LEGISLATIVE COUNCIL

Wednesday 14 September 1983

The PRESIDENT (Hon. A.M. Whyte) took the Chair at 2.15 p.m. and read prayers.

OMBUDSMAN'S REPORT

The PRESIDENT laid on the table the report of the South Australian Ombudsman, 1982-83.

PAPER TABLED

The following paper was laid on the table:

By the Minister of Health (Hon. J.R. Cornwall):

Pursuant to Statute—

Racing Act, 1976—Greyhound Racing Rules—Qualifying Trials.

QUESTIONS

AGRICULTURAL RESEARCH CENTRES

The Hon. M.B. CAMERON: I seek leave to make a brief explanation before asking the Minister of Agriculture a question about Department of Agriculture research centres.

Leave granted.

The Hon. M.B. CAMERON: In August a report reviewing research centres operated by the Department of Agriculture in South Australia was made to the Research Policy Advisory Committee of the department. The report makes a brief recommendation, including the disposal of some research centres that are currently operated, including those at Parndana, Kybybolite and, I think, two or three others. Additionally, a proposal for additional research services in some areas has been put forward in the report. Clearly, the report has important implications for the rural industry in South Australia. Accordingly, I ask the following questions:

1. What is the status of this report?
2. Has the Government adopted as policy all of its recommendations and, if not, which recommendations have been accepted by the Government and which have been rejected, and why?
3. Will any funds derived from the sale of such research centres be made available for additional land to be purchased for research in South Australia?

The Hon. FRANK BLEVINS: The facts as mentioned by the Hon. Mr Cameron are quite correct. The report was commissioned by the department itself, and I would like to congratulate the department on recognising that perhaps it was time that certain facilities were investigated and that the department should look at itself in regard to the general area of research. I also congratulate the department and the Minister of the time, Mr Chapman, on arranging to have a non-departmental person on the review committee to give the working farmers' perspective on the department's research facilities. I received the report a couple of weeks ago and I decided that the report should be made public for other people in the department to comment on the report, and for the people who are primarily concerned (the farmers of South Australia) to comment on it.

Approximately two months has been allowed for those comments to be made. So, in answer to the first part of the Hon. Mr Cameron's question in regard to the status of the report, I think that that can be deduced from what I have just said: it is a report to the Department itself, which is a very good thing for the Department to have done. It certainly has a number of recommendations in it to the Government. Certainly the status of them is that they are recommendations, and no decisions have been taken on those recommendations.

As regards the second part of the question (has the Government adopted any part of the report as policy?) the answer is a very definite 'No'—not because we do not think that the report is a very good one: as I have said on a couple of occasions over the past few days, it is a report which is well put together and well presented, and the recommendations hang together very well.

The third part of the question has been answered by my answering the second part: no decision has been taken on any of the recommendations and, therefore, I cannot answer the question as regards which parts of the report have been agreed to and which have not. That decision will not be made until some time in the new year, when everybody who is likely to be affected by the decision has had the opportunity to present their points of view to the Government.

As regards money, I stress that in no way was this exercise carried out on the basis of making money available to the Government for other than research purposes. The research was entered into on this basis: is the Government and the farming community getting the best possible value for the not inconsiderable amounts of money being spent by the Government and the industry itself on research (the industry itself finances a significant part of the research that the Department undertakes)? There is no question of any money that would come out of the sale of property, if that was the Government's decision, being used for anything other than buying additional properties or engaging in some other form of research.

I express a note of caution: there have been some suggestions that significant amounts of money can be saved if we accept the recommendations of the report. That has yet to be proved. So, there is no question of Consolidated Revenue, for example, being swollen by many millions of dollars coming in from the sale of these properties. That, as I said, has yet to be demonstrated. Also, the whole thing, if it were adopted, would take place over a number of years. It is not something that could be organised overnight.

I turn now to the question: should part or all of the report be adopted as Government policy? This change, if decided on, would take place over a number of years. I can certainly assure the farming community of South Australia that nothing at all will be adopted as Government policy that would in any way downgrade the level of research that is being done; the Government is not moving down that track.

The importance of rural industry to South Australia is great, and it will increase in the future. Certainly, every dollar that we can put into research through the Government and the industry itself is a dollar well spent. In fact, it is a straight-out investment. In no way can it be seen as a drain on taxpayers. However, that does not absolve us from the obligation of seeing that there is no unnecessary duplication and that all the various areas in which the department conducts research are appropriate for 1983 and beyond.

I think that we do have that responsibility and I, as the relevant Minister, and the Government, accept that responsibility to ensure that the research money is spent in the best possible way for all concerned. Those decisions have not and will not be taken until some time in the future. I will certainly take into consideration any submission on the report put to me by individual farmers or the industry.

LEAD LEVELS

The Hon. K.T. GRIFFIN: Has the Minister of Health a reply to my question of 18 August about lead levels at Glenelg school?

The Hon. J.R. CORNWALL: Heavy transport vehicles will make a minor contribution only to the environmental lead levels since most use diesel fuel which does not contain lead. Compared with other busy roads in Adelaide, Diagonal Road is hardly outstanding with regard to traffic density. Near the Glenelg school the daily two-way vehicle passage is 15 000. This should be compared with South Road just north of its intersection with Henley Beach Road, where the two-way traffic is 30 200 per day, and Henley Beach Road just east of its intersection with South Road, where the two-way traffic is 21 100 vehicles per day.

These comparison figures are particularly relevant since they give an accurate measurement of the traffic past another school—Thebarton Primary—amounting to 51 300 vehicles per day. This is over three times the traffic past the Glenelg school. Blood lead estimations performed on Thebarton Primary School children revealed a blood lead distribution among the children typical of city dwellers in that age bracket. There was no evidence of lead poisoning in any of the children and, quite obviously, no treatment was required. Although six children had levels above 30 ug/100ml which is the National Health and Medical Research Council 'level of concern', the fact that five of those children came from two families, and that the parents of one family had elevated blood lead levels also, strongly suggests a source of lead other than the school.

