Catholic Church said that pain had a role because it

helped—I guess he was using the analogy of Daniel from the Old Testament—not to build character but, I suppose, to test someone.

I do not share that view and, after that senior cleric expressed it, two of the nuns (sisters from Mary Potter Hospice) came up to me. One of them put a hand on my arm and said: 'He is not in the same world that we are. We are dealing with people who are dying every day.' They did not say that they supported voluntary euthanasia as proposed at that time—under, I think, the Sandra Kanck provision—but they said that it is not a black and white issue and it is not as simple as the view indicated by that person in the hierarchy of the church.

At the moment, people are not going to come forward from the medical profession and say they have helped to terminate someone's life, because they could be charged with murder. However, in reality, in our state and society, it is happening. You can accelerate the death of a person by, for example, some of the treatments through chemotherapy. The argument would be we are not trying to kill them but, effectively, you do. By increasing the pain treatment regime you can accelerate the death. The argument would be we are not trying to do that.

Even within the Catholic faith, and some others, they say, 'We don't have a problem if you withdraw life support,' so it really indicates that there is a grey area. We had a recent court judgment here where the court ruled that someone in a nursing home will be allowed to starve themselves to death. I am not critical of the judge because I think the judgment was what that person wanted, but I think it is appalling that in South Australia we are saying to someone that we are going to let you die and you can starve yourself to death. If you did that to your pet dog you would be prosecuted, and rightly so.

You would be prosecuted if you said, 'I am going to starve my dog to death because it has a bad illness,' or something. One of the cruellest courses that we could put before someone is to make them starve to death in order to achieve what they want. It is their life: they have the ability to make a decision, and they should be able to make the decision on the basis of the quality of life. I am more concerned about the quality of life than the quantity of life. So I think it is important that people have the right to choose.

My bill is not about a slippery slope. It is very tight. When the Hon. Andrew Evans was in here I asked him, and some of the others, 'If you can tell me how this bill can be tightened up if you do not think the safeguards are tight enough, even though some of the people in the voluntary euthanasia movement believe it is too tight, you tell me.' He could not, and no-one else has come to me and said, 'Your bill can be tightened by another provision.'

I put this bill before the house. I am sure all members will consider it thoughtfully. I make the point that we are in here to represent our community, and MPs have plenty of time, because there is no election pending, to ask their constituents, 'Do you support this bill: yes or no?' and make sure they have the detail. I challenge anyone to come in here and say that a majority in their electorate does not support it. There may be one or two. The member for Schubert said that his electorate has a very strong Lutheran community and they may indicate to him some concern but, if a proper survey is done, as has been done for the Murdoch press, the results will show that 80 per cent of the public supports voluntary euthanasia.

When it comes to the point of someone wanting to access this—and I hope it never happens to anyone in here or any of their loved ones—it is too late. People can be screaming in agony. We had a former office bearer of the parliament (I will not name the person) who had one of those shocking diseases, motor neurone disease, and when people visited him he asked them to kill them because he was in so much agony and pain. That is terrible. It is disgraceful and disgusting to allow that to happen to a human being. So I say to people: even if you personally do not support it, you should act so that those who want it and are requesting it have the option. I emphasise that it is voluntary and not compulsory for anyone to be involved—a health professional or a patient.

I am pro life in the sense that I want people to have lengthy, happy, peaceful and enjoyable lives. I do not want people to be suffering. If you talk to people who work with those who are dying, many of them can get pain relief, we know that, through palliative care, but some cannot. It might only be 12 people in South Australia per year, but those people are important and they have the right to end their life in dignity. If you are wealthy enough, you can fly to Switzerland. That is something that should not need to happen. You should not have to go to another country to end your life. There are costs involved, especially if the remains do not come back as ashes. I know from a recent case, three weeks ago, concerning someone who died in France, that the cost of

repatriating that body to South Australia was \$17,000. The cost of those sorts of options, apart from the actual action in Switzerland, is out of the range of most people.

In South Australia we have led in many progressive ways. Let's allow people to have this right with tight safeguards, a limited option, to a limited number of people, who are dying, who are in the final phase. If members can tell me how this bill can be improved, the parliament and I are happy to consider any amendment they want to put forward.

With those remarks, I commend the bill to the house, and I trust that members will see themselves as representing their electorate rather than considering their own religious or personal views, which may be in contrast to what is in the bill. I am not in here to represent myself, and nor is anybody else in here to represent themselves, their religious views, or their own other personal views.

I commend the bill to the house and ask members to, as I am sure they will, thoughtfully consider what it is proposing and to look at what it is not proposing, because that is just as important. It is a limited option in limited circumstances for a very small number of people. It is not a slippery slope, because no changes could be made without coming back to the full parliament. It is not something that someone can tinker with once the parliament has made a ruling; it is not going to be suddenly changed easily. I commend this bill to the house. It represents, I think, a fair and reasonable approach.

Debate adjourned on motion of Hon. S.W. Key.

### **ELECTRICITY (WIND POWER) AMENDMENT BILL**

**Mr PENGILLY (Finniss) (11:03):** Obtained leave and introduced a bill for an act to amend the Electricity Act 1996. Read a first time.

**Mr PENGILLY (Finniss) (11:03):** I move:

That this bill be now read a second time.

I will not take an inordinate amount of time because I am aware of other business. This is identical to the bill that I introduced in the last parliament. I bring it back hoping that I will get support from the government to introduce this piece of legislation. It is not a complicated bill. Currently, users of solar energy have the opportunity to assist with a feed-in tariff back into the system. I am proposing, without going through all of the paraphernalia that I went through last time, to do the same thing and allow small wind turbines to be introduced onto buildings and to get a feed-in tariff for that form of energy.

All this bill attempts to do is remedy the situation, so that any excess energy created by households can be fed into the grid and then, as for solar panels, you get a feed-in tariff out of it. The way that the bill achieves this is by broadening the definition—I am excited with the events of the day, ma'am, I am sorry—of 'qualifying generator' in section 36AC of the Electricity Act so that it includes—

**An honourable member:** One down and one to go.

**Mr PENGILLY:** That's it: one Kevin gone and another one to happen—both solar generators and wind turbine generators. The technical matters are simple. I want to say a few words about the purpose of the bill because it could have quite a significant effect in the wider electorate of South Australia, including my own electorate, of course.

Wind generation is not new. Indeed, for decades people in rural areas had free light power, and it was an efficient and useful means before many areas had mains. The wind light generators powered the batteries and the batteries powered the houses. My colleagues behind me probably cannot remember wind lights—

**An honourable member:** We remember.

**Mr PENGILLY:** You remember; good man. It is also interesting that the Fleurieu, as part of my electorate, has led the way in wind energy in South Australia, with the first wind farm at Starfish Hill, I think in 1995—from memory, it came in about then. Wayne Matthew, as minister initiated things, and then when Patrick Conlon came in he took it one step further and signed off and we got the Starfish Hill Wind Farm and, of course, it has gone on from there.

In my electorate there is a very competent engineer by the name of Mr Mike Davison, who has invented a cylindrical wind turbine. I am not talking about the fan type, this is a small cylindrical

wind turbine. He would seek to put those into production and, obviously, they would probably be put into production around the rest of the nation. I think it is an absolute winner. I think it gives people the opportunity to generate some revenue. I have a stream of, particularly, pensioners who have solar panels on their properties who benefit from the feed-in tariff they get, some of them actually complaining that they are earning too much money and it is damaging their pensions.

I ask at this time that this bill of mine not disappear never to surface again. I seek a bipartisan approach on this so that we can actually get some common sense out of it. I know there would be a little bit of toing and froing on the side, and we went through that last time, but, to me, that is not an issue. If the government sees fit to support my bill, I see it as a leader in Australia and as some leadership from this parliament in getting it up and about.

As I said, this will promote efficiency and competition in the electricity supply industry. It will promote the establishment and maintenance of a safe and efficient system of electricity generation. It is in the best interests of the consumers of electricity. It is in the best interests of the environment, and I think that is important.

While we talk about all these sources of electricity and energy, the sun and the wind are there all the time. The sun is not there at night, not here anyway, but the wind is there 24 hours a day, a lot of the time, and by placing these turbines on people's homes and businesses it can be a valuable support mechanism. It could cut back the use of coal-fired electricity generators in some small way, and I think it is in the best interests of South Australia. With those few words and without seeking to go through everything that I said last time, I ask the house to support the bill.

Debate adjourned on motion of Mr Sibbons.

#### **ROAD TRAFFIC (CONSUMPTION OF LIQUOR WHILE DRIVING) AMENDMENT BILL**

**The Hon. R.B. SUCH (Fisher) (11:09):** Obtained leave and introduced a bill for an act to amend the Road Traffic Act 1961. Read a first time.

**The Hon. R.B. SUCH (Fisher) (11:10):** I move:

That this bill be now read a second time.

I was hoping that parliamentary counsel—and it is not their fault—might have got the slightly amended bill to me in time, but nevertheless I will introduce the bill as it currently stands and we can amend it, because it is not a very big bill. This bill simply provides that you cannot drive a vehicle on a road while consuming liquor. The terminology was changed from the first draft from 'alcohol' to 'liquor', because, apparently, some cough mixtures have alcohol in them, and so, at the request of SAPOL, it was changed to liquor.

As I say, the bill corrects an anomaly in the system. I am not suggesting that people necessarily get drunk because they are consuming alcohol as they drive along, but it sends a very bad message to the community, and particularly young people (children), because, on the one hand, we are saying, 'No, drink driving when someone has consumed more than a prescribed amount of alcohol', and yet, on the other hand, you can drive down the street swigging on your whisky bottle, your can of beer or whatever. To most people I think that is incongruous and sends a very bad message to the community, because, whilst drink driving is prohibited if you exceed a certain level of alcohol in your blood, it is not illegal to drink while you drive, which, to me, seems bizarre.

SAPOL supports this bill. However, last night, I received a letter from the Minister for Police, which obviously was prepared by SAPOL and which is why parliamentary counsel to their credit have been working flat out this morning to try to draft a slightly modified bill. I only received this last night at about quarter to six and faxed it into parliamentary counsel to ask them to take account of what SAPOL was now saying. The letter from the Minister for Police (Hon. Michael Wright) states:

Dear Bob,

I refer to your email regarding the Road Traffic (Consumption of Liquor While Driving) Amendment Bill 2010 (the Bill).

I note the changes you have made to the Bill following advice received from the South Australia Police (SAPOL) late last year. SAPOL has reviewed the amended bill and advises that the proposed offence of consumption of liquor by a person driving or attempting to put a vehicle in motion will be difficult to detect, and proof will rely on a momentary sighting (in traffic) of a driver in the actual motion of consuming.

SAPOL advises that it would be more practical to combat the identified misbehaviour were the offence to include not only consuming liquor, but also possessing liquor in open or uncapped containers (while not extending to unsealed, but capped/corked, bottles such as wine) while driving. Regulation 5 of the Liquor Licensing Act 1997 (the Act) already provides an offence of consumption and/or possession of liquor in a designated Dry Area (or 'Drive Zone'), which may be a suitable model.

I am advised that operational police may still face a problem enforcing this proposed legislation should the accused wish to contest the matter based upon their belief that the substance was not liquor. To be able to provide proof to the contrary would require an analysis of the substance being consumed. Should the matter be contested, this may necessitate the seizure of an open container and safe keeping for the purpose of analysis. Unlike a breach of the 'Dry Area' legislation there is no legislative aid for police to confiscate the liquor.

SAPOL advises section 123 of the Act permits the confiscation of the liquor and legal advice has been provided that police also have the power to decant opened containers of confiscated liquor. SAPOL recommends that the Bill be amended to contain provisions for police to be able to seize, retain or dispose of the liquor, which would not impinge on the accused's ability to have an analysis of the liquor. Failure to do so may result in an abuse of process argument should the matter proceed to trial without the accused being availed of the opportunity to have the substance analysed and provide evidence of same in their defence.

I am advised that SAPOL maintain their support of the intent of the Bill as it presents a clear message to the driving community that drinking whilst driving or in control of a vehicle is unacceptable even if that consumption does not place the driver in a position of being over the legal limit.

SAPOL recommends that the Bill be amended to address the issues of confiscation and possession of liquor in unsealed containers.

I trust the above information is of assistance.

The letter is signed by Michael Wright MP, Minister for Police, and dated 16 June 2010.

As I indicated earlier, parliamentary counsel has been working flat out this morning to accommodate the wishes of the police, as expressed in this letter, in a new bill, but we can still deal with the matter by amendment to the bill that has been lodged today. Members might recall that this bill almost got through the parliament last session—I think it missed out by about five minutes.

One of the issues that the police have indicated needs to be addressed is this question of opened liquor in the vehicle. In talking to parliamentary counsel this morning, I expressed the view that we do not want passengers to be penalised simply because they may have a container with alcohol in it. It does raise the possibility that the driver could quickly pass a container to the passenger, but that could also happen with people using a mobile phone. There is that risk there, but I do not want to go down the road where our laws become so draconian that people cannot do basic things. In Tasmania and Western Australia, it is an offence to have unopened liquor, as I understand it, in a vehicle, even if you are parked somewhere on the side of a road. I think that is a bit heavy-handed, but apparently that is the law in those two states.

I take heed of what the police are saying. I have great faith in our parliamentary counsel, and there will be amendments to the bill to deal with this issue in a fair and reasonable manner. We do not want to turn people who might be passengers in a car into criminals by virtue of a law which is over the top.

With those words I commend this bill to the house. In due course—obviously not today—the house will have a chance to look at the amendments that parliamentary counsel are drawing up, as will the Minister for Police, the opposition and other members in this chamber, to see whether they are happy with those amendments which tackle the key issue of not drinking while driving but which do not go into the realm of draconian measures. I commend the bill to the house and ask members to support it, as they did previously.

Debate adjourned on motion of Mr Sibbons.

## COUNTRY HEALTH

**Mr VENNING (Schubert) (11:20):** I move:

That this house—

- (a) congratulates the Liberal opposition on its long-term support of country health, and in particular a new Barossa hospital; and
- (b) condemns the Rann Labor Government for its continued failure to address the issue of equity in the provision of health services in regional South Australia.

**Ms Bedford:** That's a bit harsh, isn't it?

**Mr VENNING:** Madam Speaker—it is a day of change. The women have taken over today, haven't they? Women, at all levels. On a very historic day, when the women are dominating, the Liberal opposition has always been extremely supportive of country health, particularly my female leader, the Hon. Isobel Redmond. This support has been clearly demonstrated over a number of years. We mobilised, along with country communities, to force the Rann Labor government to withdraw the Country Health Care Plan released in 2008, which outlined cuts to services in 43 of South Australia's 66 country hospitals.

We fiercely advocated for the retention of hospital boards—local hospital boards—to keep management of hospitals local. Unfortunately, I believe, to the detriment of health services in the country, we were not successful and health advisory councils (or HACs as we know them) were introduced, which now serve as nothing more than mouthpieces for the government. It is interesting to note that the No. 1 draft of the now ex-Rudd government's National Health Plan contained the policy of reintroducing local management to hospitals. I believe that has now gone.

Recently, the draft ten year service plan for the inner north country health services (including the Barossa, Gawler, Eudunda and Kapunda) was released for public consultation and feedback. My issue with this is that comments and the feedback on the plan are to be directed to the health advisory councils. I find this to be a major cop-out, because, as I understand it, the HACs were asked to undertake community engagement and provide feedback to country groups in the first place about the gaps in service provision, community needs and views on their health services so that this information could be taken into account when forming the plan.

HACs were not ultimately responsible for the formulation of the draft plan. Country Health SA was responsible (it is its plan, after all); therefore, I find it a cop-out that feedback is required to be directed to the HACs. It is just another example of the Rann Labor government passing the buck when it comes to its responsibilities to country health. I also know that there have been issues with simple media releases, such as releases announcing the community engagement that HACs were undertaking. Up to a month or two ago, HACs were not even allowed to put out media releases without them first being vetted and approved by Country Health SA's media unit.

I understand that this situation has been rectified now, as many of the HACs were extremely unhappy that, despite the Rann Labor government repeatedly asserting that HACs were separate from the government, they were bound by the government's rule and instruction. Here we have two examples demonstrating how the Rann Labor government has been using the HACs to peddle its own political agendas. Now we find out that the Rann Labor government is working to seize the land assets of South Australian country hospitals and health services under the new Crown Land Management Act due to come into effect from 1 July.

This will involve all the trust grants which contain the land title of the hospitals being transferred to the Minister for Health. This is a very serious matter, Madam Speaker, and you particularly, as a country member, should be very concerned. We on this side of the house have a completely different view of country health from that of the Rann Labor government. We believe that functioning health services are vital to regional and rural communities, and they must be maintained to ensure that populations residing in country South Australia are supported.

Country people need assurance that, if they need medical treatment, there is somewhere for them to go locally, not just be sent off to the city because the government has stripped their services from their local hospital. Prior to the election, we demonstrated a commitment to country health to support regional and rural communities in several ways: committing to the construction of a new \$35 million health facility in the Barossa—a matter very dear to my heart; guaranteeing after hours medical services at the Renmark hospital with a funding injection of \$1.3 million over four years—great work by the new member for Chaffey; an additional \$4 million over four years to the South Australian Patient Assisted Transport Scheme (the PAT scheme as we know it) and all credit to my country colleagues.

I commend my colleagues for agreeing to commit to the construction of a new Barossa health facility. The Barossa community has been waiting for a new health facility to service the region for a very long time, over 15 years now, and I received so many positive responses following our announcement. 'It's about time' was a sentiment I heard echoed over and over again.

I think the thing that surprised most of the community, myself included, was that the Rann Labor government failed to respond at all to the Liberal announcement and despite commissioning a business case, it did not put forward its own proposal or commitment. There was nothing. Unfortunately, we were not elected and so the Barossa community must continue to wait for its new



health services—and I note that the member for Light listens with great interest and I appreciate that.

My big concern is that, once the new RAH gets underway on the rail yards, it will totally absorb all the health funds, especially from country health, and the Barossa will continue with a below standard facility for many years into the future. There is no money being spent on it—this is the Angaston facility—not even minor upgrades. Why? Because the facility is worn out, totally outmoded and way past its use-by date. Again I pay credit to those people who work in there and give great health care in a worn-out facility.

The disappointment for me (and this was experienced by the Barossa community) was that the realisation that the new health facility for the region would not come to fruition any time soon was not new. They have experienced this before. In 2001, the Liberals committed to building a new facility to be located in Nuriootpa with construction to commence in the 2004-05 financial year. However, since the Rann Labor government came to power in 2002, very little progress was made and it was shelved—another example of how little the Rann government does for country health. It is a physical example, a tangible example, of how Labor does not spend anything outside Adelaide.

The Rann Labor government withdrew its failed country health plan on 31 July and released a revised Country Health Care Plan—the draft strategy for planning country health services in South Australia—on 6 November 2008. The plan does not secure the future of health services in rural and regional South Australia as it lacks any detail or specific information. Currently, Country Health SA is releasing a draft ten year health plan for rural and regional South Australia and this is also vague in nature and lacks any specific detail, funding or service commitments.

The executive summary of the draft 10-year service plan for inner north country health services states, on page 5, that 'maintenance of current services is the primary focus of the draft plan.' This being the case, I question the need for a new plan at all. If the focus of this plan is existing services and provides nothing new, surely it defeats the purpose of having a new plan at all. How much has this exercise cost the taxpayer? And for what: just more lip service.

The Rann government has tried to downgrade and close country hospitals. It remained silent following the announcement of the Liberals' plan to build a new hospital in the Barossa and plans to build a new Royal Adelaide hospital on the rail yards which will, as I said, absorb all the funds from health for years and years to come leaving nothing for country areas.

Tack this onto the huge cost of the Adelaide Oval redevelopment and our state debt will be greater than State Bank proportions—no hope for a new Barossa hospital then. Yes, I do acknowledge the three new generators that have been promised for Angaston, Kapunda (thanks to the member for Stuart) and Berri (again, thanks to the member for Chaffey).

Today we have the ultimate insult: a press release by minister Hill, which I will quote:

New Investment in Medical Equipment for Lower North

The state government is investing \$55,000 in new medical equipment for hospitals in the Barossa—

I say 'in the Barossa'—

to improve health care for people in the local community.

After saying 'in the Barossa', the three communities in the list are: Clare Hospital receives \$20,000 for replacement scopes. Clare—is that the Barossa? No. Maybe we will keep going. Snowtown and Port Broughton Hospital, \$20,000 for an Optilog ventilator. Barossa? Far from it.

*An honourable member interjecting:*

**Mr VENNING:** What about Burra Hospital? \$15,000 for defibrillators. Madam Speaker, what an insult this is. Why put the words 'in the Barossa' when you name three—and we are grateful for the money and, again, credit to the members for doing this. However, it is a small amount of money. Again, the minister puts the name 'Barossa' there and those hospitals are all far from the Barossa. Minister, please, I would appreciate you getting it right some time. I have the Barossa media ringing me this morning asking for comment about that and, I am sorry, I cannot be complimentary at all to the minister, his press release or his staff who wrote it.

The Rann Labor government continues to fail to deliver adequate health services in country South Australia and fails to address inequities in service provision. It is not good enough and country people deserve better. I will not rest on my laurels in this matter, particularly in relation to

equity in health, and our country people are paying a huge price, and I hope the member for Frome will speak.

I do recognise there are certain things that have been done, like dialysis in Port Pirie. I think that is a good move. I have been pushing that for years. When I was first elected 20 years ago that was an issue then because Port Pirie was in my electorate. At long last we are seeing something, but we have a long way to go.

I think the government ought to have the hide or the strength to say, 'Hang on, we got this hospital thing wrong. We will upgrade the Royal Adelaide where it is and we will put the money saved into our rural hospitals.' That is what we wanted. That would be a mature and perfectly smart thing to do. Not all ideas of the opposition are wrong and I believe, if you adopt that policy tomorrow, you would get more credit for it rather than criticism.

So I plead to the government: the amount of money you are going to waste on this new facility, when I think more than half South Australians want to upgrade the current RAH where it is, and the money we can save we can spend on country communities where, Madam Speaker, as you would know, it will certainly be appreciated. I ask members of the house to consider this and I would be very grateful for their support.

**Mr PICCOLO (Light) (11:33):** I rise to speak against this motion because, as usual, these sorts of motions put up by the opposition are long on rhetoric and lack the detail or any credibility when you consider them.

*Mr Venning interjecting:*

**Mr PICCOLO:** Member for Schubert, I sat here quietly and listened to you; I would ask that you give me the same respect. The member for Schubert has outlined things that he would like to see done. I agree with the member for Schubert that a functional health service for regional and rural communities is important. I have no difficulty with that. However, I would actually go further: we need a functional health system for the whole state. So we need to stop playing this city versus regional and rural type of dichotomy; this sort of debate to try to divide the community. I am a member of the state parliament and I work for the whole state, because part of my community is urban and part of my community is rural and regional.

*Mr Venning interjecting:*

**Mr PICCOLO:** As I mentioned, I sat here quietly and listened to you; I would suggest you do the same.

*An honourable member interjecting:*

**Mr PICCOLO:** I suggest, yes. Only the Speaker can direct.

*Members interjecting:*

**The DEPUTY SPEAKER:** I am fully on top of my game. I am listening with bated breath.

**Mr PICCOLO:** What is lacking in the member for Schubert's discussion and also lacking, generally speaking, in the Liberal Party approach to health, among other things, is a discussion about sustainability of services. The key thing about equity for anybody in this state—whether you are in Gawler, the Barossa or Clare, etc—is to ensure that we have services for the long-term. The underlying sustainability of our health system is important. When the member for Schubert gets up and talks about equity, he ignores the second, very important, part of that equation. It is important to have equity within the existing service, but it is also important to have a service which is sustainable in the long term.

When you look through the Liberal Party's health policy and their pronouncements—they have ignored that. They make these ad hoc decisions, that are all over the place, about what should be done and respond to what may be at times popular things, but which are not sustainable. Unfortunately, the health system they left for us, when we came into government, was full of ad hoc decisions which we now have to repair, get back on track and maintain.

The reality is—as the member for Stuart said yesterday—that costs to the health system are actually increasing at a greater rate than the normal CPI. He is quite right. When you look at the graphs of increasing health costs and what is required to sustain it—and this house has been told by the minister a number of times—unless there are dramatic reforms, we will not have a health system. There will not be equity for anybody, irrespective of where you live in this state.

The first thing you need to ensure is that the health system is sustainable. This is what the whole health plan was about: firstly, the state health plan, secondly, the country health plan. What are the underlying themes of those two health plans? One is to make sure we can actually afford a system which all South Australians can access on an equitable basis. This means that there is a hierarchy of services acknowledging: firstly, the provision of services—in other words, what can be provided—and secondly, the demand for services. You need to match the delivery of services to where they are demanded, which is very important.

The fact that there are more facilities in an urban area should not surprise us as the fact is that there is more demand for them in metropolitan Adelaide. That does not mean that people in rural and country areas should not have access to that service. We need to make sure that we get those services as close to the people as possible. This is an important element of the health plan. The health plan is about having a hierarchy of services to make sure that you can provide any procedure or medical need at the closest possible position. This is what we did. We upgraded a number of country hospitals: Mount Gambier, Berri, Whyalla.

**Mr Griffiths:** You haven't done it yet.

**Mr PICCOLO:** Well, it is planned. The plan clearly states that those hospitals will be upgraded to maximise additional services; that is to say, there will be a greater range of services to those centres. Part of that hierarchy is to ensure that people have access to those services. In reality, not every service will be provided at every health facility. If the Liberals are suggesting that they going to do that, I would like to see the numbers and financials for that.

We have moved services to country people. For example, in Whyalla, I understand, there is a new dialysis unit, so people do not have to come to the city for that service, so that people in the country area can actually get that service. I also understand, but there was also a recent announcement in Gawler moving a number of chairs for cancer services more locally, so people are not—

**Mr PENGILLY:** Point of order, Madam Deputy Speaker. This is plagiarism. This is what the minister read out yesterday.

**The DEPUTY SPEAKER:** That is a very serious accusation, member for Finnis: very, very serious. Given that I—

*An honourable member interjecting:*

**The DEPUTY SPEAKER:** I think you'll find I'm talking. Given that I have not read the statement that you speak of, I cannot rule on such a thing. At this point, I think we will give the member for Light the benefit of the doubt, because I suspect that at other times in this place, members on my left might have done something a little similar. So—

**Mr Pederick:** Outrage!

**The DEPUTY SPEAKER:** Outrage, perhaps. We must accept this and move on. Member for Light, the call is yours.

**Mr PICCOLO:** I can assure the house that I am not plagiarising anything. I just happen to know something about the health system and I take an interest in it. I actually try to know what we are doing, particularly in my own electorate.

**Mr Venning:** What about the Barossa Hospital?

**Mr PICCOLO:** The Barossa Hospital was not in my electorate the last time I looked, member for Schubert. If you want to secede your electorate to me, I am happy to look at it. As I said, there is a hierarchy of health services, and, as I was saying before I was interrupted by the member for Finnis—

**The DEPUTY SPEAKER:** Yes, but you shouldn't respond to interjections either, so let's just carry on.

**Mr PICCOLO:** Madam Deputy Speaker, I wasn't, actually. He had a point of order.

**The DEPUTY SPEAKER:** Yes, you were. You were just then.

**Mr PICCOLO:** Thank you, Madam Deputy Speaker for your support—and guidance, of course. For example, we have moved a whole range of new services to those country hospitals, recognising (as the member for Stuart quite rightly pointed out yesterday) that, when people in the

country have to come to the city for services, it does not just affect the patients but also their families and a whole range of people.

The government recognises that and that is why, wherever possible, we are decentralising a whole range of services in conjunction with this hierarchy of hospital and health services. We have tried to link services so they can come closer to the people who need them. Members should also know that we have introduced a number of cancer chairs in my own local hospital in Gawler, in recognition that when people come into the city for services it is very disruptive not only for the patient but also the family.

The first thing about equity is to ensure that you have a system that can be equitable, which the Liberals have given up on. They just make these ad hoc promises all over the place. As the member for Schubert said, by his own admission, for 15 years they have been talking about the Barossa hospital, but eight of those were under a Liberal government. Why wasn't it built in the eight years the Liberals were in government? My understanding of the Barossa hospital, acknowledging it is not in my electorate, is that it is being investigated for future delivery.

The other point about consultation is that, under the new proposal, the health advisory committees do consult with communities. It is an interesting point that, on the one hand, the member for Schubert accused the government of devolving its responsibility when it asked those committees to consult with the communities but, on the other hand, we do not allow those committees to be consulted with. You cannot have it both ways—although he tries to—but the reality is that the health advisory committees' role is to consult with the communities. My own health advisory committee, for example, has just prepared a draft 10-year plan for services required in that community, and it has consulted quite widely, and that is its role and charter, and I see no problem with that.

When you look at the motion, when you actually (as the post-modernists would say) deconstruct it, it is lacking, as usual, in any accuracy and is just a mishmash, ad hoc range of statements that cannot be sustained. Neither their policy nor the health system could be sustained, should they be elected. So it was not unfortunate that the Liberal Party was not elected at the last election; it was very fortunate for the people of South Australia that they were not, because we can continue with these reforms to ensure that there is equity in the system for all South Australians, including regional and rural South Australians, and that we have a sustainable system which is there for all South Australians, not the sort of system that they would insist upon, which would be fewer services for all of us in this state.

Time expired.

**The DEPUTY SPEAKER:** Thank you, member for Light, and thank you for your introduction of the postmodern dialectic into our discussions. The member for Fisher.

**The Hon. R.B. SUCH (Fisher) (11:43):** I want to be very brief because I know a lot of—

**The Hon. S.W. Key:** Famous last words!

**The Hon. R.B. SUCH:** You have hurt my feelings so I won't talk for long, now. I know a lot of the country members want to have a say. I want to talk for a minute or two and point out that, at the moment, country people, men and women, are disadvantaged in terms of health services. They are disadvantaged in the sense of access to services, the cost of accessing services if they have to come to the city, and in their mortality rates. I will give one example.

In prostate cancer research we know that the death rate amongst country men is 25 per cent higher than for city men. That is because they do not get the information, the services, and all the package in terms of health issues. I think you can argue it is similar in relation to women in the country as well. It is information, access to services and cost. In terms of the treatment, some of the high-level technology is not easily available to people in country areas. They have to travel to the city for some of the cancer treatments, and so on, and that should not be the case in a society like ours.

I will conclude by saying that my step-brother-in-law, who comes from that wonderful city of Port Pirie (I will not say his name), was in Adelaide last week to have a prostatectomy, with the robot at the Royal Adelaide Hospital. That cost him a bit, and he is happy to pay towards that, even though it is in the public hospital. But, in terms of the cost of the accommodation and post operation recovery (he will probably kill me for saying this), he can afford it, but many people in country areas would struggle.

He is staying in a cabin at Holdfast Shores. I think just for a cabin it is about \$170 a night; I think he gets some discount. So, that will be two weeks times \$150 a night, and it is hardly luxurious, and he is recovering from the surgery he had last week at the Royal Adelaide Hospital. I think that helps make the point. People could say that he could have a conventional operation maybe at Pirie, but he is entitled to have access to the same sophisticated robotic surgery as anyone else, but the cost to him on top of the operation is enormous, plus the inconvenience of not being able to access services in the country. That was brief, I think, Madam Deputy Speaker.

**The DEPUTY SPEAKER:** That was astonishingly brief, and we all celebrate you. The member for Stuart.

**Mr VAN HOLST PELLEKAAN (Stuart) (11:46):** Thank you, Madam Deputy Speaker. I appreciate the brief comments from the member for Fisher. I am here to support the member for Schubert in his motion. To me, the most important part of this motion is the second part:

(b) condemns the Rann Labor government for its continued failure to address the issues of equity in the provision of health services in regional South Australia.

Very clearly, what he means is in regional South Australia compared to Adelaide. That is really what I am here to talk about. I am a little bit disappointed to hear the member for Light. I think the longer he stays in the Labor government and the longer the urban sprawl overtakes his electorate, the less he is interested in the real country.

I am here to represent the people of Stuart. We have hospitals in Port Augusta, Kapunda, Eudunda, Peterborough, Jamestown, Orroroo, Boolaroo Centre, Burra and Leigh Creek—good country hospitals, which are relied upon by every single person who lives in those communities and the people who work very hard in them as well. The people who work in those hospitals and do their very best to provide services for local people are—

*Mr Piccolo interjecting:*

**Mr PENGILLY:** Point of order: 131.

**The DEPUTY SPEAKER:** Point of order 131; would you like to describe that to me in detail, member for Finnis?

**Mr PENGILLY:** A member may not interrupt another member who is speaking.

*Members interjecting:*

**The DEPUTY SPEAKER:** Member for Finnis! I have to say that is incredibly naughty, because I have watched you from the august place of the back bench for many years interject like there is no tomorrow. There is no point of order, member for Finnis. Nice try, but no banana. Please carry on, member for Stuart.

**Mr VAN HOLST PELLEKAAN:** They are nine very important country hospitals that provide services to people all throughout the electorate of Stuart. That is what the member for Schubert is talking about, in Stuart, in Schubert, in Flinders, in Chaffey, all around regional South Australia, and talking about the inequity of delivery of services and the inequity of priority of this government, for health services, to regional areas compared to the metro area.

I am quite happy to say, as I did yesterday, health is a very difficult portfolio, very difficult. Regardless of who is in government—Liberal or Labor—it is a toughie. I am not here to give any individual person a hard time about the difficulty of the portfolio. What I am here to do is talk about the inequity of priorities. I was supported very well yesterday by both the health minister and the Treasurer who provided information on that. The health minister said, and I am reading from *Hansard*:

...\$630.4 million will be spent on public hospitals and health services in country South Australia. This is \$250 million, or 66 per cent, more than in 2001-02, the last year of the former Liberal government...I can assure the member[s] that there has not been an inflation rate of 66 per cent since 2002.

The Treasurer, at another time yesterday, said:

Health expenditure is running, on the most generous assessment at 8 per cent per year but, when one really looks at the wage inflation of the profession and the technical advancements that we are continually and thankfully making in health, health costs are running more in the order of 9 to 11 per cent compounding per year.

You only have to look at the fact that, since the last Liberal government (so, eight years ago) we were spending, say, \$2 billion. That is in eight years. That is so far in excess of inflation.

So, two big points: they claim, in nominal spending terms, a 100 per cent increase in spending over that period in the city and they claim, in nominal terms, a 66 per cent increase in spending in regional areas in country health. That is an inequity, clearly, as stated by both of those ministers yesterday. The other thing I would like to say, very clearly, is that I do not think the numbers are quite right. Based on what the Treasurer said yesterday, inflation in the health sector is 9 per cent to 11 per cent per annum.

**Dr McFetridge:** 12 per cent he said.

**Mr VAN HOLST PELLEKAAN:** That will make the case even more strongly for you, thank you, shadow minister. Let us use 10 per cent because it is a good easy number and smack in the middle of what *Hansard* says that the Treasurer said yesterday. A 10 per cent compounding inflation rate over eight years is 114 per cent; 114 per cent to just keep pace with the spending that would have been required to spend, in real terms, the same amount of money to, in real terms, provide the same amount of service has gone backwards.

The Treasurer claims that 100 per cent is fantastic. Guess what? It should have been 114 just to keep even. The health minister claims 66 per cent in the country is fantastic. Guess what? It should have been 114 per cent, nearly double, to just keep even. So, two major points: the government is not spending nearly as much, by percentage increase, in the country as it is in the city, and it is not even keeping pace with the industry's inflation rate, as mentioned by the Treasurer yesterday. That is very clearly an inequity by this government with regard to support for country health versus metro health in Adelaide.

The issues with regard to country health, very broadly, have been outlined very well by the people who spoke before me. Everybody understands that taking away country health boards was a disgraceful move. Moving them to the health advisory committees (HACs) and taking genuine people in country areas away from having responsibility for their hospitals was just disgraceful. We go back to the Liberal Party's pre-election promise, a very sensible promise: rebuild the RAH where it is and spend the savings on health throughout the rest of the state. That would have looked after regional health. That would have looked after the people in those nine hospitals in Stuart and lots of others throughout the rest of regional South Australia. That is the way to look after regional people: spread the savings. Don't waste more and more money building a new rail yards hospital where a revamp onsite would have been very good.

I remember very well, about a year and a half ago, going to public meetings, where hundreds and hundreds of people in towns all over regional South Australia turned out because they understand that they are getting duded. It is not just the opposition saying, 'We are not happy.' It is not just the opposition trying to give the government a hard time, and it is not just the opposition providing factual information to show that regional communities have not been looked after in the same way that Adelaide has. People know. People who work in those hospitals, people who work in emergency services, people who are volunteers in ambulance services, people who are doctors, all sorts of people, let alone the patients, understand that they are getting duded.

One of the most disgraceful ways that the people of regional South Australia are being duded by this government when it comes to the provision of health services, is in a very sneaky, sly, underhanded attrition, trying to wear people down, taking services away so that they cannot be accessed, so that they can then say, 'They weren't accessed, there wasn't a line up, there wasn't a queue, nobody cared, so we don't need them any more.'

I will give you a very good example of that: the Hawker hospital, which went without a doctor for about six months, so the people from the Hawker district had to start going to the Quorn hospital. No doubt they got excellent service from the Quorn hospital and from the doctors and staff there. Guess what? None went to the Hawker hospital. The patients did not go to the Hawker hospital because there was no doctor there. Now you look at the statistics of people turning up at the Hawker hospital for service and the people turning up at the Quorn hospital for service and the government says, 'There's lots of people going to Quorn, there's no-one going to Hawker, so fait accompli, we don't need to reinstate the doctor.' Now that is just disgraceful. That is absolutely sly and disgraceful, and not looking after country people the way they should be.

The member for Finnis mentioned travel and he talked about the difficulties. Before the election, we offered \$4 million extra for PATS (Patient Assistance Transport Scheme), which is very important. It would not be important to the member for Light because his people do not live far enough away from health services, but, in country areas, it is very important. That is the sort of thing that enables people to come to the city for medical treatment. I understand that not every

single service will be provided in every single hospital, but providing things like that supports the health system in regional South Australia. It is not only about hospitals but also about supporting the communities more broadly so that they can get access to the services they need.

I finish by asking one simple question. Yesterday, both the Treasurer and the health minister incorrectly said that, over the last eight years, their spending in health has kept up with inflation in the health industry at 10 per cent (as they said). They have put it at 66 per cent in regional South Australia and 100 per cent in the city. Clearly, there is an inequity. What I would like to know is: what has the inflation rate been in pandas? What has the inflation rate been in trams? What has the inflation rate been in money given to Lance Armstrong compared to the increase in money given to rural health and people living in country South Australia to address their health needs? Thank you, Madam Deputy Speaker.

**Mr BROCK (Frome) (11:56):** I totally agree with all the previous speakers. I think the health subject would be the greatest challenge facing whoever is in government, whether it is state or federal government. We are becoming an older population. We are asking people to be more concerned about their health and to have more examinations to try to prevent their having to go to hospital, but as our population grows older, we require more attention, more hospitalisation and more services.

I take on board all the previous speakers. The member for Stuart is correct. I am concerned about the inequity in regional South Australia compared to the metropolitan area of South Australia. We have, in my area, a good hospital, a good regional health service at Port Pirie. We have a good service at Clare. We have excellent district hospitals at Port Broughton and Crystal Brook. However, my concern is that, over the many years, services have been allowed to continue without any maintenance or improvements going forward. Up until about a month ago, I had been fighting very hard for renal dialysis machines in the Port Pirie Regional Health Service. I have mentioned in this house previously that in my role as the mayor of the Port Pirie Regional Council, some 15 years ago, the community and I fought very hard to get these renal dialysis units in Port Pirie. We were not successful.

I congratulate the government and the minister with whom I have had personal dealings over the past six or eight months. He is now establishing the facilities for four renal units in Port Pirie. Prior to that, these patients had to travel to Port Augusta on three or four days a week, and from Port Broughton they had to travel to Clare. As the member for Stuart has indicated—and I think the member for Finniss also indicated—there is a cost factor.

Unfortunately, this is a separate issue—and I will be taking this up with the minister at a later date—and the PATS payment does not assist disadvantaged people in regional South Australia. People travelling from Port Broughton to Clare do not get any reimbursement because it is below the threshold. It does not meet the minimum requirement for these people to travel on three or four days a week, stay there with a carer to look after them and have the dialysis treatment because once they have had the dialysis treatment they cannot and should not drive their car home. That is an issue.

No matter who is in government it has been going on for many years. We put a service into a location. The frequency may be every month for that service to visit those locations. As it continues we look at cost savings. The member for Light rightly said that it needs to be sustainable but, at the same time, we need to ensure that services are there on a regular basis, not start them out one monthly or two monthly and then push them out to three, four or five month intervals.

That does not help the patients requiring the service because those patients will say, 'I cannot afford to travel 100 kilometres four days a week so, therefore, I will defer it and only go once.' They may not even go for treatment. In the interim period the injury or disease may be getting worse.

The member for Fisher has talked about his brother-in-law. I am talking now about the female side of the cancer. The mammogram machine in Port Pirie Regional Health Service has been out of action for 12 months. I have had many complaints in the past two weeks from medical practitioners in the region who say that replacing the machine is not the issue. Rather, the replacement of the service provider is becoming a nightmare. It has now been going on for 12 months. Again, I will be taking up this issue with the minister directly. I do not expect to win this, but I understand that the replacement of a service provider through the bureaucratic system is becoming a nightmare and longwinded.

Currently, we continue to promote examinations by women to ensure they do not get breast cancer, they do not aggravate it, they get it before it gets too far down the line. In that respect I can talk from experience. My late mother-in-law a long time ago did not have the regular examination because of the non-availability of a machine. Instead of having it every month, she deferred it for three or four months. Unfortunately, in her case the disease, the complaint, went too far and it took her life after an agonising six months not only in hospital but also at home.

I am very passionate about examinations. Even my partner has to have regular mammogram examinations. She is very aware of that because breast cancer is in her family. We all have these issues. We need to ensure that equity in regional South Australia is the same as in the metropolitan area.

I agree that the Royal Adelaide Hospital is a hot topic between the two parties, between the government and the opposition. However, as a parliament we need to ensure we work together for health into the future. We should be able to reach a compromise and agree where these facilities should be. We are here to represent the people of regional South Australia and the metropolitan area of Adelaide, and we need to ensure those people do not suffer because of issues on which we disagree in this house.

The member for Fisher mentioned his brother-in-law. I would be interested to know whether his brother-in-law reads *Hansard* and finds that the member for Fisher has indicated he can afford to come to Adelaide. There is a cost factor. It has a traumatic effect on your health to come down for a start. You are away from your family. There are financial implications on your family. At the moment my chief of staff is at the Ashford Hospital for an operation. She is very stressed because she is missing her family. If those services could go into regional South Australia then we would have a far better home life, and so on.

In closing, I just want to reassure members that I am really passionate about health across the whole of South Australia. I am very passionate about regional South Australia. I just want to see the current services and equipment that is in regional hospitals maintained, not decreased and not reduced. Also, I want to see an increase in the services and frequency of specialist services to ensure that regional South Australia feels part of the rest of the population of this great state.