On this basis—that is, the Thebarton study and a comparison of traffic densities—blood lead levels at the Glenelg school would be unremarkable. Therefore, in answer to the honourable member's first three questions, I advise that the South Australian Health Commission has not investigated the matter of lead levels at Glenelg school. There is no need for such a study since a thorough study has already been made at Thebarton Primary showing a distribution of blood leads typical for city-dwelling children in the relevant age range and no evidence of harm—this is a situation where the traffic density is three times that close to Glenelg school. The heavy transports, about which the honourable member is particularly concerned, are mostly diesel. As diesel fuel is lead-free, the contribution to local lead levels would be minor.

The honourable member's fourth question referred to the more general issue of the traffic situation at the school. I have taken this matter up with the Ministers of Transport and Education and I will bring back a further reply as soon as I receive their comments.

EXOTIC BIRDS

The Hon. C.M. HILL: I seek leave to make a brief explanation before asking the Minister of Agriculture a question about exotic birds.

Leave granted.

The Hon. C.M. HILL: Over the past few months aviculturists in this State have been very concerned because of reports that the Government proposes bringing down regulations regarding the management, control and keeping of exotic birds in this State. This concern culminated in an effort by such people to make contact with the Minister's office. His officers interviewed representatives of the various avicultural groups, I understand early in July. On 19 July I wrote to the Minister in an endeavour to ascertain just what happened at that meeting and what was his attitude to this question. The Minister replied on 12 August. I will quote one paragraph from his letter because it is, I think, necessary to do this in order to explain the situation. It states:

> It was decided among the aviculturists, dealers and traders present that they would keep in close contact with each other and act as spokesmen for their members in any future dealings with the Government. The group has undertaken to make submissions in several areas which will be the subject of regulations and an undertaking was given to the group that contact with it would be maintained during the development of same.

Some time has expired since then, and as some of these people are continually in contact with me wanting to ascertain what is the up-to-date situation, will the Minister say whether consultation is continuing between his department and these people from the various avicultural groups, and what stage has been reached in the preparation of these regulations controlling the keeping of exotic birds in this State?

The Hon. FRANK BLEVINS: The Hon. Mr Hill said that some concern about this matter had existed over the past few months. However, I can inform him that discussions about this matter have been going on since 1968, which is not a few months but very many months. This issue has not arisen just recently but has been a longstanding subject of controversy.

I understand that the meeting to which the Hon. Mr Hill referred was an amicable one and that a great deal of information was exchanged between the department and the groups concerned.

A lot of the concern expressed by the aviculturists was removed as a result of the meeting, particularly when my officers advised them that there would be no precipitate action without full consultation with the people concerned. I point out that, at the last meeting of the Agricultural Council in Papua New Guinea in August, the New South Wales Government was requested by the council to review its position on this matter. Obviously, if one State does not legislate in this area, it creates some difficulties, because birds do not respect State boundaries in the same way that we do.

I think that this is a serious issue and not something that will be solved through immediate action; rather, the matter requires careful consideration to ensure that problems do not occur in the future. There are certain species of exotic birds which, if allowed to fly free around the countryside, could create a real problem for both the environment and for farmers, pastoralists, and so on. It is a problem. The legislation will ensure that the problem does not arise in the future, if it can be avoided.

The Hon. Mr Hill asked about the stage reached in relation to the regulations. I do not have that precise information at the moment, but I will obtain it. My suspicion is that the draft regulations are being drawn up: they will certainly be circulated to everyone concerned, including those in the industry and private owners of exotic birds. There is certainly no intention to deprive anyone of owning varieties of exotic birds that are no threat to the environment. Those birds that could become a threat to the environment in the future will perhaps be a little more controlled than they are at the moment, in an attempt to forestall any problem that could arise in the future.

RECOMPRESSION CHAMBER

The Hon. R.J. RITSON: I seek leave to make an explanation (and in so doing indicate that it may take five minutes) before asking the Minister of Health a question about a recompression chamber.

Leave granted.

The Hon. R.J. RITSON: As honourable members may know, a recompression chamber has been privately owned in South Australia for some 18 months (the details of which

are well known to the Minister, because I have been corresponding with him on this subject). I have continued to receive representations from constituents who are seeking to urge the Government to come to a quick decision in relation to this matter.

The fact of the matter is that the chamber was in the hands of a receiver and might have been sold out of the State. A private citizen interested in the treatment of multiple sclerosis using hyperbaric oxygen treatment purchased the chamber. As the Minister will know from the copy of a naval report on this subject that I sent to him, there are a number of problems with the existing one-person chamber at the Royal Adelaide Hospital. The Navy report describes that chamber as dangerous and inadequate for the treatment of casualties with dysbaric or pressure related illness. The Navy report also states that in South Australia, as in the rest of Australia, there is gross under-reporting of symptoms by several at-risk groups. The report also states that the matter of morbidity associated with diving is poorly addressed, mainly because diving accident investigation is inadequately performed outside highly experienced diving organisations.

I feel sure that the Minister's own advisers have told him that the facility that exists at the Royal Adelaide Hospital is adequate for a number of mild pressure-related injuries, but the Navy report goes on to say that there are great difficulties in distinguishing between mild and severe injuries and that no attempt should be made to distinguish between the grades of pressure-related injuries and that they should be treated in a chamber that is capable of recompressing to the appropriate depths.

As an example of a recent case that was not managed ideally, I wish to refer to a report of the Federation of Australian Underwater Instructors under the heading 'South Australian Diving Incident Report, Non Fatal, 30 April 1983'. The report describes a diver who ascended from a depth of 40ft off Hallett Cove. He was taken to Flinders Medical Centre where a diagnosis was made of pneumomediastinum based on clinical and radiological findings of gas in the chest. He was treated symptomatically, and told that after a few days he would be allowed to go home and return to work. He developed a severe neurological deficit in the legs. The history obtained by the Association of Australian Underwater Instructors on interviewing the patient showed that some paralysis was evident after surfacing while being brought from the site of the diving accident to the shore. This occurred on 30 April and the patient still has a number of signs and symptoms in the legs. The report concludes on the following note:

> ... it is disturbing to note the apparent inconsistency with accepted standard practices for treatment of suspected pulmonary barotrauma, especially where an embolism appeared possible.