**Dr McFETRIDGE (Morphett) (12:05):** It is a tragedy to hear the tales from the member for Frome, and I congratulate him on being so frank, because it was just recently that the Minister for Health and the Minister for Environment did over the Port Pirie community with that politically-based media release on lead levels in children. They had been consulting with the community, they knew what was happening up there, but no, to suit their own purposes, they drop out this press release and it put the community right back on its heels. It is not fair the way they treated that community, and I support the member for Frome in his statements.

Also, to hear that the good citizens in Frome cannot get the services they deserve with respect to cancer detection and screening is just another case of where the bureaucrats are winning and beds are being cut. We had the minister in here yesterday saying that \$250 million more is being spent on health in South Australia today than under the former Liberal government. If the minister wants, I will get the Treasurer's media statement with regard to health inflation being 12 per cent. Today they should be spending \$740 million on country health at a 10 per cent inflation rate, but the minister said 12 per cent, so I am giving him a bit more.

I am a bit closer to prime minister Rudd's—he is not the prime minister any more, it is Prime Minister Gillard this morning, isn't it; and didn't Rudd get what he deserves? The Premier has said an 8 per cent inflation rate for health—8 per cent, 9.3 per cent, 12 per cent. I put it at about 10 per cent. They should be spending \$740 million on health in the country if the minister is to be believed on what is going on in health services in South Australia. I am not so sure that he knows what is going on, because in his answer to a question yesterday he also said that we have 23 extra full-time equivalent doctors working in the country.

That may be the case. I have no doubt that the minister would not mislead this house deliberately, but what I am hearing is that there is a tremendous shortage of doctors in the country, to the point where on Kangaroo Island and at Karoonda, Millicent, Bordertown, Port Lincoln and the Riverland it is fly-in/fly-out locums. And what are we paying for those locums? We are not paying a reasonable fee to the local practices to provide after-hour services; we are paying \$2,400 a day for fly-in/fly-out locums on Kangaroo Island. We are paying locums about \$1,800 a day, we are paying travel and accommodation and an agency fee of about 15 per cent.



You are paying more to the agency than you are to the local doctors for being on call. Sure, they get a fee for service on top of that, so they are not working for \$220 a day. We all know that. However, to say to those doctors in the country, 'Well, look, we're not going to argue with you, we're not going to debate with you and we're not going to consult with you about the terms of your contract; we're going to bring in paramedics and ambulance services.' I have the highest regard for our paramedics and ambulance service members, but they are not doctors. They have limits to their abilities.

I will be perfectly honest, if I was in a crash on the side of the road, I would rather have an ambo than a doctor because they are skilled in rapid early intervention. They are fantastic there, but it goes on from there. To have paramedics looking after patients in the hospital at Kingscote and then the local doctors having to come in and tidy up or advise them where they should be going is a tragedy for the people of South Australia. If that is happening all over South Australia, and I am hearing that that is the case, this government should hang its head in shame. It should be spending the \$740 million (if the inflation rate the minister quoted in the past is correct), not the \$630 million that he is saying now.

They are doing them by \$100 million. Where would that go to providing extra doctors and extra facilities? The member for Frome probably would have his breast screening and the member for Stuart would probably have an MRI provided up there.

That is a federal issue in many ways, but the state government is getting in the way. We heard the member for Light talking about country health. We just have to look at what is happening with Gawler hospital. At Gawler hospital, the A&E services there are an absolute mess. Nobody knew what was going to go on there. The government could have provided an answer to the issues up there very quickly for very little money, but no, they let it go on and on and on—typical of this government—until it is crisis management. You deny, you deny, you deny and then you try to deflect from the real issues. This happens all the time with this government.

What this government should be aware of is that the people out there know the real facts. They know what is really going on in the health services in South Australia. Yesterday's report from the Australian Institute of Health and Welfare Management says that people living in rural and remote areas tend to have higher levels of disease risk factors and illnesses than those in major cities.

So there is a need, and a real need, to make sure that we are not getting behind in our provision of health services to those people who are doing it tough out there in the rural and regional areas. They have had droughts; they have had many, many issues such as a lack of water up there in the Riverland to cope with. They have enough stresses. This is not just their physical health we are talking about, we should remember: this is mental health as well.

We need to make sure that our country cousins are being looked after. You cannot have a heart transplant at every hospital. We know that and we all agree that you cannot do that. Our country cousins do not want that, but what they do want is not to have their local hospital downgraded to an observation post where a nurse—a very qualified, very professional and high integrity nurse—will be looking after you but if, in her opinion, you cannot be seen or treated in that hospital, you then have to travel off to a regional hospital right out of your community, away from your family, away from your friends, hundreds of miles away—and with the price of petrol nowadays.

We heard the member for Frome talk about the inadequate PAT scheme that we have had. It is just not fair and that is what South Australians want: they just want a fair go. They do not expect to have a heart transplant in every hospital. They just want a fair go. That is what they want and that is what they deserve. This government has not delivered on that. There has been lots of rhetoric.

The member for Schubert talked about the Barossa hospital. Yes; we did promise to build that in 2001. The cost then was about \$17 million. On our estimates—I think it was a 55-bed hospital that we were going to build up there—it was about \$35 million, and that was deliverable. It should be delivered. Angaston Hospital is really past its use-by date. That land there could be used for some other purpose and help fund the building of a new hospital where the land has been donated by the local council to help build that new hospital. It should be a priority for this government.

With the Army battalion coming out to the northern suburbs, there is going to be massive pressure on Lyell McEwin and Gawler hospitals, so we should be doing something else about

providing extra hospital services out that way. Building a hospital at Barossa is something that should not be overlooked, and it should not be put out there for further consultation and delays as we see in so many cases—forming a committee and having an investigation. It has been planned. I understand that the business case for it has actually been done. There is a real opportunity to get on and do it now because we know that prices will be going up and up and up.

We have just seen in Western Australia a tragic example of what can go wrong if you do not control hospital costs. The Fiona Stanley Hospital there was planned by the former Labor government at about \$460 million. It is now \$1.7 billion which is a \$1.3 billion increase in costs—a massive blowout in costs—and it is going to be delivered four years later than was originally planned. If you do not have your eye on the ball with health, it will get out of control.

We have heard all the scare tactics that are used by the government in Australia and the bureaucrats to say that, if we do not watch ourselves, the health budget is going to consume the whole of the state budget. I would say: only if you keep going the way you are. You should not have to do that. You should be able to spend money much more wisely and do it in a smart way, not just pouring the dollars in. You do not need to do that; you do it in a smart way. People will respect you if you are treating them fairly and that is what they want. That is what they deserve—not just in Adelaide, not just out at Gepps Cross and down at Hackham and Elizabeth. They need a good level of services out there obviously; we do not want to forget that we do have the main population around the Adelaide metropolitan area but never forget that the tyranny of distance is still there.

Our friends in the country in remote, rural and regional areas deserve more than they are getting from this government. It is not just the opposition: it is also independent members of this place who are acknowledging that there are serious issues. You cannot solve them all tomorrow, but you had better have a plan in place, because it is going to get more and more expensive if you do not have that plan in place. If you are not expecting to be able to provide those services in a timely fashion it will get completely out of control. The minister and his bureaucrats must realise that Adelaide is not the be all and end all; we cannot centralise everything here. Do not forget the country people of South Australia.

**Mr WHETSTONE (Chaffey) (12:15):** I have grave concerns for regional hospitals, particularly the Riverland hospitals, and I do support my regional colleagues in outlining the flaws in the system as they are at the moment. Not only is the Berri regional hospital continually being put on hold but I would also like to update the member for Light that, of the \$41 million pledged to the Berri regional hospital, not a dollar has been spent, not a sod of soil has been turned and not a brick has been laid.

Currently, the government is seizing the land and the assets of the Riverland country hospitals and their health services. Country Health SA has directed country health advisory councils to transfer the land titles of country hospitals and health services over to the Minister for Health. The flimsy rationale being used to justify this acquisition of health assets is to minimise future administrative workloads in Country Health SA.

Country health advisory councils have trust grants which contain the land title of the country hospital. These HAC trust grants are being transferred to the Minister for Health under the new Crown Land Management Act 2009 which comes into effect on 1 July 2010. The Loxton and Districts Health Advisory Council raised concerns about the centralised takeover last week and now the HACs in Renmark and Waikerie have echoed those same concerns. Loxton, Renmark and Waikerie communities have worked tirelessly raising funds for their hospitals, while I understand that the Renmark hospital's land has been bequeathed to the local community and not the health minister.

The land and asset grab is being undertaken with no real consultation with the communities who have the real and vested interest in the running and ownership of their hospitals. The Minister for Health has already disbanded hospital boards, and now he is taking away the community's stake in their hospital. The minister must explain why Country Health SA needs to acquire so many assets, why it is rushing this asset grab, why it does not appear to be following due process as set out in the Health Act and what it proposes to do with these assets. I have grave concerns that, once absorbed into the centralised pool of Treasury, Riverland and regional hospital revenue, land and buildings could be sold to finance the ever-ballooning budget of the rail yards hospital in Adelaide.

**Mr GRIFFITHS (Goyder) (12:18):** It is my pleasure to stand in the house today and support the member for Schubert and his motion. It is obvious to me that he brings with it a real desire to ensure that the people not only in his community but also, importantly, the people in all of regional South Australia get the quality of health services that they need. Many people on this side of the chamber have spoken and given the historical version of several years ago when country health plan mark 1 was announced on the same day as the budget, very late in the afternoon as I seem to recall, and the emotion that caused within the community.

In my own electorate of Goyder it was rather interesting. We held three public meetings and, yes, I advertised these and I convened them and acted as the MC for the evening. Importantly, I called them on the basis that they were an opportunity for the community to be informed, so people who work within the country health structure were invited to present the position of the minister to ensure that the minister, through their voices, had the opportunity to inform the community about what the intention of the plan was.

At the first meeting at Yorketown where we had 700 people in attendance—an amazing crowd—it was interesting. One question was raised by a member of the community about where they had to go for a specific service. The chap from the country health bureaucracy who stood up and answered said, in relation to that, that the people of Yorke Peninsula had to go to Whyalla—absolute madness! You should have heard the reaction of the crowd. This person obviously did not respect where he was and where, indeed, the travelling routes would be for people. To expect people from Yorke Peninsula to go to Whyalla for a service at a hospital is absolute silliness.

I am sure that chap will forever regret having said that, because I know that everybody I talk to who was at the meeting that night reflects upon that one comment. They think that this is just absolute madness which demonstrates more than anything else that this is a government that has absolutely no respect for the people who live in regional South Australia. They took great offence to it. No matter what I said, I knew that very night that I was going to get re-elected because that was my campaign in one. It just showed that these are people who do not respect it. I note your smile, Madam Deputy Speaker.

**The DEPUTY SPEAKER:** Well, I am a kind of smiley person.

**Mr GRIFFITHS:** You are a happy natured person, and I respect that.

**The DEPUTY SPEAKER:** My good humour is noted. I wouldn't take that smile too personally.

**Mr GRIFFITHS:** It is renowned by all of us. We respect that. Well done.

**The DEPUTY SPEAKER:** Thank you and carry on.

**Mr GRIFFITHS:** I also held meetings at Maitland and Balaklava. There were 500 people at Balaklava and 400 people at Maitland—all very passionate about their hospitals. I told the story of one chap who had been involved with the Maitland Hospital Board for a period, I believe, of some 22 years. He told me that the continued effort, over that time, within the community to raise funds was close to, I am pretty sure, \$1 million. That is an enormous effort; it is an average of \$50,000 per year. You do not raise that sort of money without a continual level of support from the community. They do so because hospitals mean absolutely everything to them and, when their hospital is threatened, you will find that the community rises as one.

I think all of us in this chamber might get a little bit frustrated sometimes when we think that there is a level of apathy that exists in the community and that they should be more politically engaged, no matter what their opinion is. However, when you do something from a government perspective that threatens one of the most absolutely basic of services that a community expects, you will find that the vengeance of the people is immense.

I was so pleased to see people that I had not seen engaged in other matters in previous years, suddenly come forward and ask: 'Steven, what can we do to ensure the future of our hospital?' They have continued that fight and I commend them on that. We had people rallying on the steps of Parliament House in late June of that year, I believe. They said (this is one example given to me), 'Look, I am sick of paying my taxes and not getting any return on it. I would rather write a cheque out straight to the Maitland Hospital. How can I make this happen?' I said, 'It doesn't work that way. We can't make it work that way, but you being here this afternoon demonstrates the passion and commitment that you have for your health services.'

The member for Schubert has brought this motion forward. It is not just an opportunity for political nitpicking across the chamber. This is a very serious issue that people on both sides of the chamber need to respect and understand. It is one that we on this side will never lose our trust and faith in and our commitment to. We will always continue to do that.

The member's motion also talks about the Barossa Hospital, which was a subject of some discussion within the party room when it came to a policy decision upon it.

**Mr Venning:** Putting it nicely.

**Mr GRIFFITHS:** Putting it nicely. It is a significant amount—\$35 million. We have heard of some initial estimates from within country health of significantly more than that, but it was a sign of support for the people of the Barossa and, indeed, the wider area it supported that would gain services from that. We decided that this is an important policy decision which we want to put out here. We want the community—which is very much a growing community—to understand our commitment to them and to understand that, in government, the member for Schubert would ensure the opening of that hospital. I commend him on that because he spoke passionately about it. Indeed, all of us, when it came to policy issues, spoke passionately on the things that were important to our communities.

The issue is: how do we move forward now? Other members have spoken about other areas that are important in regard to country health, such as the Patient Assistance Transfer Scheme. The member for Stuart spoke about the \$4 million commitment over four years that we had, which I was very pleased to support.

I also want to raise the need for obstetrics. Within Yorke Peninsula, I am rather amazed that for any child to be born on the peninsula—as part of a scheduled birth, without it being an emergency delivery at one of the hospitals—they have to go to Wallaroo. The people who live at Marion Bay—who have young families and are bringing children into the world—are probably looking at a two-hour drive at least. They will obviously present to the Yorktown Memorial Hospital, which, until some 18 months ago still delivered babies, but that service was lost through a variety of issues.

There should have been a desire to ensure that it remained there and was available to the community. The Maitland Hospital lost the delivery of baby options probably four years before that, with the loss of the one GP who had that particular skill. That is a great shame, I think, because now these families are being forced to relocate for that key time immediately before the birth of a child to Adelaide, at great cost and inconvenience, and it is a great loss to the support network that exists around them. So we need to ensure that the delivery of services remains local as much as possible.

There will be much said about the costs associated with health and, again, I respect the member for Stuart's contribution on this point, picking up the points of the Treasurer and the Minister for Health. There is no doubt that health costs are extremely expensive and a consumer of a large proportion of the budget of the South Australian government. We need to ensure that the sums are right and that there is a far greater contribution from the federal government, and to recognise the fact that it should have been for the many years that the 50-50 split agreement had been in place.

My understanding is that the current agreement is something like 43 per cent from the federal government and 57 per cent from the state government, creating some equity in the service delivery cost. A greater contribution from the federal government—which, after all, has the greatest capacity to raise revenue within the nation, is important. Now we have, apparently, because the Labor governments have agreed to it (recognising, of course, that Western Australia is not willing to sign up at this stage), a reduction in the level of GST to compensate partially for an increased level of commitment from the federal government into health. It needs to be right.

I was rather surprised that the Premier was, apparently, willing to openly support this agreement based on one telephone call from the prime minister, I believe.

**Mr Pengilly:** The former prime minister.

**Mr GRIFFITHS:** The former prime minister, as we have all discovered today, with the overthrow of Kevin Rudd by Julia Gillard. Our Premier was prepared to accept an agreement without actually seriously considering (it would appear to me) the implications to the finances of South Australia. We now know, because other states held out, that the return to the state is going to be far improved. Therefore, one has to ask the question as to why the Premier did not ensure

that he played hard ball and negotiated the absolute best possible deal for this state from the start and that we were not just seen as a willing accomplice to this agreement which, seemingly, for political expediency, suited him at the time.

My final point is that the Liberal Party went into the election campaign with a very significant proposal for the rebuild of the RAH costing \$700 million, also intended to be funded by a public private partnership, compared to the Labor government's proposal of a completely new RAH costing an estimated \$1.7 billion. Now we think that is probably closer to \$2.2 billion, and expanding, with significant costs for the cleanup required.

**The Hon. A. Koutsantonis:** What is 'significant'?

**Mr GRIFFITHS:** I am getting to that.

**The Hon. A. Koutsantonis:** Your mate Rob Lucas?

**Mr GRIFFITHS:** Lots of different figures are out there, minister. I will quote the \$2.2 billion, which I believe my leader has talked about most recently.

**The Hon. A. Koutsantonis:** Not your other leader?

**Mr GRIFFITHS:** There is no division from me, minister. There were a lot of discussions about costings in the period approaching the election, there is no doubt about that, because it is important for the people. Our policy, very clearly, was that every dollar saved by our proposal, in comparison to the government's proposal, would be spent within health in South Australia—in regional areas and in metropolitan and suburban hospitals. A PPP component was a vital issue for both projects but, as it turns out, being over 30 years, the significant savings would be directed, and we would commit to that.

Time expired.

**Mr PENGILLY (Finniss) (12:28):** I obviously rise to support the member for Schubert's motion, as other speakers on our side of the house have indicated this morning. Local hospitals and health services around rural South Australia are the heart and soul of our communities. They have been for many years and will continue to be, despite the way they have been handled in the last few years by the Rann government.

In many cases, these hospitals were built by the local communities. They were owned by the local communities and, in many places, the councils actually funded them. That is what happened. There is any number of soldiers' memorial hospitals also around the state of South Australia. They are the heartbeat of our communities. So, let me say that, quite frankly, I am appalled at the way in which country health is being treated in South Australia currently.

How the minister had the gall to stand in this place yesterday and trot out a great long list of announcements on money that they have been spending in rural hospitals around South Australia defies comprehension. I say that because one only has to have a look at the hundreds of millions of dollars that the government is trotting out to put into the Adelaide Oval, whereby it intends to satisfy the metropolitan community, which is fine, and nearby rural communities, who are in the fortunate position that they can come to the football in South Australia—not all that often, I might add. For the minister to then have the gall to stand here yesterday and trot out these seemingly small amounts of money, I have trouble believing him.

That is only part of the argument. The member for Schubert refers to the Barossa Hospital. As was correctly said by the member for Goyder a few minutes ago, there was a lot of angst in our party room in the lead-up to our election deciding upon that policy; there really was. The member for Schubert was not a very happy fellow on a number of occasions but, ultimately, the Barossa Hospital project did get up. The ones who care about health across all of South Australia are the members of the Liberal Party on this side of the house, and I suspect there is also support from some Independents, from comments that have been made during the course of this debate this morning.

Let me turn to the farcical situation that is taking place in my electorate at the moment in two places. One is Yankalilla's Southern Fleurieu Medical Practice, which is a private practice that services the Yankalilla Normanville area. It saves the public health sector, because it runs an after-hours emergency on call for that area. By doing that, it saves the public purse and people having to travel to either the Noarlunga Health Service or the South Coast District Hospital at Victor Harbor. It saves them having to go there. It has been seeking a level of support from the government to continue that, because it is going backwards financially in running this service. It operates 24 hours

a day, seven days a week. The clinic is open Saturdays and Sundays during daylight hours to cater for people; and after-hours doctors are on call.

The general manager of the practice emailed the minister's office in early May seeking some dialogue and support. He did not get a response, so he emailed the minister again in early June (I think it was maybe 4 June), and he still has not had a response. I believe it is inexcusable for this to have taken place. I do not expect the minister to answer every single email, quite clearly, that comes through to the minister dot health or minister dot whatever; however, those below him should have the courtesy and the decency to make sure that the residents of South Australia and those involved in places like health services get a response to those emails.

I do not think it is good enough. I have taken it up with the minister's office. I do not think it is good enough, and I urge the Minister for Health to pick up on that issue, and I urge his departmental people or his ministerial staff to pick up the phone, ring the Southern Fleurieu Medical Practice, talk to these people and get dialogue going. There seems to be a lack of capacity to have dialogue on issues relating to country health. The minister does not appear to want to get his hands dirty at all.

I will take it one step further and talk about the current situation on Kangaroo Island, with the doctors in private practice and the relationship they have with the Kangaroo Island Health Service and the emergency after-hours on-call service at the hospital. This nonsense has been going on for eight months. For eight months they have been trying to negotiate. I am not saying that the local doctors on the island are always right, and I am also not saying that the Minister for Health's department is always right either; but to strike some sensible solution to this it would appear to show common sense.

I have urged that for some time. Bureaucrats from the department have gone to the island, they have had different levels of bureaucrats, but it just has not worked. Some weeks ago I called for an independent facilitator to be put in place, and I think I have done that in this place as well. It still has not happened. It just cannot go on. I do not expect, and I am sure no members on this side or on the other side have the expectation that the government will trot out tens of thousands of dollars to pay doctors or anyone else to provide services over and above what would appear to be a sensible rate of money.

The latest story I have heard out of this debacle on the island was on Saturday morning at the football at Wisanger oval. A family came up to me and told me that their son, who is, I think, 10 or 11, had hurt himself at school and had gone home complaining of his leg. They took him in to see the locum doctor in Kingscote at the after hours service. They were in the outpatients section with a number of other people and after they had waited there some considerable time, the locum came in and said, 'I'm not seeing you tonight, you can come back tomorrow morning.'

The parents suspected that he had a broken leg or broken ankle. The locum sent him home and said, 'Come back tomorrow.' They went there the next morning at 9 o'clock and at a quarter to 12 the locum finally saw them and said, 'Yes, you've got a broken leg. I'm not going to fix it. Go back and see your GP on Monday.' This is absolute contempt for rural people, the way they are being treated. I think it is an outrageous disgrace, and that is just one example.

The locums that they are sending there are sometimes okay, sometimes very poor. This is an isolated community. A locum comes there and leaves three weeks early and they bring in paramedics to take the place of a locum while the local doctor is at home. It happens to be on an island but it could easily be Oodnadatta, Ceduna or anywhere, it does not matter much, but when you have a private practice there serving the community, seeing people every day, for the life of me I cannot understand why the minister will not do something about it, and I urge him to send someone in to talk sensibly and either arrive at a decision to get a contract signed, or let's push on from there.

Now, it has not happened. The community is still irate. The doctors are all over the place on it. They are upset; their families are upset. Pure common sense needs to take over. I have discussed this privately with the minister, and I am not going into those conversations, but the time is well passed. It is no good fiddling around while Rome burns. I urge the house to support the member for Schubert's motion. It is a motion in the right direction for the future of rural health in South Australia. The member correctly condemns the Rann Labor government.

**Mr PEGLER (Mount Gambier) (12:38):** First, I would commend both sides of the house on what they have achieved in health services in this state and in regional South Australia, but I would also say that from both sides of the house the improvements are not to the degree that they

should be. I certainly support the intention of the mover of the motion that we must have much better health services than we presently have in regional South Australia.

To give an example: a young fellow, who is a friend of mine, had to go to the Mount Gambier hospital the other day to have some stitches in his forehead. He waited there for seven hours just to have a few stitches in his head. In the meantime, I was informed by his mother, many people who were waiting in that queue in front of him ended up leaving there to seek assistance or just gave up. As far as I am concerned, our waiting times at A&E are completely inadequate.

**Mr Venning:** Where was that?

**Mr PEGLER:** Mount Gambier. Another person contacted me through the week. They have been waiting for two years for a hip replacement. This is an older gentleman. He fell over the other day and his wife said that you could hear bone rubbing against bone. It is not good enough that someone has to wait that length of time—and then he was informed that he might be lucky if he has that hip replacement by Christmas. You can imagine the agony that someone like that is in.

As far as our PATS goes, because we do not have the services in Mount Gambier which we probably should have, a lot of people have to come to Adelaide either by flying doctor or by their own means to get the services they require. Unfortunately, PATS is completely inadequate in compensating those people both for their travel and accommodation, and they are often left very much out of pocket. A friend of mine whose wife died of cancer recently had done the books on what it had cost them to travel backwards and forwards to Adelaide over the three, four or five years (whatever it was) that she was slowly dying. It had cost them about \$240,000 out of their own pocket. Luckily, those people could afford to pay some of that money, but many people in our community cannot afford that, and as a government and a society we should be looking after those who are much more vulnerable than us.

There have been some achievements from both governments in health services, but particularly in renal health services in Mount Gambier. We used to have none: we now have renal health services. We now have a 24-hour A&E service, but, as I said before, whilst the staff work exceptionally well, the number of staff is inadequate. Of course, as we improve technology and as we live longer, the demands on our health system will be greater and greater all the time. As far as I am concerned, in this state and country, we should be trying to organise health in a much better and more cohesive manner so that we can deliver the services to our people.

The mental health services we have in Mount Gambier have been completely inadequate for a long time under both governments. I refer to a letter from David Cappo, Commissioner for Social Inclusion, Office of the Commissioner for Social Inclusion. The report was done in 2007, I believe. The letter states:

In our Stepping Up report, the Social Inclusion Board recommended a stepping system of care for mental health as critical to people's rehabilitation and recovery. In this context I note in particular your concerns to support people to make the transition into the Mount Gambier community following hospitalisation in Adelaide. While the government is committed to establishing 10 intermediate care places in Mount Gambier to assist in this process, I am disappointed that the completion dates for these have been delayed from December 2008 until July 2010.

I am informed today that we will be getting those 10 beds, but not by July 2010. I understand the reasons why, but, as far as I am concerned, we should all be moving much quicker to assist our people and we must have those services in place.

In the Mount Gambier region, we cater for a population of 64,000 people. We have no psychiatrists whatsoever; we have to use the services from Adelaide. We have a lack of psychologists and a lack of mental health workers. We should probably have three psychologists in our education system to look after young people who have behavioural problems, but we do not have the resources in place. So, I would suggest that, in the future, we will have young adults causing problems because they were not supported in their early years.

As far as I am concerned, the health system could be a lot better. We in South Australia must try to encourage professional people from other areas to come into our regions. We have a lack of doctors. The waiting times to see doctors are anything up to two months. In the Mount Gambier region circulatory diseases in men are about 28 per cent higher than the state average; and the same goes for obesity. Of course, far too many of our people smoke and drink. We must have better prevention programs in place throughout the region so that our people can better look after themselves. I support the intention of the motion and the fact that we must have much better health services across regional South Australia and Australia.

**Mr PEDERICK (Hammond) (12:46):** I rise to support the motion of the member for Schubert. I acknowledge his support of the regional electorates he has represented over the past 20 years and one day. I note his continuing commitment to issues in his electorate, especially with country health, and his passion to get a new hospital in the Barossa region. I know he has a passion because I have seen him debate it amongst members; and, rightly, we took the building of new hospital in the Barossa forward as a policy issue at the last election. It is badly needed. The Angaston Hospital is, essentially, falling into disrepair. As the member for Schubert informed me, it is hardly worth spending any money on it. It is a very poor facility.

*The Hon. A. Koutsantonis interjecting:*

**Mr PEDERICK:** If the member for West Torrens would like to contribute to the debate I am sure he can give a 10 minute speech. It is interesting to note the question from the member for Croydon yesterday to the Minister for Health, where the member for Croydon asked, 'What is the government doing to provide medical services closer to home for South Australians living outside the metropolitan area?' There is quite a longwinded answer.

Obviously, there has been a change of heart inside the Labor Party because it was not long ago in this place that in relation to the initial Country Health Plan minister Hill said that no-one would be further than 90 minutes from a hospital. I find that quite disparaging to rural people who deserve far better than that. Labor, rightly so, caused unrest in country areas, and even quite a few people in the city realised they travel through country areas from the city and occasionally need services in the bush. It is outrageous to think it is satisfactory that people should be only 90 minutes from a hospital. It seems that they have had a graphic policy change in the Labor Party, so I would be pleased to hear more of what is being handed out along the way.

As other country members have reflected today, I reflect on the situation in my electorate where under Labor's initial Country Health Plan I was going to lose Pinnaroo, Lameroo, Karoonda and Strathalbyn hospitals. The Meningie hospital on the edge of my electorate was under threat, as well as Mannum District Hospital across the river from my electorate in the seat of Schubert; and Tailem Bend, as well, would have gone. I am bemused more than anything about the question asked of the Minister for Health yesterday in relation to what is being done for country hospitals.

I will acknowledge that a few hundred thousand dollars are being handed out to country hospitals around the region, and I do acknowledge the \$192,000 for the new cardiac monitor at Murray Bridge and that the Mannum Hospital (which is in the member for Schubert's electorate) is getting a new infusion system for \$117,000 and \$200,000 for its emergency department. That is well and good, but in a health budget that transcends well into the billions and cuts into almost a third of the state's budget it is slim pickings for country health.

We must remember that the Liberals were going to pour far more money into country health if we had been elected with our plan to upgrade the Royal Adelaide Hospital where it is. That is what we were going to do, and over time it would have freed up \$1 billion to be put into regional hospitals as well as other hospitals in Adelaide. Sadly, if it goes ahead, the Royal Adelaide Hospital project on the rail yards will destroy the opportunity for an iconic sports venue and entertainment venue to be built there instead of at the Adelaide Oval if Labor's proposed upgrade of the Adelaide Oval goes ahead. It will be very sad if it does happen. It will be a real loss for this state if that does happen.

I do support country health. I have lived in the country all my life, and it is time that members opposite and others in the larger towns and cities realised that you need good health services in the country because, if you ever get injured or need assistance in the bush, you will need the services to be assisted. I commend the motion, and I commend the member for Schubert for bringing the motion to this place.

**Mr VENNING (Schubert) (12:51):** I do thank all members who participated in the debate this morning. I found it very worthwhile. Certainly, it will be very interesting reading in the months ahead as we strive to get a better deal for our country hospitals. I thank particularly my country colleagues on this side of the house. I have certainly appreciated the support they have given me, not only before the election with respect to the Barossa hospital but also even since then in terms of fighting for their local communities. After all, our hospitals are the most vital part of our communities. I also thank the two Independent members for their contributions. I appreciate that as well. I commend the motion to the house.

The house divided on the motion:



## AYES (17)

Brock, G.G.  
 Goldsworthy, M.R.  
 Marshall, S.S.  
 Pengilly, M.  
 Sanderson, R.  
 Venning, I.H. (teller)

Evans, I.F.  
 Griffiths, S.P.  
 Pederick, A.S.  
 Pisoni, D.G.  
 Treloar, P.A.  
 Williams, M.R.

Gardner, J.A.W.  
 Hamilton-Smith, M.L.J.  
 Pegler, D.W.  
 Redmond, I.M.  
 van Holst Pellekaan, D.C.

## NOES (24)

Atkinson, M.J.  
 Caica, P.  
 Fox, C.C.  
 Key, S.W.  
 Odenwalder, L.K.  
 Rankine, J.M.  
 Sibbons, A.L.  
 Vlahos, L.A.

Bedford, F.E.  
 Conlon, P.F. (teller)  
 Hill, J.D.  
 Koutsantonis, A.  
 Piccolo, T.  
 Rann, M.D.  
 Snelling, J.J.  
 Weatherill, J.W.

Bignell, L.W.  
 Foley, K.O.  
 Kenyon, T.R.  
 O'Brien, M.F.  
 Portolesi, G.  
 Rau, J.R.  
 Thompson, M.G.  
 Wright, M.J.

## PAIRS (2)

McFetridge, D.

Geraghty, R.K.

Majority of 7 for the noes.

Motion thus negated.

## ROAD TOLL

**Mr VENNING (Schubert) (12:59):** I seek leave to move Notice of Motion, Private Members Business, Other Motions No. 2 in an amended form.

Leave granted.

**Mr VENNING:** I move:

That this house—

- (a) notes with concern, the continuing road toll in South Australia and urges a full investigation into the reasons and causes why so many South Australians are losing their lives;
- (b) instructs the government to publish statistics to indicate to what degree road conditions, speeding, alcohol, drugs, fatigue, age profiles of drivers and the type of vehicle contribute to these accidents and fatalities; and
- (c) condemns the government for taking credit for the previously reduced road toll in 2008 and for failing to take effective measures to curb it further.

I note the people in the gallery today, which I know is out of order, but a good friend of mine is up there in Mr Michelmore, who is very strong in this matter in relation to road deaths, and I certainly welcome him to the house today. I will continue with this motion knowing that I do not have much time. The current road toll for South Australia is 67, one less than the number of fatalities that had occurred by this time last year. While it is good that the road toll has not increased compared to last year, it is unacceptable that it remains far too high and it needs to be reduced. Motor Accident Commission spokesman, Ben Tuffnell, predicts that, at the current rate, the road toll will reach 110 or 120 by the end of the year. This is too many lives to be lost on our roads this year. I seek leave to continue my remarks.

Leave granted; debate adjourned.

*[Sitting suspended from 13:01 to 14:00]*

### NEW PRIME MINISTER

**The SPEAKER (14:00):** As the first woman Speaker of the house, I ask the indulgence of members to congratulate the first female Prime Minister in Australia. It was a wonderful moment to see the first woman Governor-General of Australia swear her in as the first female Prime Minister. It is a wonderful day for the women of Australia. I think we have finally got there, so my sincere congratulations.

**Mrs REDMOND (Heysen—Leader of the Opposition) (14:01):** Madam Speaker, as the first female Speaker, would you grant the first female Leader of the Opposition an indulgence to likewise congratulate the first female Prime Minister of Australia who, like you, I saw sworn in by the first female Governor-General of this country on behalf of Her Majesty Queen Elizabeth II. It is certainly a matter that deserves sincere congratulations on the part of all Australians.

It brings to mind, of course, the fact that we were the very first place in the world to give women the right to stand for parliament. It is thoroughly fitting, therefore, that a South Australian female should be the one who takes that high office as the first female Prime Minister. However, can I remind members of my long held view that we will not have true equality until that matter remains unremarkable completely.

**The SPEAKER:** Absolutely. Thank you, leader.

### VISITORS

**The SPEAKER:** I draw members' attention today to the presence in the gallery of students of the Mid North Christian College in Port Pirie, who are guests of the member for Frome. Welcome. We also have year 9 students from the Heritage College, who are guests of the member for Torrens who, unfortunately, is not here today. Welcome to you. And can I give a special welcome to the young people from the Woomera Area School, from years 8, 9 and 10, who are here as guests of mine. Welcome to Adelaide. I know there is not a great number of you, but it is wonderful to see you down here. You are a long way from home. You are a very isolated school and it is lovely to see you here, and congratulations for coming down.

### MODBURY HOSPITAL

**Dr McFETRIDGE (Morphett):** Presented a petition signed by 78 residents of South Australia requesting the house to urge the government to re-instate obstetric care, 24 hour paediatric care and re-open the intensive care unit at Modbury Hospital.

### PORT PIRIE SCHOOLS

**Mr BROCK (Frome):** Presented a petition signed by 108 residents of Port Pirie and greater South Australia requesting the house to urge the government to provide Port Pirie schools with refrigeration facilities for school lunches.

### NEW PRIME MINISTER

**The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:03):** I seek leave to make a ministerial statement.

Leave granted.

**The Hon. M.D. RANN:** Today I have congratulated Julia Gillard on her election as Australia's first female Prime Minister. Julia was raised in Adelaide, where her family still lives. Her proud father has said today that her elevation to the prime ministership is beyond his wildest dreams. Like my son and daughter, Julia is a proud former student of Unley High School. As the daughter of working class parents, Julia is proud of her heritage and the great education she was given here in South Australia, both at school and at the University of Adelaide. That is why she is such a passionate federal education minister: she knows, more than most, that a decent education is the platform for opportunity.

Julia Gillard has never forgotten where she comes from and wants all Australian children to have the opportunity to make the most of their potential. She knows South Australia and she knows its issues, potentials and challenges. I have known Julia for many years and have worked with her on many issues, including education reform and social inclusion. She is the national Minister for Social Inclusion and has acknowledged publicly that the federal government's social inclusion initiative is based on ours here in South Australia, headed by Monsignor David Cappelletti. Indeed, she

appointed Monsignor David Cappelletti as the Deputy Chair of the national Social Inclusion Board. I look forward to an ongoing partnership with the commonwealth under her leadership.

As a first step, I look forward to working with Prime Minister Gillard and her ministers to ensure that the proposed resource rent tax is constructed in a way that does not affect the momentum of growth and investment in the mining industry in this state. I am greatly encouraged by her comments today.

Let us remember how historic this day is. Today, as has been noted, we saw Australia's first female Governor General, Her Excellency Quentin Bryce, swear in Julia Gillard as the nation's first female prime minister. A massive glass ceiling has been shattered for all time. Every girl in school, every young woman now knows there is no unmoveable barrier to talent reaching the top. Nearly two years ago, Barack Obama shattered another glass ceiling in the United States. That was about race, and that was an incredibly important step in America's journey, but still in the United States the gender barrier remains unbroken, with no woman ever holding the position of president or vice president.

The significance, both symbolically and in reality, of today's swearing in of Julia Gillard as Australia's 27<sup>th</sup> Prime Minister, cannot be underestimated or diminished. Over the years, I have admired Julia's intellect, her negotiating skills, her focus and her commitment. I enjoyed working with both Kevin Rudd and Julia during my term as national president of the Labor Party and as a member of the 2007 campaign committee. Let us must remember that Kevin's victory meant the end of WorkChoices, the Howard government's bitter attack on working Australians. Let us also remember that Julia Gillard took on the ministry for workplace relations to make sure that WorkChoices was not only dead and buried but replaced by fairness.

I want to personally thank Kevin Rudd for his leadership of Australia, particularly during the global financial crisis. Australia missing the bullet or, more appropriately, avoiding a financial tsunami, was certainly no accident. Kevin's leadership in dealing with this crisis is perhaps more recognised overseas than within Australia, because they have experienced overseas the devastation that we missed. His prime ministership will also be remembered for his historic and moving apology to the Stolen Generation.

I have known Kevin for more than 20 years and appreciated his personal support, and I value his friendship. I especially appreciate his great assistance to South Australia in terms of a strong partnership on building infrastructure that is bringing forward the electrification of our train system—

*Members interjecting:*

**The SPEAKER:** Order! The Premier is speaking. This is important.

**The Hon. M.D. RANN:** I especially appreciate Kevin Rudd's great assistance to South Australia in terms of a strong partnership on building infrastructure that is bringing forward the electrification of our train system, the Seaford rail extension project, helping to build our desalination plant, the biggest road building rollout in partnership in our history and, of course, the funding of our new health research centre.

We have worked closely on the River Murray and on building a defence industry in this state. For many years ahead South Australians will thank Kevin Rudd for his decision to commit to building the next generation of submarines here in Adelaide. I am pleased that Kevin Rudd has made the decision to stay on in federal politics to continue his great service to our nation. In the meantime, I look forward to the first Council of Australian Governments meeting that will be chaired by Australia's first female Prime Minister.

## QUESTION TIME

### ADELAIDE OVAL

**Mrs REDMOND (Heysen—Leader of the Opposition) (14:09):** My question is to the Treasurer. When Andrew Demetriou entered discussions with the state government, did he declare that he would be getting a success fee by way of a bonus for obtaining money from the state government for the Adelaide Oval upgrade and, if so, does the Treasurer know how much this bonus was? It was reported in *The Financial Review* that:

Andrew Demetriou was paid extra for securing taxpayer support for new stadiums and teams. The AFL boss was rewarded for helping squeeze \$450 million from the South Australian government for the redevelopment of Adelaide Oval.

**The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Federal/State Relations, Minister for Defence Industries) (14:10):** The opposition knows no end to trying to destabilise and wreck the redevelopment of Adelaide Oval, and whoever they can dirty up in the process, so be it. I am not aware of Andrew Demetriou's remuneration situation at all or of the matters raised.

#### HEALTH CARE

**Ms THOMPSON (Reynell) (14:10):** Given that it is a day of indulgences, I also seek to be indulged.

*Members interjecting:*

**The SPEAKER:** Order!

*Mr Williams interjecting:*

**The SPEAKER:** Member for MacKillop, if you want to have a discussion, can you go outside and have it, please.

**Ms THOMPSON:** Madam, I seek your indulgence to recognise on this day the contributions of Catherine Helen Spence, Mary Lee and Elizabeth Nicholls, without whom we probably would not be celebrating today's events, and also to point out to those who think that these tapestries have no place here: you're wrong, we're keeping them.

**The SPEAKER:** Do you have a question, member for Reynell?

**Ms THOMPSON:** I do, indeed. My question is to the Minister for Health.

**Mrs Redmond:** Go the redheads!

**Ms THOMPSON:** Indeed.

*Members interjecting:*

**The SPEAKER:** Order! We know it is an important day for redheads today. We have our own ginger here.

**Ms THOMPSON:** My question is to the Minister for Health. How is the new, high-tech equipment ensuring that residents of southern Adelaide receive the best possible health care?

**The Hon. J.D. HILL (Kaurana—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (14:12):** I thank the member for Reynell for this question and acknowledge her great interest in health services, particularly in the southern suburbs, because she and I represent that fine community. The government is investing more than \$5.5 million dollars in new medical equipment at the Flinders Medical Centre, the Repatriation General Hospital and the Noarlunga Health Service to provide improved health services for people in the south.

FMC, for example, has received \$1.5 million for a new digital angiography suite, ensuring that the most modern equipment is available for services, including high-end vascular angiography. An amount of \$760,000 has also been provided for new physiological monitoring equipment to support the redeveloped and expanded intensive care facility. A digital general x-ray unit has been acquired at a cost of \$390,000 for the emergency department; and \$930,000 has been provided for the acquisition of five state-of-the-art ultrasound machines for the Flinders Medical Centre and the Repatriation General Hospital. The FMC will receive two units for cardiac services and two for medical imaging, and the Repat General Hospital will receive one unit for cardiac services.

More than \$1.8 million has been invested for other medical equipment in these two hospitals, including equipment for vascular, orthopaedic, urology and oral services, and for theatres and sterilising equipment. The Noarlunga Health Service received \$148,400 for new medical equipment, including two satellite renal dialysis machines. This new equipment will supplement our expansive capital works projects in the south.

The government is working hard to improve health services to the residents of southern Adelaide. A \$163 million redevelopment of the Flinders Medical Centre has already delivered a new maternity wing and is currently expanding the emergency department and the intensive care unit. A further \$31 million has been allocated to upgrading the Noarlunga Health Service. Work is well underway on the \$26.5 million GP Plus Health Care Centre at Marion, which will offer a range of services, including: general practitioners, medical specialist services, dental services, early

childhood services (including speech pathology and occupational therapy), health services for older people, and help for people with chronic conditions.

In addition, work has commenced on the \$25 million Noarlunga GP Plus Super Clinic, built in partnership with the commonwealth government. The super clinic will open later this year and will include a general practitioner service available to the public, as well as services for patients with chronic and complex conditions. Practice nurses, specialists, dentists and allied health providers will also be available from that site. Of course, the Aldinga GP Plus Health Care Centre has been operational since 2006. By building new world-class facilities and equipping these facilities with the latest equipment in Adelaide and in the country, we are providing our hardworking doctors and nurses with the facilities and equipment that they need to provide the very best possible health care to our citizens.