The case, in fact, is generally believed to have involved a gas embolism of the spinal cord. He should have been recompressed immediately after the accident. The Minister and his advisers are probably unaware of that, and we do not know how much more of it is going on, except that the Navy report states that there is gross under-reporting of diving accidents.

Another use of the chamber, namely, for the treatment of multiple sclerosis, is rapidly becoming a matter of great interest. In correspondence to the Minister, I indicated that it was regarded as arguable and experimental that the chamber could be used to treat multiple sclerosis. However, we find that a number of people have reviewed the original work of Dr Fischer in the United States, particularly at Dundee. The people at Dundee, in a letter to the South Pacific Underwater Medical Society, stated:

> The position with regard to the H.B.O. treatment of multiple sclerosis has changed considerably since my *Lancet* article. The Fischer trial has now been published in the *New England Journal of Medicine* and, in my opinion, probably represents the best controlled trial in the history of medicine.

It concluded as follows:

> I have no doubt that this treatment should be offered to all multiple sclerosis sufferers as a matter of some urgency.

In Victoria, a Dr McFarlane, who is the A.M.A. representative on the Standards Association of Australia committee, 'Work in compressed air,' Diving Medical Officer, Diving Division National Safety Council of Australia, and Diving Medical Officer for Esso Australia, commented with regard to this matter as follows:

> I wish to submit that instituting such a programme in Victoria is both urgent and timely. I believe the matter to be humanely, medically, and even politically, urgent.

I spoke to Professor Tim Murrell, Professor of Community Medicine at the University of Adelaide, who was very happy to be quoted on this subject, because he has arranged an independent statistical review of the Fischer work. Professor Murrell is quite convinced of the statistical validity of the findings and of the appropriateness of the protocol. He told me that we should get on and treat these people without doing any more trials.

The PRESIDENT: Order! I note that a number of members are starting to question whether the honourable member has exceeded the extended leave he requested.

The Hon. R.J. RITSON: I wish to say about 10 more words, Mr President. Professor Murrell believed that it would be unethical to conduct further trials that involved withholding this treatment from patients. Will the Minister resolve this issue as a matter of urgency, and will he consult widely outside his department, because some of the specialised knowledge that is required to resolve this matter may not reside within the Minister's department?

The Hon. J.R. CORNWALL: The honourable member should know that I do not have a department: I have the South Australian Health Commission, and that distinction cannot be made too often. Having resolved the question of the commission (and I believe that we are doing very well), we should not refer to the commission as if it was the Hospitals Department of some years ago.

I thank the honourable member for his very good question and I congratulate him on the way in which he has pursued this matter of hyperbaric oxygen for multiple sclerosis sufferers. The whole question was drawn to my attention by my own general practitioner, who is well known in Taperoo and who also has a particular interest in this matter. I believe that that was four or five months ago.

The hyperbaric machine which at that stage was at North Haven had been on the market for about 12 months. Dr Fred Gilligan, Senior Anaesthetist at the Royal Adelaide Hospital, and an engineer from that hospital inspected the machine from a structural point of view, and I am told that it is structurally sound but in need of minor (but probably not inexpensive) adjustments.

Previously the Royal Adelaide Hospital had been approached but had declined an offer to purchase the unit on three grounds. First, it did not have the funds available; secondly, it was not seen at that time as having a high priority; and, thirdly, it was believed at that stage that the present single chamber to which the honourable member referred was coping adequately with the demand and which, I might tell the Council as a matter of some interest, has treated approximately seven patients so far in the 1983 calendar year.

Dr Gilligan, I am told, believes that there may be some reason to have such a facility in Adelaide to provide for certain occurrences, particulary a mass carbon monoxide poisoning; treatment of a number of severe bends related to diving—a mass accident in which there could be multiple

problems; and because workers are required, as the Hon. Dr Ritson knows, to work in caissons during construction of bridges and other underwater constructions.

Regarding the treatment of multiple sclerosis by hyperbaric oxygen, the Hon. Dr Ritson stated quite accurately that one controlled trial had been reported in the *New England Journal of Medicine*, which claimed benefit for multiple sclerosis sufferers following treatment with hyperbaric oxygen. I understand that the professors of neurology in New South Wales (Professors Lance and McLeod, I think—but I could not vouch for it) conducted a combined controlled study to assess its effectiveness in Australia. There is anecdotal evidence, as I am sure the honourable member is aware, that some patients have been dramatically improved, but on the other hand there is a school of thought which believes that these may be only short-term remissions.

Nevertheless, multiple sclerosis is a widespread and distressing disease, and anything that we can reasonably do to treat it and improve the condition of patients we must be interested in following further. The hyperbaric machine has now been purchased by the husband of an m.s. patient, and I was told recently that the machine has been installed at the Multiple Sclerosis Society centre at Klemzig. Presently, 12 m.s. patients are undergoing treatment at the centre at their own expense.

Professor Murrell, Professor of Community Medicine at the Adelaide Medical School, has written to the Chairman of the South Australian Health Commission, requesting financial support for this project. That is the state of play as at this morning. At present, support for this project tends to vary. There is some enthusiastic support, including that of the Hon. Dr Ritson. Others, as I said, are rather more sceptical.

Our position as a Government would be that if there is any chance at all that we can alleviate or improve the condition of m.s. we would most certainly give it support. To arrive at a decision on this matter, Dr David Reynolds of the South Australian Health Commission has convened a meeting of directors of neurology with Professor Murrell and Dr Fred Gilligan, to take place in two weeks, to make a recommendation on the desirability of instituting a hyperbaric oxygen programme for m.s. sufferers in Adelaide.

Finally, for the honourable member's information, it should be noted that the cost of this service will not be inconsiderable: the capital cost of the unit is $20 000. I understand that installation costs could be about another $20 000, and yearly maintenance contract could be of the order of $5 000 to $10 000. In addition to that, of course, there would be considerable staff costs: say, a half of a full-time equivalent specialist anaesthetist and one or two nurses.

The Hon. R.J. Ritson: That is for a full-blown m.s. programme, not just for diving safety?

The Hon. J.R. CORNWALL: Yes.

OVERSEAS AGRICULTURAL PROJECTS

The Hon. I. GILFILLAN: I seek leave to make a brief explanation before asking the Minister of Agriculture a question about overseas projects.