#### ADELAIDE OVAL

**Mrs REDMOND (Heysen—Leader of the Opposition) (14:15):** My question is again to the Treasurer. Why was the original estimate of the cost of the Adelaide Oval upgrade announced on 2 December 2009 considered more reliable than the 19 February estimate of \$469 million—excluding car parking, the footbridge and the western grandstand—that figure being established after weeks of costings work by the Stadium Management Authority?

**The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Federal/State Relations, Minister for Defence Industries) (14:15):** That issue has well and truly been canvassed, and I recall—

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. K.O. FOLEY:** I am sure you will put that question to Mr Whicker and Mr McLachlan when you have them before your committee. It is a legitimate question to put to them, because it is not a government project. I recall a period during the election campaign of the great debate between the shadow treasurer and myself. I should have mentioned this yesterday, but at that point the shadow treasurer asked me, publicly, in the debate, whether I would allow him a briefing from the Stadium Management Authority. I responded: 'Absolutely. You can have a full briefing from the SMA, provided, of course, you allow me to get a full briefing from your architects and your so-called cost estimators on your stadium.' He froze, rejected that offer and never took up my offer. It was a simple offer.

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. K.O. FOLEY:** A simple offer: you go along and talk to the Stadium Management Authority and you let me talk to Mr Pruszinski—a designer of houseboats—and whoever did your so-called cost estimates. The shadow treasurer, of course, wouldn't have a bar of it, because we well know that whatever error lies on this side of the chamber in my area—

**Mr WILLIAMS:** Point of order.

**The SPEAKER:** Point of order. The Treasurer will sit down.

**Mr WILLIAMS:** The Treasurer is clearly debating and not answering the question.

**The SPEAKER:** Yes; I do uphold that point of order, Treasurer.

**The Hon. K.O. FOLEY:** Just moving on, we knew absolutely that your costings would not bear any scrutiny whatsoever.

*Members interjecting:*

**The SPEAKER:** Order!

**Mr WILLIAMS:** Point of order. The Treasurer is clearly ignoring your ruling.

**The SPEAKER:** I don't think he has given me enough time to decide that yet. I am sure he was going on to the substance of the question.

**The Hon. K.O. FOLEY:** The point I was making was that we would love to see their costings. We have never seen them. We have never seen the Liberal Party's costings but, just in reference to the suggestion earlier about whether or not Mr Demetriou may have been paid a

bonus, as my good friend and colleague the Transport Minister mentioned, if he got a bonus for \$450 million from our offer, imagine the whopper of a bonus he would have got with your \$800 million.

#### LAKE BONNEY

**The Hon. S.W. KEY (Ashford) (14:18):** My question is directed to the Minister for Environment and Conservation. What steps are being taken to improve the ecological health of Lake Bonney?

**Mr Pengilly:** It was on the radio this morning, Paul. I heard it.

**The SPEAKER:** Order!

**The Hon. P. CAICA (Colton—Minister for Environment and Conservation, Minister for the River Murray, Minister for Water) (14:18):** At least you didn't have to read it on Facebook, but I am glad that you did hear it.

*Mr Pengilly interjecting:*

**The Hon. P. CAICA:** I don't have a Facebook; this is the only face. I thank very much the honourable member for her question and again acknowledge her very significant commitment to environmental issues.

*Members interjecting:*

**The SPEAKER:** Order! I can't hear the minister.

**The Hon. P. CAICA:** Lake Bonney was temporarily disconnected from the River Murray channel in September 2007 in order to provide water savings to contribute to critical human water needs during 2007-08. Ongoing drought conditions across the Murray Darling Basin resulted in an extended period of disconnection.

To ensure that salinity thresholds at Lake Bonney were not exceeded during the disconnection period, the lake received water allocations in 2008 of 10 gigalitres and in 2009 of 26 gigalitres, and in 2010 the state government has allocated an additional 25 gigalitres of water to the lake. The South Australia Murray-Darling Basin Natural Resources Management (SAMDBNRM) Board is responsible for overseeing this watering event, which has begun today and will take approximately four months to complete.

This volume of water is expected to significantly raise water levels within the lake, bringing the levels close to pool level. Importantly, this significant volume of water is expected to reduce the salinity level in the lake from 18,200 EC to approximately 13,000 EC. Water will enter the lake through the existing temporary regulator structure at Nappers Bridge, which has the capacity to transfer up to 350 megalitres of water a day.

A carp separation cage—and I know you are very interested in this, Madam Speaker—is in place at Lake Bonney and when operating is expected to capture and remove a large number of carp that will be attracted to the inflowing water. The results from the ecological monitoring program will continue to be publicly available through the SAMDBNRM Board website, which is updated regularly, to service the considerable community interest.

The South Australian government has worked closely with the Lake Bonney Community Management Committee, which is a subcommittee of the Berri Barmera Council, since its inception, to identify and assess potential surface water and groundwater management options in order to improve the long-term ecological health of the lake. The state government provided \$100,000 in funding to support a program of works that provide significant environmental outcomes.

The South Australian government recognises the importance of Lake Bonney to the local community, from environmental, recreational and economic standpoints and, as such, the South Australian government is committed to working closely with the Lake Bonney community to ensure that a healthy future exists for the lake.

#### TREASURER'S REMARKS

**Mrs REDMOND (Heysen—Leader of the Opposition) (14:22):** My question is, again, to the Treasurer. Why did the Treasurer wait five days until 2 June, the same day and time that the Liberal Party was being briefed about the Adelaide Oval project, to inform the public of his

knowledge of the cost blowout, instead of coming out on 28 May, immediately after becoming aware of misleading the parliament? On 2 June, the Treasurer told the media:

I am an extremely diligent and honest politician. The minute I recalled it I've gone public with it.

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Federal/State Relations, Minister for Defence Industries) (14:22):** Some 20 days before parliament sat, and unlike former Liberal leaders—

*Members interjecting:*

**The SPEAKER:** Order! The member for Norwood will come to order, and the member for Schubert and the member for Hammond.

**The Hon. K.O. FOLEY:** —I did not have it exposed in this place by an opposition. I did not try to hide it. I did not try to ignore it. I did not try to deny it. I did not lie about it. I came out publicly.

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. K.O. FOLEY:** There have been all sorts of wild allegations that Leigh Whicker rang my office and said he would not lie about it if the Liberals got briefed—all of the nonsense that the Liberals have gone on about. When I found out about it on the Friday, I decided, as I have said before, that I had to do the right thing and advise the house. I then decided, in the early part of that week, that it was better to get it out now. I had a duty of honour to the public.

*Members interjecting:*

**The Hon. K.O. FOLEY:** You can yell and scream and carry on but, unlike Liberal ministers, who had to be caught out, who were caught out, never volunteered, I took the decision that I should go public.

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. K.O. FOLEY:** Honestly, if you really think four days is an issue; it was almost three weeks before parliament sat. I could have avoided three weeks of attack. I could have avoided three weeks of opposition preparation for parliament, but I did not, because I did the honest and decent thing.

*Members interjecting:*

**The SPEAKER:** Order! I am not sure why the opposition bothered to ask that question, because none of them listened to the answer.

#### DROUGHT RECOVERY PROGRAM

**Mr SIBBONS (Mitchell) (14:25):** My question is to the Minister for Agriculture, Food and Fisheries.

*Members interjecting:*

**The SPEAKER:** Order!

**Mr SIBBONS:** Can the good minister provide the details of the government's drought recovery program for 2010-11 and outline how the allocated expenditure will greatly support drought affected regions of South Australia transition into recovery and renewal?

**The Hon. M.F. O'BRIEN (Napier—Minister for Agriculture, Food and Fisheries, Minister for Forests, Minister for Regional Development, Minister for the Northern Suburbs) (14:25):** I thank the member for Mitchell for the opportunity to inform the house of the new direction for drought that has been taken by the Rann Labor government—

*Mr Pederick interjecting:*

**The Hon. M.F. O'BRIEN:** —and one that will support the transition from drought to recovery. There was an interjection: we are actually moving from a situation of drought into

recovery and one modifies the application of resources to changed circumstances. The state government has allocated \$5.57 million for the coming financial year to assist this transition to recovery. As members may well be aware—and I think the majority of people on this side of house would be—there are now five regions in the state declared as having exceptional circumstances. That compares with 16 up until 31 March this year. We have moved from 16 several months ago to five, so we are in the process of transitioning out.

However, some regions are experiencing economic and social challenges that go beyond the amount of rainfall that they are receiving—and I think the member for Chaffey is only too well aware of the fact that the situation in the Riverland is now no longer one of drought: effectively, it is actually dealing with three other issues. Our strategy takes this into account and is intended to build resilience into these communities.

I would like to inform the house that the South Australian government has also supported new EC applications for areas on the Upper North, the eastern part of Central Eyre Peninsula and the West Coast around Ceduna where dry conditions continued through 2009. I had a meeting with the federal agriculture minister, Tony Burke (I think it was last Friday), and we briefly touched upon these matters. The member for Flinders would be very aware that, despite a promising start to the current season, those farmers are unlikely to see any improvement in cash flows until the end of the year at the earliest. It is going to be very, very difficult for them financially to struggle through to year end.

I recently met with the regional task force chairs who reinforced the value of the coordinators in supporting the regions and that their continuation is critical through the next year to accelerating recovery. Negotiations have also been undertaken with each of the task forces and I have since approved the continuation of the current level of coordination. The task forces and coordinators will maintain a regional leadership group that can represent issues affecting rural communities and industries, while continuing the coordination of service providers, and I think this is an invaluable service. Continuation of specific support will be provided to the Riverland through the Rural Financial Counselling Service SA, and we have also appointed a specialist wine industry financial counsellor because my view, member for Chaffey, is that, over the next 10 years, we will have to work through this wine grape supply overhang of some 20 per cent.

I would also like to inform the house of the recent announcement by minister Burke regarding a new national drought policy. This announcement sees the Australian government and the Western Australian government begin a new era in drought support, with a 12 month trial of a new package of measures to be tested from 1 July this year until 30 June next year. This is a dramatic shift away from the regime that has been in place for the better part of several decades. It is based on a Productivity Commission report that strongly recommended we move away from exceptional circumstances and drought declarations. It is based on a Productivity Commission report, and has the strong endorsement of the National Farmers Federation. That trial is underway.

My view is that if it is successful over the next 12 months in Western Australia the commonwealth will apply it through the rest of the nation, so it will become a reality within South Australia. What we are doing in South Australia with the recovery program that I have just outlined aligns very strongly with how the commonwealth and the National Farmers Federation want to deal with climate change, in particular, and adverse rainfall episodes. They want to deal with them in a manner that actually equips farmers to better deal with those particular instances.

We will watch that trial in Western Australia with great interest and liaise with the Australian and Western Australian governments—and I think I am developing a reasonable working relationship with the Western Australia minister—to see what the impact of that particular trial is in terms of developing resilience within the farming community to better equip them to deal with the impact of drought and climate change. With regard to the management of the state's drought recovery, the Premier's special adviser on drought (Hon. Dean Brown) will remain in place. Along with the Premier's high level task force and the intergovernment agency drought response team, they will continue to monitor those regions transitioning into recovery and provide advice and recommendation to government.

#### **TREASURER'S REMARKS**

**The Hon. I.F. EVANS (Davenport) (14:31):** My question is to the Treasurer. Is the reason the Treasurer went public on his knowledge of the Adelaide Oval cost increase prior to the election and his subsequent misleading of parliament because he was aware that the Legislative Council Budget and Finance Committee had been established on 26 May and that he believed it was likely



that the committee would have the Adelaide Oval project as a term of reference and call both Mr Whicker and Mr McLachlan as witnesses?

**The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Federal/State Relations, Minister for Defence Industries) (14:32):** As I said before, I made an honest error. Despite the howls opposite, I am actually a minister of integrity and I released that document regardless of what may or may not be any inquiry of this parliament.

#### **SUPPORTED RESIDENTIAL FACILITIES**

**Mr KENYON (Newland) (14:32):** My question is to the Minister for Disability. How is the supported residential facilities sector working to raise the standard of care for residents?

**The Hon. J.M. RANKINE (Wright—Minister for Families and Communities, Minister for Housing, Minister for Ageing, Minister for Disability) (14:32):** Since becoming the Minister for Disability I have had the privilege of working very closely with the Supported Residential Facilities Association, in particular the current chair Alistair Armstrong, the deputy chair Shaunee Fox and the previous chair Andrew Marshall, to not only improve the industry's sustainability but also lift the standards of the sector for the benefit of residents.

The state government now makes a significant investment in this sector. We now inject more than \$9 million a year through direct subsidies and programs to support residents. We do this because we recognise that the SRF sector is a key option in the range of supported accommodation available for people either facing homelessness or for whom living at home independently is difficult.

In response to the Rann government's focus on ensuring a level of viability for the privately owned facilities, the SRF association has committed to lifting the quality and standards of the sector. It is often said that an investment in knowledge pays the best interest. This could not ring more true than what was celebrated last night. Last night marked a very special occasion when 42 employees of the supported residential facilities sector attended a ceremony to celebrate their graduation in either Certificate III or Certificate IV in Disability Work.

This significant event was held at Tauondi College, Port Adelaide, which has been instrumental in providing the training to make this a reality. While I could not be there, I want to take this opportunity to thank the SRF association for their commitment to lifting the standards of the services that are being provided and commend the employees for their hard work in returning to study. I congratulate those people who committed themselves to undertaking nine months of study, doing so while working. This is no easy task, and I know that it meant a great deal of personal sacrifice.

Undertaking this was a selfless move and one of which I am very appreciative. We know that residents of SRFs experience a range of disabilities, often with more than one problem, creating challenges for the staff who care for them. The study undertaken by these employees will give them a better and broader understanding of and insight into residents' behaviours, and ultimately will be an investment in their wellbeing and future.

I have no doubt that the knowledge gained will also give these graduates even greater confidence in caring for residents and further build on the positive relationships they have already formed. These graduates are now the role models for the sector, and I am confident that we will see more staff taking up this challenge in the future. I want just to conclude by extending my appreciation again to the SRF Association for leading the push to increase the qualifications of the people working in the sector and to give special mention to Tauondi College for making it all happen.

#### **TREASURER'S REMARKS**

**The Hon. I.F. EVANS (Davenport) (14:35):** My question, again, is to the Treasurer. Is the reason the Treasurer went public on 2 June about his knowledge of the Adelaide Oval cost increase prior to the election because he became aware that Ian McLachlan told the media that day that he had sent a number of clear signals about the Adelaide Oval cost increase to the government steering committee in February prior to the election?

**The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Federal/State Relations, Minister for Defence Industries) (14:36):** Can I say, first, that I have certainly referred already publicly to Mr McLachlan's interview that morning. I just offer a word of

caution there in that I am aware that comments made by Mr McLachlan were refuted by Bruce Carter, the chairman of our steering committee—

**The Hon. I.F. Evans:** After you reacted to them.

**The Hon. K.O. FOLEY:** After who reacted to them?

**The Hon. I.F. Evans:** After you reacted to them.

**The Hon. K.O. FOLEY:** Sorry, me?

**The Hon. I.F. Evans:** Yes.

**The Hon. K.O. FOLEY:** I did not react to them: that was Mr Carter.

**The Hon. I.F. Evans:** You didn't react to Mr McLachlan's comments?

**The SPEAKER:** Order!

**The Hon. K.O. FOLEY:** Mr Carter rejected that element of Mr McLachlan's contribution that—

**The Hon. I.F. Evans:** That was after.

**The SPEAKER:** Order! The member for Davenport has already asked the question.

**The Hon. K.O. FOLEY:** I will try to do this again, Madam Speaker. They asked a serious question; I am attempting to give a serious answer. I would appreciate doing that with some degree of cooperation from members opposite. Certain comments by Mr McLachlan about what Mr Carter was advised were refuted by Mr Carter, I am aware, and Mr Carter received a letter from Mr McLachlan retracting and withdrawing those comments; and I understand that apology was read on ABC, and it may have been in *The Advertiser*, I am not sure.

I have already said publicly that the comments of Mr McLachlan that morning were one of the reasons that prompted me to act on that day. I said that at the press conference on the day. I do not know what sort of research members opposite are doing. I guess today there would have been a no-confidence motion had it not been overwhelmed by a national political event, but they are really trying to ask the same question in about 15 different ways.

### COMMUNICASIA

**Ms FOX (Bright) (14:38):** Will the Minister for Industry and Trade inform the house about the recent Asian information and communication technologies exhibition, CommunicAsia, in which South Australian companies had the opportunity to showcase their technology to a diverse cross-section of the global IT market?

**The Hon. A. KOUTSANTONIS (West Torrens—Minister for Industry and Trade, Minister for Small Business, Minister for Correctional Services, Minister for Gambling) (14:38):** I thank the honourable member for this important question. Some of South Australia's brightest information and communication technology companies had the privilege of showcasing their wares at CommunicAsia.

*An honourable member interjecting:*

**The Hon. A. KOUTSANTONIS:** Sorry?

*An honourable member interjecting:*

**The Hon. A. KOUTSANTONIS:** Nothing? Okay. CommunicAsia was held in Singapore last week from 15 to 18 June.

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. A. KOUTSANTONIS:** No? What a shame. More than 60,000—

*An honourable member interjecting:*

**The Hon. A. KOUTSANTONIS:** Oh, the strategist; there he is. More than 60,000 business visitors—half from international markets—attended a three-day exhibition, which is considered the premier export event for the Australian ICT industry. The exhibition, which is now in its 21<sup>st</sup> year, is

the ideal launching pad for expanding a company's presence in Asian markets. It brings buyers and sellers together, focusing on the commercial implications of cutting-edge technologies.

It is expected that there will be product launches and announcements from the South Australian exhibitors, who have plans to export their technology to a wide variety of sectors, including defence, mining, telecommunications, health, business, education and entertainment.

Six South Australian companies exhibited at CommunicAsia including Australian Satellite Communications, VersaDev and the Institute for Telecommunications Research, UniSA's research development group. There was also representation from a variety of local businesses involved in e-learning technology, projection technology, satellite and high-frequency radio communications, telecommunications solutions and patient management software.

In addition to the exhibition stand, a networking dinner was held to showcase South Australian companies to prospective international clients and to build potential business relationships. I am pleased to advise the house that KPMG in its 2010 Competitive Alternatives Survey rated Adelaide as the second most competitive city in the world for software development and the most cost-competitive in Australia for web and multimedia development—and the cities surveyed, in case anyone criticises, were Adelaide, of course, Sydney, Melbourne and Brisbane.

As the Minister for Industry and Trade I am very proud of this recognition. It is events such as CommunicAsia that put us on the world stage, and I would like to take the opportunity to thank everyone involved in coordinating the South Australian exhibitors, particularly the Department for Trade and Economic Development's Singapore representative office and Innovate SA.

#### ADELAIDE OVAL

**The Hon. I.F. EVANS (Davenport) (14:40):** My question is again to the Treasurer. Is the reason the Treasurer went public just after 2pm on 2 June about his knowledge prior to the election of the Adelaide Oval cost increase because he knew that the Stadium Management Authority, including Ian McLachlan and Leigh Whicker, were briefing the Liberal Party on the Adelaide Oval project on that day and at that time and the Treasurer was concerned that his knowledge of the blowout prior to the election would be revealed?

**The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Federal/State Relations, Minister for Defence Industries) (14:41):** As I said earlier in the day, I offered the shadow treasurer during our debate during the election campaign to trot along and get a full briefing, whatever they wanted to tell him, but the quid pro quo—

*Members interjecting:*

**The SPEAKER:** Order! Do you want to hear his answer or not?

**The Hon. K.O. FOLEY:** The quid pro quo, of course, that they allow us to be briefed by their advisers, was never forthcoming, because I doubt, if we really ever got to the bottom of it, that there is one skerrick of documentation to back up the cost—

**Mr WILLIAMS:** Point of order, Madam Speaker. The Treasurer is debating and the question was not about our costings. He is the one who is under scrutiny—and should be.

**The SPEAKER:** Treasurer, back to the question.

**The Hon. K.O. FOLEY:** The leader has asked that—or the putative leader or whatever he may be, former leader, whatever he may be, former deputy, I don't know, but—

**Mr PISONI:** Point of order: members must be addressed by their constituencies.

**The SPEAKER:** Not necessarily, if he is a leader or deputy leader. Treasurer.

**The Hon. K.O. FOLEY:** The member for Davenport asked whether I did it to get it out before they had a meeting. I think, and I may be wrong here, but I think it was well-known that they were meeting on that day and at that time. If I were subscribing to that theory, I would have done it the day before or the day before that.

*Members interjecting:*

**The SPEAKER:** Order!

**PRIVILEGES COMMITTEE**

**Mr SIBBONS (Mitchell) (14:43):** My question is to the Leader of the House. Can the Leader of the House advise whether he has sought to assist the opposition in its ambition for an urgent debate on the establishment of a privileges committee?

*Mrs Redmond interjecting:*

**The Hon. P.F. CONLON (Elder—Minister for Transport, Minister for Infrastructure, Minister for Energy) (14:43):** I point out the interjection: 'Just want to bury it today'. That was the interjection of the Leader of the Opposition.

**The SPEAKER:** Point of order. The member for Davenport.

**The Hon. I.F. EVANS:** The matter of a privileges committee is currently before the house and therefore cannot be subject to a matter of debate during question time.

**The SPEAKER:** I do not uphold that point of order, because it is not about the substance of the privilege committee: it is about the issue.