Leave granted.

The Hon. I. GILFILLAN: While the concept of overseas projects is worth while both to sell our expertise and equipment overseas and to help under-developed countries on a commercial basis, in my opinion it has not been very well managed. The Department is now heavily involved with overseas projects. However, mainly departmental expertise is employed, which means that there are fewer advisers to service South Australian farmers. There is a need to examine the pros and cons of overseas projects, as they have been mismanaged in some cases and in certain countries the benefits do not appear to be great.

At the time of the resignation of the previous Minister of Agriculture, notice was given of a review of overseas projects. That was reported in the press and also mentioned by the Premier in Parliament on 3 May. Has that review been completed, and will the findings be made public?

The Hon. FRANK BLEVINS: The answer to the first question is 'No, not yet'. The answer to the second question is that the Government will consider the honourable member's suggestion when it has the report.

DROUGHT RELIEF

The Hon. I. GILFILLAN: Has the Minister of Agriculture an answer to my question of 24 August regarding drought relief?

The Hon. FRANK BLEVINS: I am pleased to provide the honourable member with a definitive response to a series of questions which he asked of me and which concerned drought relief and its administration. The honourable member will recall expressing his concern at South Australia's being forced by the Commonwealth to declare drought-affected areas before the State could qualify for financial assistance. As I indicated at the time and confirm now, the Commonwealth Government has never applied pressure in order to force South Australia to declare or delineate its drought-affected areas. There are many valid reasons for not declaring drought areas, which are well appreciated by the farming community, and it is not the intention of this State Government to change its policy.

The question of the appropriateness and effectiveness of drought relief measures made available in 1982-83 was also raised. These issues have been under review by the Standing Committee on Agriculture and the Australian Agricultural Council over recent months, and the recommendations and conclusions of a working party established by those bodies have received publicity in the print media following the release of the report in early August. The Commonwealth and the States have also agreed to the establishment of a National Consultative Committee on Drought which would be expected to make inputs into drought policy formulations in the future.

A representative group of officers of the Department of Agriculture is also conducting its own review of the effectiveness of the drought measures which the Department has had to administer.

The honourable member made particular reference to a national drought insurance scheme. The national working party did devote some limited time to exploring alternative options for providing drought relief, including the consideration of crop insurance, rainfall insurance and mortgage insurance. However, it sought a mandate to further explore some of these options, including insurance, and the matter can be expected to receive further consideration.

HOSPICES

The Hon. L.H. DAVIS: I seek leave to make a brief explanation before asking the Minister of Health a question about hospices.

Leave granted.

The Hon. L.H. DAVIS: There has been a growing interest in South Australia in the hospice movement, which seeks to care for the dying when all hope of cure has passed. This caring may take place either in the dying person's house or

in an institution which has as its sole purpose the care of the dying. For example, the Mary Potter Wing at Calvary Hospital could be regarded as a *quasi* hospice. Can the Minister advise of any recent developments in this area and, in particular, of any Government initiatives which will encourage the development of the hospice movement in this State?

The Hon. J.R. CORNWALL: Yes, I certainly can, because it is a matter in which I take a considerable interest, as anybody who reads Max Harris in the *Sunday Mail* will know. Of course, the most advanced hospice movement in South Australia currently is based on the Flinders Medical Centre. Only about three weeks ago I had the good fortune to visit the pain clinic at Flinders, which is doing world-class work in pain relief by a variety of methods. It is a very impressive operation.

As a result of an initiative which I took directly, the clinic now has a part-time specialist involved in palliative care in the community as well, working from the pain clinic. The clinic works, of course, in close conjunction with Kalyra, and also works with a large number of volunteers. It is a multi-faceted movement in that area and, as I said, it is based on Flinders. But, of course, to be successful any hospice movement must also have a very high outreach component.

It is my personal view that it is the mark of a civilised caring society that it takes care of the dying in the most sensitive and real way, and particularly of those dying of cancer and related diseases, who have the potential for a great deal of pain and for whom special attention is available.

The Mary Potter hospice, of course, is well known. Recently, again on my initiative, a grant of $26 000 was made to Calvary Hospital by the South Australian Health Commission and the Government to enable that hospital to conduct a role and function study as to how it might best extend the hospice movement both at the hospital and into the community. There are other initiatives, of course, around the State and around the suburbs.

At the moment, my concern following a quite lengthy report which was on my desk only a few days ago is that the movement, if anything, may be a little fragmented. The report was prepared by Dr Peter Last, Medical Co-ordinator (Extended Care) of the South Australian Health Commission.

What has happened in the past is that in excess of a score of organisations and individuals have wanted to perhaps take over the movement. I insist that we must get a high degree of co-operation and a spirit of co-operation between all these people. For that reason, I recently discussed the matter with the new Chairman of the Health Commission. It is his intention, as soon as he returns from his World Health Organisation trip early next month, to convene a committee which will specifically be asked to look at the co-ordination of the growing hospice movement in this State.

I am very pleased to be able to tell the honourable member that we are giving it a high priority, and that in many ways we are certainly leaders in Australia in the field. Certainly, it is the Government's intention that we will continue that lead. Furthermore, and just as importantly, we will see that the whole hospice movement is co-ordinated on a State-wide basis.

AMATEUR FISHERMEN

The Hon. H.P.K. DUNN: I seek leave to make a brief explanation before asking the Minister of Fisheries a question about recovery of management costs from amateur fishermen.

Leave granted.

The Hon. H.P.K. DUNN: Mr Mike Vandepeer, in his annual report to the Australian Fishing Industry Council, while talking about the rock lobster industry, stated:

> Access by amateur fishermen is for all practical purposes unrestricted and the sale of fish by amateurs virtually unpoliced. Therefore, it is imperative that the new Fisheries Act with its increased penalties is introduced as quickly as possible.

He went on to say:

> I also strongly maintain that Government must introduce more realistic controls on amateur fishermen and must require the amateurs to contribute to the management costs if they are to continue to enjoy some access to the fishery.

Can the Minister tell the Council:

1. Is he planning amendments to the Fisheries Act or regulations to increase penalties on any of the fishing industry?

2. Is he planning further or 'more realistic controls', as Mr Vandepeer puts it, on the amateur fishing industry? If he is, what line (excuse the pun) will these take?

3. Is the Minister planning to increase cost recovery from amateur fishermen, as Mr Vandepeer suggests?

The Hon. FRANK BLEVINS: I do not necessarily agree with Mr Vandepeer's comments in his annual report. However, it is not really for me to agree or disagree. It is the annual report of his association and he is entitled to put his views as he sees fit. However, I do not believe his views accurately reflect what the industry needs. In regard to the controls on amateur fishermen, a permanent review by the Fisheries Department is made of all controls on fisheries and fishermen, whether amateur or professional.

The honourable member would agree that significant areas of our fisheries are assessed as being over-fished. Certainly, we would not like any more effort being placed on the fish remaining and, wherever it is practicable to do so, we are attempting to reduce that effort. For example, when an A class licence is transferred, we do not transfer the authority to use a net. By this means, effort is being reduced slowly and steadily. In regard to further controls, where appropriate, we will introduce them.

At present I am having discussions with at least two amateur fishing associations on controls that can be further introduced in the rock lobster fishery. The policing of the present regulations is fairly difficult and, if it is possible to get some agreement with the amateur fishermen as to a better management method to enable us to police the rock lobster industry more easily, that will be done. Again, it will be done only after extensive discussions with representatives of amateur rock lobster fishermen.

In regard to costs of managing the fishery and their recovery, the costs incurred by the department in policing and managing fisheries could not possibly be attributed to amateur fishermen; that proportion would be extraordinarily difficult to identify. Certainly, I do not believe that amateur fishermen should have to pay those costs because they gain no financial benefit from their activities.

I am certainly not convinced that it is appropriate that we attempt to recover management costs from amateur fishermen. If someone is making a profit from the resource, a cost recovery basis of some payment should be made to offset the costs the community is up for in policing that resource. I cannot see how or why amateur fishermen would be involved in that but, if the honourable member has any ideas or suggestions on how that could properly be done, I would be interested to hear them. I have had no proposal put before me to recover some of the costs from amateurs. It has certainly not occurred to me before today, and I just cannot imagine any argument in favour of it.

HOSPITAL CHARGES

The Hon. R.I. LUCAS: I seek leave to make a brief explanation before asking the Minister of Health a question about charges on doctors who treat private patients in public hospitals.

Leave granted.

The Hon. R.I. LUCAS: In yesterday's Melbourne *Age* was a report by Mark Metherell that the Victorian State Government was seeking to raise $10 million a year in new levies on doctors who treat private patients in public hospitals. I will quote part of that report by Mark Metherell, as follows:

> The State Government is seeking to raise $10 million a year in new levies on doctors who treat private patients in public hospitals.
>
> The Minister for Health, Mr Roper, has told the Australian Medical Association that Victorian doctors earned a total of $69 million from the treatment of private patients in public hospitals. The proposed facilities charge would cost many doctors, particularly in country areas, several thousand dollars a year. The charge, to offset theatre and other costs generated when a doctor treats private patients—

Although the article then continues, I need not refer to it further for the purpose of my question. I have been informed that a system of service charges operates in South Australian public hospitals which defrays the cost of expendable items used by doctors. However, the Victorian proposal is considerably wider than the South Australian system because, in particular, it refers to offsetting theatre costs. First, is the Minister satisfied with the present system of service charges for doctors who treat private patients in public hospitals? Secondly, will the Minister be proposing any changes to the present system to increase the level of contributions by doctors who treat private patients in public hospitals?

The Hon. J.R. CORNWALL: The answer to the first question is 'No', and the answer to the second question is 'Yes'.

FINANCIAL INSTITUTIONS DUTY

The Hon. R.C. DeGARIS: I seek leave to make a brief explanation before asking the Minister representing the Treasurer a question about the financial institutions duty.

Leave granted.

The Hon. R.C. DeGARIS: I suppose that the Hon. Dr Cornwall is today the Minister representing the Treasurer, and he may be able to answer the question without consulting the Treasurer. Really, my question relates to the Budget. Yesterday, I received a reply from the Attorney-General stating that the Government had not yet made any decision in regard to the queston of exempting, changing or rescinding the existing stamp duties when the financial institutions duty comes into force.

I find that quite puzzling. We are to be asked today to debate the question that the Budget papers be noted. How can the Government put to this Council a Budget containing income from stamp duties when it does not know at this stage what it intends to exempt in that category?

The Hon. J.R. CORNWALL: I cannot remember which Shakespearean character it was who said, 'New honours cling about me like new garments', but it is perfectly true that I am Acting Leader of the Government in the Council today. I consider it to be a great honour but in my customary modest way do not intend to let it go to my head. I do not think that it would be appropriate for me to answer this question directly on behalf of my esteemed Leader, the Premier. Therefore, I will take this matter to him and ensure that a reply comes back expeditiously.

WHEAT VARIETIES

The Hon. M.B. CAMERON: I seek leave to make a brief explanation before asking the Minister of Agriculture a question about wheat varieties.

Leave granted.

The Hon. M.B. CAMERON: The Australian Wheat Board, in answering criticism from wheat producers in the South-East that there were not suitable varieties recommended by the South Australian Advisory Committee on Wheat Quality, said it agreed with the Chairman of that quality committee, Mr Rex Krause, that there is an urgent need for new varieties of wheat of a quality suitable for Australian Standard White for the South-East region. It appears that there are varieties being bred in other States that have high yield potential and acceptable quality which could be grown in the South-East region. Will the Minister indicate whether or not he is satisfied that the wheat breeding programme run in South Australia by Roseworthy Agricultural College and the Waite Research Centre is catering for the South-East region? If he is not, does he envisage extra funds being made available to set up a programme to breed high yielding A.S.W. wheat suitable for the South-East region?

The Hon. FRANK BLEVINS: I have no reason at all to doubt that the functions being undertaken in this area by Roseworthy Agricultural College are anything but appropriate for the State as a whole. With regard to whether or not this is specifically appropriate for the South-East is a matter that I will have investigated. I will then supply the Hon. Mr Cameron with a more detailed response. As he is aware, I am not yet familiar with the entire wheat breeding programme of Roseworthy Agricultural College. Therefore, I am sure that he will permit me a little time to familiarise myself with this matter a little more so that I can give him a more considered answer.