**The Hon. P.F. CONLON:** It is not surprising that that point of order was taken by the member for Davenport because, of course, let's focus on what the member for Davenport has been whacking on about all day: his passionate belief that people in this place should say what they mean and mean what they say. I have to say that I was impressed on Tuesday by the passionate cause pursued by the member for Davenport when he told this house—and I will quote some of those things because he has been doing a lot of quoting about what people say in this house and why they say it. He said:

It is important that standing orders be suspended so that this committee can be established as early as possible so that the truth can be established as early as possible.

He did not say it once—

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. P.F. CONLON:** We have got plenty of time and the member for Davenport is going to hear everything he said. He goes on, for the second time:

We need to suspend standing orders so we can debate this motion today so that the parliament and public can get to the truth—

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. P.F. CONLON:** Yell all you like. You are going to hear it.

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. I.F. Evans:** This is going to be 24 minutes of good footage.

**The Hon. P.F. CONLON:** Yes, I think it will be. That is why you are yelling.

*The Hon. I.F. Evans interjecting:*

**The Hon. P.F. CONLON:** Madam Speaker, can I have some protection? I merely want to repeat his words.

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. P.F. CONLON:** Can I undertake, for the member for Davenport, that I am only going to say his words.

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. P.F. CONLON:** 'We're too gutless to debate it', but we will come to that in a moment. I go on. He said:

—so that the parliament and public can get to the truth of the matter as soon as possible.

He is passionate about it. He said:

...therefore, that if the parliament is going to deal with this issue, we should deal with it at the earliest possible time.

That is the third time he said it. Then there is a fourth time. He said:

It is in the parliament's interest that this be cleaned up at the earliest possible time.

The fifth time:

The parliament, unless we suspend standing orders today and establish a privileges committee (and the intention of the standing order is to allow the debate about establishing it), how does a parliament establish the truth at the earliest possible time?

Are members getting the picture? It has to be done at the earliest possible time. Then we have the sixth time.

**The Hon. I.F. Evans:** I was up yesterday for a debate and you didn't offer it. Do you think the media is really going to fall for this?

**The Hon. P.F. CONLON:** I am just going to use your words. Can I say he did not say, 'This has to be debated on Tuesday.' Can I stress, he said, 'At the earliest possible time'. For the sixth time—

**The Hon. I.F. EVANS:** Why didn't you offer it Wednesday? Why not?

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. P.F. CONLON:** It's hurting, isn't it? For the sixth time:

It is in the cabinet's interest and, indeed, all the caucus interest, to have this matter cleaned up at the earliest possible time.

And, for the seventh time, he said:

Parliament should deal with this at the earliest possible time.

That was seven times. He did not say we should deal with it on Tuesday, he did not say Wednesday and he did not say Thursday. He said, 'The earliest possible time'.

*The Hon. I.F. Evans interjecting:*

**The SPEAKER:** Order!

**The Hon. P.F. CONLON:** Of course, my point at the time was it would have been, Madam Speaker, to subvert your ruling, for him to have got his way to suspend standing orders, even though I had sympathy for him. I actually had some keen interest in debating it on Tuesday: I thought it was a great time for it, but we cannot have them subvert standing orders.

However, I am a very decent chap and I noticed that the member for Davenport, in pursuit of this privileges committee, had listed it as a private members' motion on 22 July and I thought, 'I can't subvert standing orders but I can help him out in that seven-times-stated ambition to get it done at the earliest possible time,' so I saw the Opposition Whip at the start of private members' time today and said, 'We as a government have been swayed by your passion and are happy to bring this ahead from 22 July to today.' I thought that was the earliest possible time consistent with the standing orders. I got an answer two hours later that my kind offer was not accepted.

Let us be honest. It is not about getting it debated at the earliest possible time: it is about when is the best time for a floor show.

**Mr GARDNER:** I have a point of order.

**The SPEAKER:** Order! There is a point of order. Member for Morialta.

*Members interjecting:*

**The SPEAKER:** Order!

*Mr Pisoni interjecting:*

**The SPEAKER:** Order, the member for Unley; I'm on my feet!

*Members interjecting:*

**The SPEAKER:** Order! I am sure the Minister for Transport does not want to be heard in complete silence today, but there seems to be a lot of testosterone around this afternoon. I am glad it is the end of the week. Point of order, the member for Morialta.

**Mr GARDNER:** The minister is clearly breaching 127 by imputing improper motive.

**The SPEAKER:** No; I don't quite uphold that point of order, but the Minister for Transport will wind up.

**The Hon. P.F. CONLON:** I will wind up, but let me say, Madam Speaker, I offered it today, not because I was trying to hide the debate, but because I was absolutely certain they wouldn't take the offer. I was absolutely certain these frauds would not take the offer. But don't talk to us about coming into this place—

*Members interjecting:*

**The SPEAKER:** Order!

**Mr GARDNER:** Point of order: I hate to break the minister in mid-stride, but 122—

*Members interjecting:*

**The SPEAKER:** I'm sorry; I can't hear a word you are saying.

**Mr GARDNER:** I hate to break the minister in mid-stride, but 122: clearly improper words.

**The SPEAKER:** Improper words? I think it is a matter of interpretation. I'm sure from your side you see it that way.

*Members interjecting:*

**The SPEAKER:** Order! He is going to finish very quickly.

**The Hon. P.F. CONLON:** I will finish if I can just be heard for a moment. I just make the point—

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. P.F. CONLON:** —Madam Speaker that, if you were going to examine the mote in your neighbour's eye in regard to not saying what you should say in this place, perhaps the member for Davenport should have some regard to the beam in his own.

*Members interjecting:*

**The SPEAKER:** Order!

*Members interjecting:*

**The SPEAKER:** Order! I'm glad the school children have left.

*Members interjecting:*

**The SPEAKER:** Order! Have you calmed down, now? The deputy leader.

#### **ADELAIDE OVAL**

**Mr WILLIAMS (MacKillop—Deputy Leader of the Opposition) (14:52):** My question is to the Treasurer. Is it the Treasurer's position that on 8 March, when he responded to a Rob Lucas statement that the Adelaide Oval upgrade had blown out by \$90 million, he had already forgotten discussing the Adelaide Oval costings with Leigh Whicker on 19 February?

**The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Federal/State Relations, Minister for Defence Industries) (14:53):** I have well and truly, both in this place and publicly, canvassed all the issues that need to be canvassed on that matter.

**The SPEAKER:** The member for Light.

*Members interjecting:*

**The SPEAKER:** Order! The member for Light.

### BUILDING FAMILY OPPORTUNITIES

**Mr PICCOLO (Light) (14:53):** Can the Minister for Employment, Training and Further Education inform the house about what the government is doing to break the cycle of intergenerational unemployment and to help families get back to work?

**The Hon. J.J. SNELLING (Playford—Minister for Employment, Training and Further Education, Minister for Science and Information Economy, Minister for Road Safety, Minister for Veterans' Affairs) (14:53):** I thank the honourable member for his question. This morning, the state government announced that 400 jobless families in Port Adelaide Enfield, Playford and Port Augusta will be given the opportunity to break the cycle of intergenerational joblessness under a \$9.6 million social inclusion initiative that begins this month. Building Family Opportunities aims to reduce long-term unemployment through intensive support, not just for individuals but for the entire family. It aims to address the many issues that can often keep people from gaining and, importantly, maintaining employment. I am glad to say that three non-government organisations will deliver the program in three local government areas.

The initiative will be delivered in three regions where considerable levels of social and economic disadvantage are experienced: in the local government areas of Port Adelaide Enfield, by Uniting Care Wesley; in Playford, by Centacare Catholic Family Services; and in Port Augusta, by Uniting Care Wesley. Intensive support will be provided to a minimum of 400 long-term jobless families over a period of 18 months. The program will provide support and services to 202 families at any one time, with 102 families supported in Playford, 66 in Port Adelaide Enfield and 34 in Port Augusta. All of the Building Family Opportunities programs will focus on providing intensive support to families in their own homes as the principal mechanism to then gain and keep a job. A minimum of 40 per cent will be single-parent families and 30 per cent will be Aboriginal families.

I thank the Commissioner for Social Inclusion, Monsignor Cappo, for his involvement in the Building Family Opportunities program, which is the first of its kind in Australia. I agree with the monsignor that this program is a new approach that puts families experiencing entrenched disadvantage at the centre of service delivery. For instance, someone who has been out of work for a long time might have caring responsibilities, limited education, no work experience or poor health. These issues add up and make it very difficult to find and maintain employment. This program aims to help families deal with all these issues.

I believe that meaningful employment offers people the best chance of living decent lives with improved health, reduced dependence on social and emergency services, and less likelihood of contact with the criminal justice system. The program is to be led by the Department of Further Education, Employment, Science and Technology and also partnered with growing or emerging employment sectors to provide opportunities for job seekers. With intensive family-based support that addresses complex needs people will receive the support, encouragement and motivation that they need to get back into training and to get into employment.

The three non-government groups to deliver the program are the Centacare Catholic Family Services program at Playford, which will involve a team of seven case managers, two of whom are Aboriginal, and a registered nurse who will concentrate on addressing family needs and overcoming barriers to education and employment participation. The Uniting Care Wesley Port Adelaide-Enfield program will address the wellbeing, training and employment needs of each family through a multi-agency response. Case managers will ensure there is maximum integration of the family with services relevant to their particular needs and with the broader Port Adelaide-Enfield community. And the Uniting Care Wesley Port Augusta case management team will recognise the importance of family wellbeing to create an environment which supports people into long-term and sustainable jobs.

### TREASURER'S REMARKS

**Mr WILLIAMS (MacKillop—Deputy Leader of the Opposition) (14:56):** My question is again to the Treasurer. When the Treasurer said in his ministerial statement on 22 June, 'On 2 March I was asked questions regarding the development and I made reference to having met with Mr Whicker in recent days,' how does he explain that he can remember the meeting on 19 February but not that the cost blowouts were discussed at that meeting?

**The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Federal/State Relations, Minister for Defence Industries) (14:57):** That is not, in fact, a fair reflection of what has been said.

**Mrs Redmond:** Yes, it is.

**The Hon. K.O. FOLEY:** What I have said is that—

**Mrs Redmond:** You said that.

**The SPEAKER:** Order!

**The Hon. K.O. FOLEY:** If you want to answer the question for me, go right ahead. That's all right, I'm done.

#### ADELAIDE OVAL

**Ms SANDERSON (Adelaide) (14:57):** My question is to the Minister for Infrastructure. Did the minister know prior to the election that the cost estimate of the Adelaide Oval upgrade had increased?

**The Hon. P.F. CONLON (Elder—Minister for Transport, Minister for Infrastructure, Minister for Energy) (14:58):** I am not sure that prior to the election I knew what the cost estimate was, to be honest; it was not my area of responsibility—

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. P.F. CONLON:** And for a very good reason. The position, as I understood it, on a matter that I only had peripheral responsibility for, was that we were providing \$450 million and the people in cricket and football were going to build a stadium, and if they could not build it for \$450 million my understanding at that time was—I am sure it is accurate—that that was their issue. I have to say that I think that fact has got lost a great deal in this debate. As I understand the process, the bottom line was that the stadium people came to government with a proposition. I must say it was 2½ years in the making, not what the Leader of the Opposition said.

Apparently, she was in a bit of disbelief when she was advised that that was actually true. She thought we had pulled it out of the hat because of their great stadium. My understanding was that the people came with the proposal that this amount of money would build them a stadium and our view was that you will get this amount of money, which would be our contribution, and if you need more that is your problem. I have to say what was going on down there never really occupied my mind much because, as far as I was concerned, the exposure of the state was the said \$450 million.

There is absolutely no doubt, and it is transparently clear, that that remained the case up until a decision three or four weeks ago to add \$85 million to that so that the \$450 million would be devoted entirely to the cost of building a stadium, rather than compensating the SACA for infrastructure, or however it was phrased. This remained the case up to that point, and after that point the liability of the state was capped at \$535 million. It remains my view that that is where we were and that is where we are. Just so people understand, this is not a building that is being built by the government; it is a structure that will be built with a large—

*Mr Pisoni interjecting:*

**The Hon. P.F. CONLON:** The member for Unley always offers—

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. P.F. CONLON:** The member for Unley always offers such sparkling and witty interjections. It is no wonder he has the nickname given to him by his colleagues.

*Members interjecting:*

**The Hon. P.F. CONLON:** No. I have to say that I moved into the member for Unley's electorate and one of the great fringe benefits was getting to vote against him.

**Mr Pisoni:** It didn't help much!

*Members interjecting:*

**The SPEAKER:** Order!



**The Hon. P.F. CONLON:** It didn't help, but it made me feel better. The bottom line was, as I explained, that so much of this debate is complete nonsense. I point out that these people say it is about getting to the truth. It is not: it is about having a political floorshow. Why didn't they want a political floorshow today? There was a bigger floorshow in town.

**The Hon. I.F. Evans:** Why didn't you want it yesterday?

**The SPEAKER:** Order!

**Mr WILLIAMS:** Point of order. I think the minister answered the question about three minutes ago and now he is just carrying on and rambling. It is totally irrelevant.

**The Hon. P.F. CONLON:** Perhaps if you didn't interject so much, I wouldn't respond.

**The SPEAKER:** Have you finished answering the question, minister?

**The Hon. P.F. CONLON:** I think so.

#### ADELAIDE OVAL

**Mrs REDMOND (Heysen—Leader of the Opposition) (15:03):** My question is to the Premier. Why did the Premier not give a direct answer when he was asked at 3.03pm yesterday—

**The Hon. P.F. CONLON:** Point of order: it offends standing order 97. To state in your question that the Premier did not give a direct answer is to make a comment upon the directness of the Premier's answer. It is simply out of order, and she should ask a question and not offend standing order 97.

**The SPEAKER:** Yes, I would uphold that. Just be careful with the wording of the question, please, leader.

**Mrs REDMOND:** I simply asked the Premier why he did not simply say no when asked at 3.03pm yesterday about whether he knew about the Adelaide Oval cost blowout before the election and why did he then find it necessary to make a ministerial statement some 2½ hours later?

**The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (15:04):** She said '3.03'. It is my favourite number. Read my lips: I was not told.

*Members interjecting:*

**The SPEAKER:** Order!

#### SOUTH AUSTRALIAN SPORTS INSTITUTE

**The Hon. M.J. ATKINSON (Croydon) (15:04):** I ask the Minister for Recreation, Sport and Racing: what is the South Australian Sports Institute doing to identify potential outstanding athletes in our state?

**The Hon. M.J. WRIGHT (Lee—Minister for Police, Minister for Emergency Services, Minister for Recreation, Sport and Racing) (15:05):** I thank the member for Croydon. I know he has a very strong interest in this area. The South Australian Sports Institute plays a pivotal role in assisting young South Australians to pursue an elite sporting career through the identification and development of talented young athletes.

*An honourable member interjecting:*

**The Hon. M.J. WRIGHT:** I always do. Every year the SASI Talent Search team, working predominantly with high schools, conducts a talent identification program to identify potential elite athletes to join development programs in selected major olympic sports. The success of these programs is clear, with athletes identified through Talent Search now making up approximately 60 per cent of members of the SASI canoe sprint scholarship program, half of the rowing program and approximately one-third of the volleyball and cycling program.

I am advised that, throughout 2009, more than 5,000 high school age students were tested, with over 200 young people identified and invited to join SASI development programs. In the past 12 months alone, 40 graduates from the Talent Search program were given SASI scholarships, while 18 Talent Search graduates were selected in junior or senior Australian teams. Cyclist Rohan Dennis, who became a world champion by winning gold in the team pursuit at the 2010 World Track Cycling Championships, is one recent example who was identified through the SASI Talent

Search. Rohan also competed in the Pro Cycling Tour in 2010 by representing Team UniSA at the 2010 Tour Down Under.

In the past 12 months, the state government has distributed over \$100,000 to talented youngsters through its Talented Athlete Awards and the Country Athlete Award grants programs, and 174 athletes from over 41 different sports were selected to receive individual grants to assist with training and competition expenses and in their development as elite level athletes. These SASI programs have been very successful in assisting budding athletes to achieve results on the national and international stage, and I am sure that SASI will continue to fulfil this important role in the identification and development of our young South Australian athletes.

**The SPEAKER:** I draw attention to some material displayed. I am not sure if the member for Schubert has lost anything, but it is really not appropriate to display that material on your microphone. It is the member for Kavel, is it?

#### **SPOONER JUDGEMENT**

**Ms CHAPMAN (Bragg) (15:07):** My question is for the Attorney-General. Did the health practitioners involved in the case of Neil Spooner advise the government of Neil Spooner's vision impairment following his eye removal as required under section 148 of the Motor Vehicles Act? Justice Soulio, at page 10 of his judgement, stated:

In the present case there is no suggestion that any medical practitioner notified the authorities that the accused was not fit to drive.

**The Hon. J.J. SNELLING (Playford—Minister for Employment, Training and Further Education, Minister for Science and Information Economy, Minister for Road Safety, Minister for Veterans' Affairs) (15:08):** Mr Spooner was assessed by an independent doctor and found to meet the standards for the capacity to drive. He also had an independent driving test and met the standards for ability to drive. That is why I have asked the Registrar of Motor Vehicles to have a look at the standards to see whether they are sufficiently rigorous to ensure that people are not driving if they have an impairment level which means that they should not be driving.

#### **SPOONER JUDGEMENT**

**Ms CHAPMAN (Bragg) (15:09):** Again, my question is to the Attorney-General. Following the accident of 1 June 2006 to which I have referred and in which Daniel Raphael was killed, what steps did the government take to establish whether Mr Spooner should continue to hold a driver's licence and whether conditions should be placed on that licence? That particularly refers to action to be taken under section 80(2) of the Motor Vehicles Act.

**The Hon. J.J. SNELLING (Playford—Minister for Employment, Training and Further Education, Minister for Science and Information Economy, Minister for Road Safety, Minister for Veterans' Affairs) (15:10):** You are talking about a time before I was minister. I will have to get a briefing and come back to the house.

#### **INTEGRATED DESIGN COMMISSIONER**

**The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Federal/State Relations, Minister for Defence Industries) (15:10):** I table a copy of a ministerial statement relating to the Integrated Design Commissioner made earlier today in another place by my colleague the Hon. Paul Holloway.

#### **GRIEVANCE DEBATE**

##### **RED NOSE DAY**

**Ms SANDERSON (Adelaide) (15:10):** I rise today to speak on the issue of sudden infant death syndrome and the important work undertaken by SIDS and Kids. I am sure that you are all aware in this house that tomorrow is Red Nose Day, which is a national day for awareness and fundraising for sudden infant death syndrome. I would like to acknowledge my learned colleagues, including the member for Schubert and our whip, for supporting this cause by wearing a red nose in the house today. Whilst it is a funny sight to see members in this house wearing a red nose, the issue of an unexplained death of a baby or a young child is heartbreaking. My family has also been touched by SIDS, and so I support the SIDS and Kids campaign wholeheartedly.

Funds raised through 23 years of Red Nose Day have been instrumental in achieving an 85 per cent reduction in cases of SIDS in Australia. Red Nose Day provides SIDS and Kids with critical funding for a 24-hour bereavement support line, community education to reduce incidents of

fatal sleeping accidents and research on the cause of infant death and the risk factors for unexplained stillbirth. To date, it is estimated that SIDS and Kids has saved the lives of over 6,500 babies across Australia. However, tragically, the exact cause of SIDS is still unidentified. What we do know, though, is that families of babies and young children are able to reduce the incidence of SIDS by avoiding exposing babies to tobacco smoke, sleep baby on their back from birth in a safe sleeping environment free of toys, pillows and doonas.

This Red Nose Day SIDS and Kids is highlighting the dangers of babies sharing sleeping surfaces, which has been linked to an increased risk of SIDS and fatal sleep accidents: 46 per cent of infants who died suddenly and unexpectedly in Australia in 2007 died while co-sleeping. The sudden and unexplained death of one baby is one too many, and so I urge members of this house to lead by example and support Red Nose Day on Friday 25 June.

### INTERNATIONAL MEN'S HEALTH WEEK

**Mr PICCOLO (Light) (15:13):** Last week, International Men's Health Week was celebrated in South Australia. This week has been celebrated since 2003. Throughout the 1990s, various Australian states and territories set aside a week to highlight men's health issues. In 2002, representatives from six leading men's health organisations from around the world met at the Second World Congress on Men's Health in Vienna, Austria and resolved to work together to launch International Men's Health Week. Australia was represented at this meeting by the Men's Health Information Resource Centre at the University of Western Sydney.

The aim of International Men's Health Week is to increase awareness of male health issues on a global level and to encourage international and intranational institutions to develop health policies and services that meet men's specific needs. This increase in awareness has led to an increase in policy development by both state and federal governments addressing specific needs of men or, more accurately, male health. Recently, the federal government released its national male health policy.

The health policy has six priority action areas: optimal health outcomes for males; health equity between population groups of males; health equity between males at different life stages; a focus on preventative health for males; building a strong evidence base on male health; and access to health care for males. One of the funding areas outlined in the policy was \$3 million over four years for the Australian Men's Shed Association to help develop national infrastructure and to assist in the development of sheds in high need areas. I will come back to that a little later.

On the state scene, last week a report was released that deals with men's health in South Australia, particularly men's access to health services. The question asked by the report, which was commissioned by the South Australian Department of Health but which was undertaken by the University of Adelaide, was: are there populations of South Australian men who underutilise a range of health services, particularly primary health care services, and as a consequence experience a disproportionate burden of disease?

The report goes into a lot of detail about various health and other issues facing men and also how they need to be addressed. I would like to highlight two areas in that report, the first of which is the impact on rural men. The report acknowledges that, because of their geographical isolation and less access to direct services, men are at greater risk of having their health issues addressed in rural areas, but also the very nature of the work they perform puts them at greater health risk.