DIVING SAFETY

The Hon. R.J. RITSON: Has the Minister of Fisheries an answer to the question I asked on 25 August about diving safety?

The Hon. FRANK BLEVINS: The replies are as follows:

1 and 2. As Department of Fisheries divers perform an entirely different work function to divers engaged on building and construction work, Australian Standard 2299/1979 does not apply to them. As stated in my previous reply on this topic, Fisheries Department diving operations are conducted under a code of practice for scientific diving. This code is based on the British system which has been used for many years and incorporates AS 2299 where relevant.

3. No. The question relates to the purchase of medical equipment which is the concern of the Minister of Health and which, I understand, the honourable member has taken up directly with my colleague.

WINE TAX

The Hon. M.B. CAMERON: Has the Minister of Agriculture a reply to the question I asked on 31 August about a wine tax?

The Hon. FRANK BLEVINS: The State Government estimates that $18.4 million would be obtained from South Australia through a $2.61 per litre alcohol excise on fortified wine. This estimate assumes a production of 10 million litres of grape spirit to fortify wines, and South Australia produces about two-thirds of Australia's fortified wine. In 1981-82, the last vintage for which figures are available,

South Australia produced 35.3 million litres of fortified wine, representing 68 per cent of the Australian total.

QUESTIONS

The PRESIDENT: Before calling on the Orders of the Day I want to make a brief explanation. When suggesting to the Hon. Dr Ritson this afternoon that his time was expiring I mentioned 'five minutes', which was the amount of time he said he needed to make his explanation. There is no such thing as a time limit when explaining questions, but I make it quite clear that explanations should be as brief as possible and explain the question only. I do not want to set a precedent of a five-minute limit or any other limit.

ST JOHN AMBULANCE SERVICE

Adjourned debate on motion of Hon. J.C. Burdett:

That—

1. A Select Committee be appointed to inquire into and report upon all aspects of the St John Ambulance Service in South Australia with particular reference to—
   (a) The part which volunteers play within that service and the community.
   (b) The appropriate relationship within the service between volunteers and paid staff.
   (c) The appropriateness or otherwise of volunteers being required to enter into contractual agreements.
2. That in the event of a Select Committee being appointed, it consist of six members and that the quorum of members necessary to be present at all meetings of the Committee be fixed at four members and that Standing Order No. 389 be so far suspended as to enable the Chairman of the Select Committee to have a deliberative vote only.

(Continued from 31 August. Page 624.)

The Hon. J.R. CORNWALL (Minister of Health): I sought leave to continue my remarks on this matter on the last private member's day, 31 August. In that speech I expressed my disappointment that the Opposition had chosen to treat St John as a political football. I had hoped that during the Show week recess Mr Burdett and Mr Milne would have reconsidered their decision to join forces and impose a public inquiry upon an organisation which fiercely resents such a proposal. Following the report by Professor Opit, Health Commission officers successfully negotiated with St John Council, Brigade and management representatives, together with the relevant unions, to produce an agreement to resolve the immediate industrial problems faced by the parties. I will take a little of the Council's time (certainly not too much) to recount some of the facts.

That agreement was signed and duly lodged with the Industrial Commission for ratification. The parties should now be allowed a period in which to consolidate and to build upon the atmosphere of co-operation and goodwill that was evidenced by the negotiations on the afternoon shift dispute, in particular. Instead, the Opposition seeks to expose St John to an inquiry which will inevitably mean a public washing of old conflicts and disputes. I have already explained how Mr Burdett's policy of incitement and distortion has compounded the problems faced by St John. The Chairman of the St John Council, Mr Don Williams, is an honourable man as even Mr Burdett will acknowledge. (Though he will not concede that Mr Williams and other St John representatives genuinely represent the volunteers and Mr Burdett even went so far as to claim, by way of interjection on 31 August, that Mr Williams knows nothing about the volunteers—despite a lifetime of service with the St John organisation). Mr Williams wrote to Mr Burdett asking him to drop his motion. However, that appeal fell on deaf ears. Mr Williams has now written to the Premier, Mr Bannon, to the Leader of the Opposition, Mr Olsen, and to Mr Milne in identical terms. His letter, dated 7 September 1983, makes one last appeal for the deferral of this inquiry for at least 12 months.

For those members who have not seen a copy of this letter, which seems to be in wide circulation, this is what Mr Williams had to say to the Premier in it about that proposition for a Select Committee:

> The Opit Inquiry has canvassed much ground and consumed a massive effort from a very small permanent executive staff at St John House, to the substantial detriment of its capacity to deal with its routine daily business. The tragedy facing St John is that a Parliamentary Select Committee will now recanvass matters already studied in detail, as well as turning to even wider fields. St John in South Australia must conform to the wishes of the Parliament, but it must also be understood that, in responding to Parliament, St John will face a burden of work beyond reasonable limits and that while the Select Committee sits, important administration relevant to service to the citizens of this State will suffer.

It is difficult to comprehend the refusal of the Hon. Mr Burdett and his colleagues (and I presume that includes his colleagues in another place, including the Leader of the Opposition, Mr Olsen) to heed the heartfelt plea made by St John. Mr Williams does not deny or object to Parliament's right to examine the operations of St John. However, in his letter to the Premier, to the Leader of the Opposition and to the Hon. Mr Milne, he states:

> We simply plead that such scrutiny be deferred until we can recover our presently strained administrative base and concentrate again, with determination, on our efforts to serve all South Australians.

If that plea goes unheeded today, the consequences for St John and the Ambulance Service—and for the Liberal Party—will be severe. Let Mr Olsen and the Hon. Mr Burdett reflect upon the warning which has now been given directly to them by Mr Williams in his letter, as follows:

> If such relief is not forthcoming, there must remain the distinct possibility of critical collapse to several of the components of St John in this State.

If that should occur, the blame will lie squarely upon the heads of the Hon. Mr Burdett, Mr Olsen and upon the heads of all members opposite in this place. Mr Williams goes on to say:

> Would you therefore please give the most urgent, conjoint consideration to postponing for at least 12 months, the proposed deliberations of the Legislative Council Select Committee of Inquiry into the St John organisation in South Australia.

In the light of the appeal which Mr Williams has now made direct to the Premier, to Mr Olsen and to the Australian Democrats, the Government intends to oppose this motion and to call for a division on it. As I have explained, the Government has nothing to fear and nothing to hide from a public inquiry. However, if the Opposition uses its numbers to insist on a Parliamentary Select Committee, we, as members of the Government, do not intend to stand by while it conducts a political witch-hunt. If the decision to appoint a Select Committee is taken, we will nominate the Hon. Anne Levy, the Hon. Brian Chatterton and the Minister of Health as members of that committee. I will also move that the Council permit the Select Committee to authorise the disclosure or publication, as it thinks fit, of any evidence presented to the committee prior to such evidence being reported to the Council.

For the benefit of anyone who is not entirely sure of what that means in practice, I will explain just what will occur. It means that the Select Committee will be open to the public and to the media. However, it should be made perfectly clear that the Select Committee will remain master

of its own destiny, and proceedings can go into camera if and when that becomes necessary. It is absolutely imperative, if the Opposition persists with this rash, dangerous and damaging course, that the Select Committee be open to public scrutiny.

In conclusion, I again urge the Opposition to reconsider its position. I am extremely sorry indeed that honourable members opposite refuse to acknowledge the progress that has been made and the desire of the parties to continue to build upon the excellent progress that has been made so far. I say that with great sincerity, because I am deeply distressed with the Opposition's attitude in relation to this matter. Apart from the enormous problems that will be caused by canvassing old conflicts and tensions yet again, the Opposition should also reckon the cost to the taxpayers of mounting another Select Committee. The wastage of public money is particularly scandalous in the light of the fact that we have already had an independent and impartial inquiry conducted by the eminent Professor Lou Opit of Monash University. We oppose the motion but we signal our intention to participate in a Select Committee if the motion succeeds against the advice of the Minister of Health and the expressed wishes of the parties.

The Hon. J.C. BURDETT: In concluding the debate on this motion I wish to reinforce a number of points that I made earlier and to respond to comments from the Hon. Dr Cornwall and from other honourable members; I thank them all for their contributions to this debate. I stress at the outset that the Opposition has, and has always had, the highest regard for the St John Ambulance Service. During my Address in Reply speech I detailed the history and origins of the Order of St John and the St John Ambulance Service. One of the strengths of the service has been the work of the thousands of men and women volunteers who have given of their time freely to assist others. That contribution is a noble one and should continue to be supported.

The Opposition believes that we cannot put the St John Ambulance Service under threat. We consider that the goodwill between employer, unions and volunteers which is so necessary to the successful operation of the St John Ambulance Service has been put at risk, and recent negotiations following the Opit Report have failed to resolve this difficulty. We believe, too, that steps to improve the service to patients provided by St John should be supported and encouraged. Despite talking a great deal about patients and his concern for them, the Hon. Dr Cornwall did not and could not show how the recommendations of the Opit Report which he is promoting benefited patients in any way. Additional money is going to be spent by the Minister with little, if any, additional benefit being derived by patients. In fact, the money, if employed elsewhere within the ambulance service, could give rise to a marked benefit to patients (a point which I will take up in more detail a little later).

The Minister raised a number of issues which warrant reply. I assure the Council that I will respond to them in a responsible way and will not resort to tactics of personal abuse and attack.

First, I refer to the Opit Inquiry. That inquiry is critical to this debate. Professor Opit's report has a number of deficiencies. It is not the great solution to the industrial and other problems facing St John which the Minister of Health claims it to be. Professor Opit's inquiry fails to give detailed consideration to the health benefits to patients. It relates more to industrial and administrative matters and overlooks the people being served. Professor Opit seems to fail to grasp the real benefit to society of one group within a community giving voluntarily their time and service to another group in need. This is something, too, which I considered in my Address in Reply speech. There is great personal reward to those who undertake good works on a voluntary basis. There is benefit to the community, too, and this, of course, has been derived since the very founding of the Order of St John those centuries ago.

On pages 6 and 7 of his report, Professor Opit notes the implicit recognition of St John within the Health Commission's terms of reference. He fails to draw attention to the explicit and clear recognition of voluntary organisations which, according to the terms of reference, should be promoted and encouraged.

Indeed, the Commission is required 'in carrying out its functions' to 'act wherever possible in a manner calculated to encourage participation by voluntary organisations (and local governing bodies) in the provision of health care'. One wonders how an emphasis on contractual agreements with volunteers would enhance this objective of the Health Act.

On page 11 of his report, Professor Opit discusses cover provided by the emergency services. In his analysis he is inconsistent with his analogy of efficiency. On the one hand, he explains how the 'rapid average response time' has been achieved by the ambulance service but then states 'it is not clear exactly what real gains in an actuarial sense attend for the public from this strategy.'

Professor Opit fails clearly to set out what money value he places on immediate emergency care and frequently makes unsupported statements. He sets out as an example that there were only 530 'priority one' calls between midnight and 6 a.m. and 990 between 7 p.m. and midnight over a three-month period. In doing this he implies that the (in his opinion) small number of 'night' calls hardly warrants the 'extravagant deployment of crews at all hours.' This statement is made without an actual cost-benefit analysis being carried out. His analysis is opinionated rather than factual. I am sure that all of the 1 500 who were served by St John 'after hours' would, even if this is a small number in Opit's eyes, be most concerned at the suggestion that financial and more alarmingly industrial factors should have an impact on whether or not they can get an ambulance service during an emergency.

And in additon to these 'priority one' calls, there were other calls of a lower priority. There can be the emergency situation which warrants multiple ambulance attendance; for example, a large fire or accident. There have been occasions where almost all of the metropolitan ambulance crews have been concentrated in a particular area of Adelaide due to an emergency. No mention is made by Professor Opit of such circumstances.

In a report which is considered by the Minister to be the outcome of a comprehensive inquiry into the South Australian ambulance service, one would have expected to find a detailed cost analysis of the service. This is not so.