The second issue raised in the report relates to access to services. The report states:

Men need to be better informed about the health issues that affect them, and services should be delivered in a manner that makes them readily accessible to men. Health planners and service providers also need to acknowledge that men's health warrants greater attention. Different groups of men have particular health issues and needs and, therefore, a range of approaches will be necessary to meet them.

That is an acknowledgment that, rather than just complain that men do not access health services, we need greater understanding of the reasons for that and how we meet that gap.

I mentioned the Men's Shed Association. As part of Men's Health Week, I would like to acknowledge the great work done in my own community of Gawler by the Willo's Men's Shed, which is a registered member of the Australian Men's Shed Association, where men can meet and chat over tea and coffee, share ideas and experiences about their lives, pursue a number of hobbies and, more importantly, access information about health (particularly mental health) and

relationships. It is one of those non-threatening environments where men can talk freely about their health concerns and have them addressed.

The organisation is run by volunteers. It also receives support from the Gawler Health Service, the Freemasons and local businesses. I acknowledge the support and the work of Mr Brian Walters, the administrator of Willo's Men's Shed.

### FARM PLAGUES

**Mr TRELOAR (Flinders) (15:18):** I rise today to inform the house that regional South Australia is dealing with not one but two plagues at present. Much has been made of the locust plague and what action the government is going to take in reaction to it, but mouse numbers have reached plague proportions across much of Eyre Peninsula, the Mid North, Yorke Peninsula and, indeed, the Mallee.

Unfortunately, this poses an environmental and social problem for our farming communities, on top of the financial burden of purchasing baits. Currently, farmers themselves have responsibility for taking control measures. Baiting is in the order of \$10 a hectare. This has occurred on many properties, not once but twice, and sometimes three times. Over a considerable acreage the cost adds up and eats into the profitability of the farming operation. In fact, I know that some individual property owners have spent up to, and maybe in excess of, \$20,000 on control measures.

High mouse numbers have been a frequent occurrence over the last few seasons and, as I said, many farmers are finding it increasingly costly to bait. My belief is that mouse numbers are high and are tending to remain high mainly as a result of our move into more environmentally sustainable farming methods, the retention of ground cover and inadvertently supplying a food source and cover for the mouse in the field.

The natural resource management boards currently provide advice to landowners on keeping mouse numbers under control, but I believe that, if they were given departmental support, they could take on a more active role in managing mouse numbers. Under the Natural Resources Management Act, mice are not a declared species for control; however, the act is quite clear in its intent to provide for 'the prevention or control of impacts caused by pest species of animals and plants that have an adverse effect on the environment, primary production or the community'.

The obligation is there, and clearly any reasonable person would acknowledge that mice are a pest species of animal which cause environmental problems and adversely affect primary producers and particularly their communities. As the weather gets colder, mice tend to head towards farmyards into haystacks, into outbuildings (and ultimately into houses) and in towns into shops. What I am doing today during this grievance is calling on the Department of Primary Industries and Resources (otherwise known as PIRSA), in conjunction with the natural resource management boards (and I have spoken with our Eyre Peninsula Natural Resource Management Board on this issue), those two arms of government, to assist landowners with control measures which will ultimately benefit the environment and the state's agricultural sector.

I know that as recently as last week our local NRM board did meet and resolved to set up a task force to address this problem. My concern is that it is too late for this autumn/early winter period. The sowing operation is complete. My fear and concern is for the coming spring where mouse numbers will again be high and will attack the crop as it is nearing maturity. It is a real concern, and I urge the two departments I have mentioned today to take immediate action in this regard.

### ROADSAFE YOUTH DRIVER AWARENESS

**Mr SIBBONS (Mitchell) (15:22):** It is with great pleasure that I rise today, because I want to talk about a program running at one of my local high schools at the moment, that is, Seaview High School. It is about road safety youth driver awareness which is a very topical point in the community at the moment and which is very near and dear to my heart at least with my 16 year old son just getting his P-plates, which is around the right age where we need to be teaching our young people about the appropriateness of road safety and the ways to drive in an appropriate manner.

I want to talk about the RYDA program, which stands for Roadsafe Youth Driver Awareness. It is a road safety education program aimed at reducing death and injury amongst young people on Australian roads. The program targets 16 to 17 year olds who are at the stage of their lives when they start to drive or ride in vehicles driven by their peers. RYDA is a not-for-profit

company that has developed this road safety education program, and it is accessed through the Rotary Clubs of Australia.

It has been very important for the group at Seaview High School to go through this program, and I congratulate the Edwardstown branch of Rotary for supporting this program, which has been put in place through its fundraising activities, as well as a small contribution from the school community. In terms of a bit of history of RYDA, in July 2000 the hills district of Sydney suffered a devastating loss when four teenage boys lost their lives in a horrendous crash.

The accident was on a mild bend, the car being driven by a 17 year old who had had a provisional licence for only three weeks. The community rallied around this tragedy, because police estimated that the speed at which the individual was travelling was 110 kilometres in a 60 kilometre zone, so it really highlighted the need for awareness.

I have to say that the contribution that the program has made to the community has certainly made a difference. The program focuses on attitude and awareness with the aim of helping young adults become better people on the road. The program highlights the privilege and responsibilities of owning and driving a motor vehicle and also illustrates their rights and responsibilities as passengers and pedestrians, which is very important.

The current program is run away from the school site, and it is currently being run in a facility up at Flinders University, just outside my electorate. It is coordinated with local road safety expert driving instructors, the police, recovering survivors of road crashes, drug and alcohol educators and financial services personnel.

Students are divided into six groups with approximately 25 students in each and they basically move through the whole program and cover a whole range of issues. Issues that they cover include stopping distances. Students are actually shown a practical about the impact of deferring speeds, reaction times, vehicle traction and how all those sorts of thing come into play when you are driving.

It covers hazard perception with an interactive discussion aimed at familiarising students with the most common crashes involving young people by establishing what hazards are and equipping them with suitable strategies, and it also covers safe celebrating and fatigue—understanding what drugs and alcohol has to do with the body and how that is affected. There is also an area where police are showing horrific accidents and how that impacts on a family, as well as personal stories.

#### **TONKIN, DR D.**

**Mr GARDNER (Morialta) (15:27):** Earlier this month I attended the 10<sup>th</sup> David Tonkin Memorial Dinner organised by the South Australian Young Liberal Movement, as it has been since its inception on 2 February 2001. The Young Liberals is, of course, an organisation of which I am proud to be a life member, and I am pleased that it is continuing to organise this important memorial dinner.

David Tonkin was premier of South Australia from 1979 to 1982. It was a government of short tenure but great achievement. Dr Tonkin was the first Australian premier to deliver statutory native title legislation through the APY lands. He ensured that the Olympic Dam copper and uranium mine could proceed against strong opposition at the time, including from some of those who would now seek to take credit for the bounty that it delivers.

He delivered the O-Bahn transport system to the eastern and north-eastern suburbs of Adelaide. He introduced random breath testing, which saves so many lives. He brought us the Adelaide International Airport, Adelaide's first international hotel, Technology Park and Australia's first ethnic affairs commission and many other great achievements during the tenure of his government.

Even prior to his premiership, David Tonkin had already made a remarkable contribution in this place such as would make any member proud. He was the driving force behind South Australia's 1975 groundbreaking sex discrimination legislation, a private members' bill that he fought long and hard for before the government of the day adopted it, allowing the bill to pass.

In the first David Tonkin Memorial Address, Jennifer Cashmore remembered 'the atmosphere and attitudes of the almost entirely male-dominated parliament...in 1977,' and remained 'in awe of David Tonkin's courage and political skills in his efforts to secure equal rights

for women'. On the day that Australia's first female Prime Minister was sworn in by Australia's first female Governor-General, it is worth noting that these were very different times.

Subsequent to his parliamentary career, David Tonkin continued to work hard in public life as chair of the State Opera Company, as secretary-general of the Commonwealth Parliamentary Association and later as chairman of the South Australian Film Corporation. He gave much to South Australia. David Tonkin was a thoughtful, intelligent, compassionate and resourceful premier, and his was a life well lived.

Dr Tonkin passed away on 1 October 2000 and was appropriately eulogised in this place and elsewhere. I was vice president of the South Australian Young Liberals at the time and, in that role, approached the family to obtain their blessing to establish the David Tonkin Memorial Dinner, confirming Dr Tonkin's legacy as a thoughtful and compassionate leader through an annual keynote address that would focus our attention on the philosophical direction of this side of South Australian and, indeed, Australian politics.

The first address in 2001 was delivered by one of Dr Tonkin's senior ministers, the former member for the electorate that I now have the privilege to represent, the Hon. Jennifer Cashmore AM. In that speech, she reflected on the philosophical example set by Dr Tonkin, as well as earlier Liberal thinkers, and finished by calling on Young Liberals, in particular, 'to search out, with open minds and without prejudice, the knowledge which will determine policy responses to some of the issues' that particularly confront us in a new century, including the challenges of globalisation, new technology, the changing nature of families, and our relationship with our environment. I took that challenge seriously then, and it is one that is still applicable to every member of this house.

Since then, the 10 speakers who have delivered this address have all been significant figures in the South Australian and Australian body politic, and they have all made substantial contributions to the public debate through their constructive presentation of public policy from a Liberal perspective. For the record, I will list the speakers who followed on from Jennifer Cashmore's 2001 address. They are:

- in 2002, the member for Bragg (Vickie Chapman), who also established the David Tonkin Memorial Scholarship, awarded every year to a bright student in Dr Tonkin's old electorate;
- in 2003, former South Australian premier the Hon. Dean Brown;
- in 2004, former senator Baden Teague;
- in 2005, former Victorian premier Jeff Kennett;
- in 2006, former New South Wales premier Nick Greiner;
- in 2007, the longest serving female federal cabinet minister in Australia's history, Amanda Vanstone;
- in 2008, Malcolm Turnbull;
- in 2009, Tony Abbott; and
- in 2010, senator Nick Minchin.

Mrs Prue Tonkin has attended nearly every one of these dinners, along with other members of the Tonkin family, and, at the recent dinner at the Italian Centre, it was a great pleasure to see that she continues in fine form. Together, the Tonkins had three sons and three daughters, and members of that family continue to make a great contribution to South Australia. I am proud of my involvement in beginning this institution 10 years ago and I look forward to continuing to assist in honouring Dr Tonkin's legacy in the years ahead.

#### **MINDA INCORPORATED**

**Mr BIGNELL (Mawson) (15:32):** I rise today to congratulate the Liquor, Hospitality and Miscellaneous Workers' Union and its delegates for the fine work they have done in a very long-winded dispute with Minda. It is a dispute that has gone on for more than 18 months, and a lot of people have put in a lot of hours fighting the injustices of a system where Minda did not want to increase pay and wanted to actually reduce conditions. So I was very glad to hear yesterday that a successful resolution has been reached in this case.

The key features of the agreement include: an agreed definition of shift worker and a retention of six weeks' annual leave for all shift workers, which will be backdated for employees in

Brighton East. This is something that Minda tried to do to its workers, who work very unsociable hours with many of the most vulnerable people in our society; and they do an absolutely fantastic job.

I was at a sausage sizzle a few weeks ago with the LHMU and the delegates, and Dave Di Troia, the secretary of the South Australian branch, was also there to address the crowd. I heard the passion with which Minda workers spoke about their time at Minda. Many have been there since the 1970s, and they love the work they do and take great pride in it. They really care for these very vulnerable people with disabilities whose welfare they are entrusted with.

It is very important to the people at Minda that they have people there who know what they are about and what their special needs are. This is something that cannot always be catered for by bringing in contractors to do the job. It was a very important part of it that the six weeks' annual leave be preserved for these workers, because it is a very stressful job and there is a lot of shift work involved. I think they are very deserving of the six weeks' annual leave that they get.

Other features of the agreement are a 5 per cent wage increase payable from 1 July 2009, with 2 per cent of that backdated to November 2008 (which is when this dispute started), a 3 per cent increase payable from 1 July 2010 and a 3 per cent increase payable from 1 July 2011. There is also a commitment to genuine consultation on changes to work practices, including the introduction of long-term or permanent changes to rosters that would impact on employees' take-home pay or entitlements.

I think that, speaking to the workers at Minda, that was something they were affronted by: the fact that Minda wanted to change the rules and decrease the benefits that the workers had without any consultation at all, when these people have put in many years of hard work to look after people in their care. They were really quite appalled at Minda's behaviour in this. So, I am glad this agreement has been reached and I hope that management at Minda will play a far more responsible role in the future and get on with the people who have given Minda such a great reputation in society, and that is the people who deliver the care at Minda.

I also want to acknowledge the fact that, through Fair Work Australia, this resolution was made possible. I think that under John Howard's unfair WorkChoices we possibly would not have seen this. This is something that we all need to work towards. Everyone deserves fair pay and fair conditions. I know that there are some on the other side who would like to see the abolishment of wages and conditions, but we believe in sticking up for people who work very hard for a better society and a better community, for which we are all very grateful.

Julia Gillard has done a magnificent job as the industrial relations minister in Australia and in setting up Fair Work Australia, and it is great to see her promoted today to Prime Minister of Australia. I think she is going to do an absolutely magnificent job as our Prime Minister. I think it is good that we have someone who not only can mix with business, as Ms Gillard can, but also knows what it is like to come from a working family and to go in there and fight hard for the rights of workers.

We know that if it is left to the other side and if it is left to big business, those rights are just going to be eroded. There is nothing more unfair in society than to see class division, where we have the people with all the money and the people left to do all the work are left with nothing. It is totally unfair and would bring about a breakdown of our society. Australia can be rightly proud of the fact that we have a very good society and a community that works very well without the class distinctions that we see in so many countries. So, congratulations to the LHMU. It is a wonderful victory. Minda, I hope you take heed of the fact that you need to discuss changes with workers. Again, congratulations to the Prime Minister of Australia, Julia Gillard.

#### **STATUTES AMENDMENT (SURROGACY) AMENDMENT BILL**

Received from the Legislative Council and read a first time.

#### **PAYROLL TAX (NEXUS) AMENDMENT BILL**

The Legislative Council agreed to the bill without any amendment.

#### **STATUTES AMENDMENT (DRIVING OFFENCES) BILL**

**The Hon. J.J. SNELLING (Playford—Minister for Employment, Training and Further Education, Minister for Science and Information Economy, Minister for Road Safety, Minister for Veterans' Affairs) (15:41):** Obtained leave and introduced a bill for an act to amend

the Criminal Law Consolidation Act 1935; the Road Traffic Act 1961; and the South Australian Motor Sport Act 1984. Read a first time.

**The Hon. J.J. SNELLING (Playford—Minister for Employment, Training and Further Education, Minister for Science and Information Economy, Minister for Road Safety, Minister for Veterans' Affairs) (15:41):** I move:

That this bill be now read a second time.

The government is committed to protecting South Australians from the actions of street racers who demonstrate a reckless indifference to the lives of others and who, by their actions, put the lives of innocent drivers and pedestrians at risk. The bill introduces street racing as a serious criminal offence through reforms to the Criminal Law Consolidation Act 1935, with consequential amendments to the Road Traffic Act 1961 and the South Australian Motor Sport Act 1984.

These measures build upon the government's other initiatives to combat hoon driving behaviour as set out in the Criminal Law (Clamping, Impounding and Forfeiture of Vehicles) (Miscellaneous) Amendment Act 2009. We are determined to pursue the tough initiatives contained in this bill to reflect the community's intolerance of such irresponsible and dangerous behaviour. I seek leave to have the remainder of the second reading explanation inserted in *Hansard* without my reading it.

Leave granted.

Amendments to the Criminal Law Consolidation Act 1935

The criminal conduct of street racing will be inserted into Part 3, Division 6 of the *Criminal Law Consolidation Act 1935*. Consequential amendments will be made to section 44B of the *Road Traffic Act 1961*, where the conduct of street racing is currently prescribed as an offence.

The definition of street racing will capture participants in street race, which will include those present in a motor vehicle whilst it is driven in a street race, or those that assist in the promotion of the street race or those who engage in any other conduct that assists in the street race taking place. It shall be a defence to the charge of participating in a street race by being present in the vehicle, if the person proves they were not the driver and did not consent to the motor vehicle being driven in the race.

As to the features that will aggravate the offence of street racing, these will be as follows:

- the offender knew that, at the time of the offence, he or she was driving the motor vehicle in circumstances of heightened risk;
- the offender committed the offence knowing that there were one or more passengers in or on the vehicle;
- the offender was, at the time of the offence, driving a motor vehicle that had a major defect about which the offender knew, or ought reasonably to have known.

Circumstances of heightened risk is defined to capture a broad range of circumstances and weather conditions that increase the danger of engaging in the indictable offence charged. 'Major defect' is defined to capture vehicles whose use constitutes a serious risk to the safety of any person. This definition was deliberately drafted in a broad sense to capture the risks posed by the major defect not only to the occupants of the vehicle but also to pedestrians in close proximity and indeed other road users. It is intended to capture those individuals who either modify their vehicles for the purposes of engaging in hoon driving behaviour and at the other end of the spectrum, those who do not take steps to maintain the vehicle that they own or drive, but, despite this, choose still to engage in risky behaviour on our roads.

As to penalties for street racing, for a first offence that is a basic offence, imprisonment for three years will apply in addition to licence disqualification for one year or longer if the court thinks fit. For a first offence that is an aggravated offence, or for any subsequent offence, the penalty will be imprisonment for five years and licence disqualification for three years or longer. It is intended that the offence of street racing will constitute a prescribed offence for the purposes of clamping, impounding and forfeiture of vehicles under the *Criminal Law (Clamping, Impounding and Forfeiture of Vehicles) Act 2007*.

The Bill also amends section 5AA of the Act to provide that driving a motor vehicle in a street race will constitute an aggravating factor for a section 19A offence (causing death or harm by dangerous use of a motor vehicle or vessel). The applicable penalty for aggravated section 19A offences is life imprisonment (where death or serious harm is caused) or 7 years imprisonment (for other harm).

It should be noted that, in the most serious cases where death has resulted, it may be appropriate to charge the accused with manslaughter; it is not the Government's intention to remove that charging option for such cases. Rather, these changes seek to ensure that, where charges are laid under section 19A and street racing is proved, the higher maximum penalties applicable to aggravated offences will apply.

The Bill also amends section 19A(5) to clarify that for the purposes of determining whether an offence is a first or subsequent offence, the focus is on the similar conduct of dangerous driving, rather than the degree of harm that resulted from previous dangerous driving (which is entirely fortuitous). The Bill does by amending section



19A(5) to provide that identified offences involving similar conduct will be taken into account for the purpose of determining if an offence against section 19A is a first or subsequent offence.

A technical amendment to section 19B of the *Criminal Law Consolidation Act 1935* that addresses alternative verdicts is also necessary as a result of the introduction of street racing as a serious vehicle offence.

The Bill also affords an opportunity to clarify any ambiguity that may exist when police officers and indeed other emergency workers are engaged in driving in emergency circumstances that may subjectively be considered dangerous or poses a greater risk to other road users than ordinarily would be the case. It is therefore proposed to clarify the criminal liability of police officers when engaged in police pursuits and other types of emergency driving, by providing a defence if charged with section 19A of the *Criminal Law Consolidation Act 1935* (the offence of cause death or harm by dangerous driving). A related amendment will also be required for sections 45 and 46 of the *Road Traffic Act 1961* (the offences of careless driving and reckless and dangerous driving).

Currently Rule 305 of the Australian Road Rules provides that a provision of the Australian Road Rules does not apply to the driver of a police vehicle in specified circumstances. However the exception afforded by Rule 305 of the Australian Road Rules does not canvass offences under the *Road Traffic Act 1961*. Section 110AAAA of the *Road Traffic Act 1961* provides an exemption for drivers of an emergency vehicles from offences against sections 44B, 45A, 82, 83 and 110. However drivers of emergency vehicles still remain able to be charged with sections 45 and 46 of the *Road Traffic Act 1961* and sections 19A of the *Criminal Law Consolidation Act 1935*.

This amendment does not exempt police officers or other emergency workers prescribed by regulation from being charged with an offence against section 19A of the *Criminal Law Consolidation Act 1935* and sections 45 and 46 of the *Road Traffic Act 1961*. It will instead provide a defence to a charge against these provisions, provided very particular circumstances are met. Those circumstances will be that at the time of the offence, the emergency worker was:

- carrying out duties as an emergency worker;
- acting in accordance with the directions of his or her employing authority; and
- acting reasonably in the circumstances as he or she believed them to be.

Emergency worker will be defined as a police officer, or a person who is an emergency worker as defined by the regulations for the purposes this section.

#### Amendments to the South Australian *Motor Sport Act 1984*.

The introduction of street racing as an indictable offence under the *Criminal Law Consolidation Act 1935*, covers a range of activities that, aside from being a driver of a vehicle involved in a race, speed trial or other, captures those individuals who promote or assist in the promotion of such an event. Accordingly there are many legitimate events that involve speed trials or races between vehicles that need to be protected from being captured by this new offence. Accordingly, section 25 of the *Motor Sport Act 1984* requires amendment to ensure those participating in legitimate motor sport events are not eligible for prosecutions for offences under the *Road Traffic Act 1961*, the *Motor Vehicles Act 1959* and Part 3 Division 6 of the *Criminal Law Consolidation Act 1935*.

#### Summary

The Government is concerned at the reckless and irresponsible behaviour of some drivers on our roads. In recent, tragic cases, this behaviour has led to the death of innocent people. This Bill is designed to strengthen current laws and measures to deter and punish hoon-driving behaviour. I commend the Bill to Members.

#### Explanation of Clauses

##### Part 1—Preliminary

###### 1—Short title

###### 2—Commencement

###### 3—Amendment provisions

These clauses are formal.

##### Part 2—Amendment of *Criminal Law Consolidation Act 1935*

###### 4—Amendment of section 5AA—Aggravated offences

Section 5AA of the principal Act sets out what constitutes an aggravated offence for the purposes of that Act. Offences committed in the circumstances of aggravation listed in the section attract higher maximum penalties.

This clause inserts new subsection (1c) into section 5AA. The new subsection sets out the aggravating factors applicable to the commission of offences under proposed section 19AD. The aggravating factors apply only to an offender who is a driver of a vehicle and include driving the vehicle in circumstances of heightened risk (which is defined in the section), driving with passengers in or on the vehicle or driving a vehicle with a major defect (with also a defined term) if the driver knew or should have known of the defect.

The clause also amends section 5AA(1a), to make driving a motor vehicle in a street race an aggravating factor for an offence against section 19A.

5—Amendment of section 19A—Causing death or harm by use of vehicle or vessel

This clause amends section 19A of the principal Act (a section providing offences for those who cause death or harm by certain driving behaviour) to increase the range of offences that will count as 'first offences' for the purposes of the section. Under the proposed amendments, all previous offences against section 19A (regardless of the degree of harm caused) and all offences involving the similar relevant conduct (ie. dangerous driving or dangerous vessel operation) will be counted.

The clause also inserts a defence for emergency workers (being defined as police or other workers prescribed by regulation). The defence is made out if the worker was acting in accordance with directions of his or her employer and was acting reasonably in the circumstances.

6—Insertion of section 19AD

This clause inserts new section 19AD into the principal Act.

The new section establishes an offence of participating in a street race, or in preparations for a proposed street race. Participating in a street race is defined to mean being present in a motor vehicle being driven in a race, promoting or assisting in the promotion of a race or proposed race or otherwise assisting or intending to assist a race or proposed race. There is a defence for a person charged with participating by being present in a vehicle if the person establishes that he or she was not the driver and did not consent to the vehicle being driven in the race.

The new section also defines what constitutes a street race and sets out procedural matters in respect of the new offence.

7—Amendment of section 19B—Alternative verdicts

This clause amends section 19B of the principal Act to reflect the amendments made to the Act by this measure.

Part 3—Amendment of *Road Traffic Act 1961*

8—Amendment of section 44B—Misuse of motor vehicle

This clause amends section 44B of the principal Act (removing conduct amounting to street racing from that section) and is consequential upon the creation of the new offence of street racing by clause 6 of this measure.

9—Amendment of section 45—Careless driving

This clause amends section 45 to insert a defence for emergency workers in keeping with the defence proposed to be inserted in section 19A of the *Criminal Law Consolidation Act 1935* by clause 5 of this measure.

10—Amendment of section 46—Reckless and dangerous driving

This clause amends section 46 to insert a defence for emergency workers in keeping with the defence proposed to be inserted in section 19A of the *Criminal Law Consolidation Act 1935* by clause 5 of this measure.

Part 4—Amendment of *South Australian Motor Sport Act 1984*

11—Amendment of section 25—Non-application of certain laws

This clause amends section 25 of the principal Act to make it clear that (in addition to current exclusions) Part 3 Division 6 of the *Criminal Law Consolidation Act 1935* as amended by this measure does not apply in respect of a vehicle or its driver while the vehicle is being driven in a motor sport event contemplated by the principal Act.

Debate adjourned on motion of Mr Griffiths.

### MOTOR VEHICLES (MISCELLANEOUS) AMENDMENT BILL

**The Hon. J.J. SNELLING (Playford—Minister for Employment, Training and Further Education, Minister for Science and Information Economy, Minister for Road Safety, Minister for Veterans' Affairs) (15:42):** Obtained leave and introduced a bill for an act to amend the Motor Vehicles Act 1959. Read a first time.

**The Hon. J.J. SNELLING (Playford—Minister for Employment, Training and Further Education, Minister for Science and Information Economy, Minister for Road Safety, Minister for Veterans' Affairs) (15:43):** I move:

That this bill be now read a second time.

The bill contains a number of minor technical amendments to improve the operation of the Motor Vehicles Act 1959. Most of the amendments are related to the Motor Vehicles (Miscellaneous No. 2) Amendment Act 2009, which was passed by both houses of parliament on 1 December 2009. That act introduced enhancements to the Graduated Licensing Scheme and is scheduled to come into operation on 4 September 2010. I will refer to that act as the GLS Amendment Act. The amendments correct cross-referencing omissions and provide a regulation-making power for the high powered vehicle restriction scheme. The remaining amendment has been identified as necessary to implement the desired policy position regarding

drug and alcohol dependency assessments. I seek leave to have the remainder of the second reading explanation inserted in *Hansard* without my reading it.

Leave granted.

#### Section 81AB—Probationary Licences

Section 81AB of the *Motor Vehicles Act 1959* refers to situations when probationary licence conditions should be imposed upon a driver. The GLS Amendment Act clarified the circumstances in which probationary licence conditions should be placed upon a driver. The amendment entailed a significant reorganisation of section 81AB. This has resulted in a cross-referencing omission which has meant that a probationary licence holder who incurs a disqualification, and appeals the disqualification to the Magistrates Court, would not be subject to probationary licence conditions upon return to driving but would obtain a full licence.

This is contrary to current practice and to the intention of the legislation. An amendment rectifies this.

#### Section 98AAD—Licence or Learner's Permit falsely obtained is void

The GLS Amendment Act increased the penalty for the section 98AAE offences of unlawfully altering or damaging a licence or learner's permit and being in possession of a licence or learner's permit that has been unlawfully altered or damaged from \$750 to \$2,500.

The penalty for the similar offence in section 98AAD of being in possession of a licence or learner's permit that was issued or renewed on the basis of a false or misleading statement is \$750. It is appropriate that the maximum penalty for these offences be consistent. It is therefore proposed to increase the maximum penalty to \$2,500.

#### Section 139BD—Service and Commencement of Notices of Disqualification

Section 139BD outlines the process involved to serve notices of licence disqualification issued by the Registrar of Motor Vehicles under the *Motor Vehicles Act*. The proof of service process requires the driver to attend personally a Customer Service Centre or Australia Post office to acknowledge that the notice of disqualification has been served upon them. This process was established so that a driver who is detected driving whilst disqualified cannot allege they did not know they were disqualified because they did not receive the notice.

The Safer Driver Agreement is one of the enhancements in the GLS Amendment Act. It allows provisional drivers, upon disqualification, to either choose to serve their disqualification or alternatively, by entering into a Safer Driver Agreement, to obtain a provisional licence subject to additional specific conditions. If the Agreement is breached, the driver is liable to a period of disqualification equal to twice that of the original term.

A notice of disqualification for breaching a Safer Driver Agreement is not currently included in the notices of disqualification to which the proof of service process applies. This means that drivers receiving such notices of disqualification in the post would be able to argue non-receipt of the notice, which would be counterproductive to the enforcement of licence disqualifications. This is also contrary to the intention of the GLS Amendment Act and this Bill rectifies this omission.

#### Section 79B—Alcohol and drug dependency assessments and issue of licences

Section 79B requires an applicant for a licence, who has been convicted of, or expiated, multiple prescribed drug or alcohol offences to undergo a drug or alcohol dependency assessment before a licence is granted. If the assessment finds that a person is dependent on drugs, the Registrar of Motor Vehicles must refuse to issue a licence. If a person is found to be dependent on alcohol, the Registrar may grant a licence subject to alcohol interlock scheme conditions.

The circumstances in which the Registrar requires a licence applicant to undergo an assessment are based on the circumstances in section 47J of the *Road Traffic Act 1961*. Section 47J was the court based scheme for requiring dependency assessments of repeat drink drivers, and it has been superseded by the administrative scheme in section 79B, with the aim of relieving the courts from being involved with these matters.

Section 47J of the *Road Traffic Act* was triggered when a person was convicted of a prescribed offence and had previously been convicted of a prescribed offence committed within 3 years before the later offence. The 2 offences committed close together were considered to show a pattern of dependency sufficient to warrant a dependency assessment. This was also the intention of section 79B of the *Motor Vehicles Act*, but it is not currently reflected in section 79B where the trigger is the date of application for a licence rather than the date of committing the latest offence. This allows for potential abuse of this provision as an applicant can defer the date of application for a licence, thereby avoiding the requirement to undergo a dependency assessment. The Bill rectifies this situation.

In addition, the current circumstances in section 79B do not capture all the combinations of offences that section 47J captured and the Bill amends section 79B to ensure the range is the same.

#### Section 145—Regulation-making power

Lastly, a power to make regulations regarding exemptions from the high powered vehicle provisions has been included. This will allow regulations to be made that give the Registrar the power to cancel or require the surrender of a certificate of exemption and to create offences, for example obtaining a certificate on the basis of false information.

I commend the Bill to Members.

## Explanation of Clauses

## Part 1—Preliminary

## 1—Short title

This clause is formal.

## 2—Commencement

The measure will be brought into operation by proclamation.

## 3—Amendment provisions

This clause is formal.

Part 2—Amendment of *Motor Vehicles Act 1959*

## 4—Amendment of section 72A—Qualified supervising drivers

This clause corrects a cross-reference.

## 5—Amendment of section 79B—Alcohol and drug dependency assessments and issue of licences

Section 79B(1) requires the Registrar of Motor Vehicles to send an applicant for a driver's licence to an assessment clinic to determine if the applicant is dependent on alcohol if the applicant has expiated or been convicted of a certain number of drink driving offences in the 5 years preceding the date of the application.

This amendment requires the applicant to be sent to an assessment clinic if the applicant committed a specified number of drink driving offences in the 5 years preceding the commission of the most recent drink driving offence. The principal effect of the amendment is to ensure that an assessment is required if the applicant committed a required number of offences in the 5 years preceding the offence that led to the most recent loss of licence, rather than in the 5 years preceding the date on which the application for a new licence is made. The amendment also alters the weight to be given to certain levels of drink driving offences in determining whether or not an assessment is required, ensuring for example that medium level offences that are first offences are not to be treated as lower level offences for that purpose.

Section 79B(2) requires the Registrar to send an applicant for a licence to an assessment clinic to determine if the applicant is dependent on drugs if the applicant has expiated or been convicted of a certain number of drug driving offences in the 5 years preceding the date of the application.

This amendment requires the applicant to be sent to an assessment clinic if the applicant has committed a specified number of drug driving offences in the 5 years preceding the commission of the most recent drug driving offence. Again, the principal effect of the amendment is to ensure that an assessment is required if the applicant committed a required number of offences in the 5 years preceding the offence that led to the most recent loss of licence, rather than in the 5 years preceding the date on which the application for a new licence is made.

## 6—Amendment of section 81A—Provisional licences

This clause amends section 81A(16), 81A(17) and 81A(18) of the measure, as inserted by the *Motor Vehicles (Miscellaneous No 2) Amendment Act 2009*.

Section 81A(16) provides that the holder of a P1 or P2 licence must not, if he or she is under the age of 25, drive a high powered motor vehicle (which is a vehicle of a class prescribed by the regulations or by the Registrar by notice in the Gazette). A minor amendment is made to section 81A(16) to ensure consistency in the use of terms in the Act.

Section 81A(17) provides that the Registrar may, on application by a P1 or P2 licence holder (and payment of the prescribed fee, if any), grant the holder an exemption from the prohibition in section 81A(16) for such a term and subject to such conditions as the Registrar thinks fit. Section 81A(18) then requires the Registrar to issue a certificate of exemption to such persons.

This amendment, together with the amendment in clause 10, make it clear that regulations can be made on matters relating to exemptions under section 81A(17), including the issue, carriage and production of certificates of exemption and the use, suspension, cancellation or surrender of exemptions or certificates of exemption.

## 7—Amendment of section 81AB—Probationary licences

This amendment is consequential on amendments made by the *Motor Vehicles (Miscellaneous No 2) Amendment Act 2009*.

## 8—Amendment of section 98AAD—Licence or learner's permit falsely obtained is void

Section 98AAD(2) makes it an offence (without lawful excuse) to have possession of a licence or learner's permit that was issued or renewed on the basis of false or misleading statements or evidence given by the applicant. This amendment increases the maximum penalty from \$750 to \$2,500 in line with the penalty for similar offences in the Act.

## 9—Amendment of section 139BD—Service and commencement of notices of disqualification

This amendment is consequential on amendments made by the *Motor Vehicles (Miscellaneous No 2) Amendment Act 2009*.

## 10—Amendment of section 145—Regulations

This amendment provides for the making of regulations on matters relating to exemptions from the prohibition on the driving of high powered vehicles by P1 and P2 licence holders (exemptions that can be granted by the Registrar under section 81A(17)). Regulations can be made, amongst other things, on the issue, carriage and production of certificates of exemption and the use, suspension, cancellation or surrender of exemptions or certificates of exemption.

Debate adjourned on motion of Mr Williams.

**CONTROLLED SUBSTANCES (MISCELLANEOUS) AMENDMENT BILL**

**The Hon. J.R. RAU (Enfield—Attorney-General, Minister for Justice, Minister for Tourism) (15:44):** Obtained leave and introduced a bill for an act to amend the Controlled Substances Act 1984. Read a first time.

**The Hon. J.R. RAU (Enfield—Attorney-General, Minister for Justice, Minister for Tourism) (15:45):** I move:

That this bill be now read a second time.

I seek leave to have the second reading explanation inserted in *Hansard* without my reading it.

Leave granted.

This Bill amends the *Controlled Substances Act 1984* to implement the 2010 Labor election commitment to create a new aggravated offence of trafficking controlled drugs in or around licensed premises and entertainment venues. It also contains some miscellaneous technical amendments to the Act.

## Trafficking in Licensed Premises

The Bill amends section 32 of the *Controlled Substances Act* to introduce a new offence, that of trafficking in controlled drugs in a prescribed area. A prescribed area is defined to mean:

- (a) prescribed licensed premises or an area being used in connection with prescribed licensed premises; or
- (b) premises at which members of the public are gathered for a public entertainment or an area being used in connection with such premises.

The object of the new offence is to impose a higher maximum penalty (imprisonment for 15 years or \$75,000 as opposed to imprisonment for 10 years or \$50,000 for the basic offence) and as a result pose a greater deterrent to drug dealing in licensed premises and at entertainment events frequented by young people. At such premises and events the combination of alcohol, atmosphere (loud music, lighting) and peer pressure makes young people particularly vulnerable to criminals selling illegal drugs.

The new offence does not apply to trafficking in all licensed premises. The Government believes this would be too broad. The aim is to target the types of venues frequented by young people and, as a result, drug dealers-pubs, nightclubs, wine bars and the like. As such, the term prescribed licensed premises is defined to include premises in respect of which these types of liquor licenses are in force:

- a hotel licence;
- a restaurant licence that includes an extended trading authorisation;
- an entertainment venue licence;
- a club licence that includes an extended trading authorisation;
- a special circumstances licence that includes an extended trading authorisation.

The new offence also applies to the Adelaide Casino and there is scope to extend it to other types of licensed premises by regulation should the need to do so arise at some point in the future. Similarly, the definition of public entertainment event is limited to a dance, performance, exhibition or event that is calculated to attract and entertain members of the public. This will cover large outdoor concerts, such as the Big Day Out, and organised dance events (commonly referred to as raves, rave parties or dance parties) whether or not admission is restricted or open, and whether or not an admission charge is imposed or access is free. The reason for limiting the new offence in this way (rather than applying it to any public event) is two-fold:

- these are the types of events at which young people and drug dealers mix; and,
- such events are those at which the police may use their special drug detection powers under the Act.

The new offence will also apply to areas being used in connection with prescribed licensed premises and prescribed places of public entertainment, such as a car parking area specifically provided for the use of patrons of the premises and an area in which people are queuing to enter the premises. The Government is advised that such areas are often used by drug dealers to conduct business with patrons, out of sight of security staff.

## Miscellaneous Amendments

The Bill contains two miscellaneous amendments to the *Controlled Substances Act*.

The first is an amendment to the definition of 'discrete dosage unit' to delete the ability to prescribe amounts for discrete dosage units by regulation. This is being done because it is not thought that there will ever be an occasion where it would be wise to exercise such a power.

The second amendment is to give an analyst the power to certify that an analysed substance is an analogue of a controlled substance and to certify as to its weight, amount or quantity. The certificate shifts the onus of proof to the defendant. It is open to the defendant to disprove those matters certified.

I commend the Bill to Members.

#### Explanation of Clauses

##### Part 1—Preliminary

###### 1—Short title

###### 2—Commencement

###### 3—Amendment provisions

These clauses are formal.

##### Part 2—Amendment of *Controlled Substances Act 1984*

###### 4—Amendment of section 4—Interpretation

This clause amends the definition of *discrete dosage unit* in the *Controlled Substances Act 1984* to remove the capacity to prescribe by regulation a maximum amount in relation to a controlled drug or controlled precursor contained in a discrete dosage unit.

###### 5—Amendment of section 32—Trafficking

This clause amends section 32 to provide a new specific offence of trafficking in a controlled drug (other than any form of cannabis) in a prescribed area.

###### 6—Amendment of section 53—Analysis

This clause makes it clear that an analysis may include a determination as to the weight, amount or quantity of any substance and allows the regulations to make provision in relation to such a determination. The clause also deletes an obsolete reference to a botanist.

###### 7—Amendment of section 61—Evidentiary provisions

This clause amends the evidentiary provisions to make it clear that evidentiary certificates can identify a substance as an analogue of another substance and may certify as to the weight, amount or quantity of the substance analysed.

Debate adjourned on motion of Mr Williams.

### **STATUTES AMENDMENT (ELECTRICITY AND GAS—PRICE DETERMINATION PERIODS) BILL**

Adjourned debate on second reading.

(Continued from 12 May 2010.)

**Mr WILLIAMS (MacKillop—Deputy Leader of the Opposition) (15:46):** I indicate to the house that I am the lead speaker on behalf of the opposition, and I think I have the minister outnumbered. Notwithstanding that I am the lead speaker, I do not intend to hold the house for very long at all.

The bill before us is small, but not insignificant. It will basically allow the Essential Services Commissioner to make an interim determination under special circumstances where there has been a shift which will cause the need for a new price determination to be made. It provides that price determinations are made on a three year cycle and if a special circumstance exists: one which was not 'predicted, planned or reasonably insured against' at the time of the setting of the previous price determination or an event of a 'magnitude to disturb the fundamental basis of an existing price determination so much as to require a new determination to be made'. This is the definition that I think the minister used in his second reading explanation.

This bill will allow ESCOSA to make an intra-period variation to the existing price determination rather than having to do a complete reset for the next three year cycle. The opposition supports this as it builds new flexibility into the principal act by allowing for an intra-period determination for both electricity and gas pricing. We support that, but I take the opportunity to point out to the house that the Australian Energy Market Commission has put a lot of work into

reviewing the effectiveness of competition in electricity and gas retail markets in South Australia. The first final report was issued on 19 September 2008. The second final report (I don't know how you have a first and second final report) was handed down on 18 December 2008.

The first report found that we have a very effective competition in the local market, particularly in electricity and, to a slightly lesser degree but still effective with respect to gas in South Australia. Having found that in the first final report, the AEMC, under the act, was then obliged to go and do a second report to advise the government how to move towards full market deregulation, which has been the recommendation of the AEMC.

The government has had a longstanding position of not accepting the move towards deregulation in energy pricing (gas and electricity), notwithstanding that I understand that something like 70 per cent of electricity consumers in South Australia are on retail contracts for the purchase of electricity. And there is a considerable churn rate—from memory, I think it was something like 14 per cent per annum.

I tend to think that in fact there is significant competition and certainly competition that does not necessarily warrant the time, effort and expense of having ESCOSA do price resets every three years. Notwithstanding that, the government has made its determination and it is not available for me to do other than accept the bill that has been put before us. I note that the opposition will be accepting the bill as it is.

**Mr MARSHALL (Norwood) (15:50):** I rise to also speak on the Statutes Amendment (Electricity and Gas—Price Determination Periods) Bill 2010. As the deputy leader said, the Liberal parliamentary team is supporting this bill, which provides greater flexibility. South Australia currently has a fully regulated system for pricing of energy, electricity and gas. Currently, price determinations are made for a three-year period.

This bill would allow the regulator, the Essential Services Commission of South Australia (ESCOSA), to determine a special circumstance where a price determination can be made within this three-year period. A special circumstance being deemed to be 'events of a magnitude to disturb the fundamental basis of an existing price determination, so much so as to require a new determination to be made.'

If an unexpected event occurs, ESCOSA will have the power to initiate a review to determine if this event is a special circumstance. Special circumstances will exist if the event was unable to be predicted, planned or reasonably insured against. The current act allows for special circumstances to be determined by ESCOSA, but all flexibility in these determinations is lost as the new determination itself has to be made for a full three-year fixed year period.

Essentially, this bill permits intra-period variations and will allow for special circumstances to be dealt with in a more timely and cost effective way. I support this bill.

**The Hon. P.F. CONLON (Elder—Minister for Transport, Minister for Infrastructure, Minister for Energy) (15:52):** I thank the opposition for its support. It is, as they say, a way of increasing flexibility so that the entire job does not have to be done if, in these times of some degree of uncertainty about effects on prices, one of those uncertainties is, in fact, realised. I thank the opposition for its support. It appears we will all be going home early because we had set down rather longer, but we do not need the time. Thank you.

Bill read a second time and taken through its remaining stages.

At 15:54 the house adjourned until Tuesday 29 June 2010 at 11:00.