Only three pages are devoted to what could be best described as a cursory analysis of the cost effectiveness of the South Australian system compared with interstate. The analysis is not only superficial: it is clumsy. His assertions that 'it is also possible that the individual contribution from citizens is as great in South Australia as in most other states' and '. . . that the cost estimates, given in submissions, of substantially increasing the paid officer component are extremely unrealistic' are unsubstantiated and give rise to a number of questions which Opit does not resolve. A Select Committee would be able to address this whole cost issue at length and come up with a factual and supportable analysis. Unfortunately, Opit has failed to do this. In concluding his three pages (out of 50 pages) of discussion of funding, Opit says—

The Hon. J.R. CORNWALL: I rise on a point of order.

The Hon. C.M. Hill: What is the number of the Standing Order?

The Hon. J.R. CORNWALL: The President knows the Standing Orders better than I do. The Hon. Mr Burdett is

consistently referring to the eminent Professor Opit as 'Opit', which I believe is entirely disrespectful. I know that you, Mr President, know the Standing Orders, but I also believe that the honourable member should refer to the gentleman as 'Professor Opit'.

The PRESIDENT: I cannot uphold that point of order.

The Hon. J.C. BURDETT: I might mention that several times I have referred to Professor Opit—

The Hon. J.R. Cornwall: You were being derisory, and you really should—

The PRESIDENT: Order!

The Hon. J.C. BURDETT: Professor Opit states:

> We would conclude, then, that the main benefactor in financial terms of the use of the volunteers is the South Australian Government rather than individual patients or subscribers to the ambulance scheme.

This assessment should be contested. First, as I have suggested, Opit's economic analysis is scanty. (Opit does not do any calculations to show the cost of volunteers or of replacing them). Secondly, he assumes that a saving in financial terms to the Government has no benefit to either patients or subscribers. This of course ignores the fact that patients and subscribers are also taxpayers and any greater contribution from the Government can ultimately lead to higher taxes (as the recent Bannon Budget has shown).

Opit overlooks the alternative uses to which Government moneys could be put and appears to place little value on the personal satisfaction achieved by volunteers who contribute through St John Ambulance to the health and welfare of the community. The facts are quite clear—South Australia's volunteer force makes our service the most efficient, cost effective and, I would suggest, community-minded service in Australia.

The Hon. L.H. Davis: And the best.

The Hon. J.C. BURDETT: Yes.

The Hon. J.R. Cornwall: Is that why you are setting out to destroy it?

The Hon. J.C. BURDETT: I deny that completely and categorically. Professor Opit makes the claim that Victorian data suggests that conversion to a full-time career service could be achieved at about a cost of $2 per head. He fails to support this claim with any data, analysis or indeed reference at all. Chapter 3 of the report, dealing with industrial relations within the service, is one of the most interesting.

Regrettably, Professor Opit has not explained in detail the submissions provided to him by all the key parties nor the viewpoints expressed. He said there were antagonisms and friction and that there were differences in perspective which were probably reinforced by a number of factors, including (surprisingly) social class and ideology.

A review of the history of the ambulance service, particularly during the mid to late 1970s, reveals the strong anti-volunteer origins of the A.E.A. The A.E.A. after breaking from the A.G.W.A. has continued to be out of harmony with the majority of those within the service—yet we find that Opit does not critically analyse this role of the A.E.A. Quite frankly, he appears to have been quite selectively biased in his comments.

Professor Opit attacked what he called 'internal contradictions of ideology' in the volunteers' submission but gave no critical analysis of the A.E.A. submission. He then went on in his implicit attack on the notion of volunteers to say that A.G.W.A. support for volunteers was 'surprising'. He should not be allowed to question and denigrate the role of volunteers in the way he does. Opit appears totally unable to understand the notion of volunteerism. He also displays ignorance of the fact that motivational conflicts will naturally exist between employees and volunteers.

The A.G.W.A. shows a community oriented attitude in acknowledging the role of volunteers. Indeed, some A.G.W.A. members are also St John volunteers in their spare time. This shows the reward and satisfaction they get from St John and that they see it as more than 'a job'. The A.G.W.A. has, of course, a much more broadly-based membership than the narrowly defined A.E.A. Naturally, therefore, the A.G.W.A. is more likely to reflect a cross-section of views within St John.

On page 29 Professor Opit acknowledges at least a dozen instances in which various bans and limitations have been implemented by an A.E.A. initiated action. Even with this history, Opit in no way questioned the motives of the A.E.A. and seems motivated to respond to its concerns while questioning the volunteers with a pedantic analysis of parts of their submission.

On page 30 Professor Opit suggests that the A.E.A. feels bitter about doing compulsory overtime at the end of the normal shift. There is lack of precision in Opit's remarks when he suggests that somehow accidents can be regulated so that staff can always knock off and go home at the appointed time of 7 p.m. This is quite obviously absurd. It is difficult to see how overtime can be consistently manipulated as implied within the Opit Report. Crews are fully aware that calls received before the shift ends have to be serviced; they can hardly plead foul play after accepting employment on that basis. In fact, most volunteer crews arrive half an hour before the end of the afternoon shift to allow employees to leave on time. Overtime has resulted often from the shutting out of volunteer crews, not from the alleged manipulation. Professor Opit conveniently forgets this.

Professor Opit mentions the lack of legislation covering St John and the Ambulance Service. He does not mention that each Minister of Health (Labor and Liberal) had been approached and had agreed that no such legislation was necessary. Opit also overlooks the fact that no restriction of funds has ever been imposed and accounts have always been thoroughly audited.

Professor Opit was provided in at least one submission with a copy of a minute addressed to the late Sir Thomas Playford by the late Sir Edward Hayward, detailing the terms and conditions of the arrangement under which St John would take over responsibility for the ambulance services. He did not refer to the conditions that it contains. Whilst it may not be a legally binding contract, it certainly makes very clear that there need be no misunderstanding about St John's role in operating an ambulance service.

In my Address in Reply speech, I outlined the contents of this minute to the Council, and so I will only summarise the key points:

A. The S.A. Government will recognise the Council of St John as the authority to maintain and control the ambulance service in South Australia, and the St John Council will be responsible to the Government to carry out this work faithfully.

B. The Council of St John will undertake to organise an efficient ambulance service for South Australia.

C. The service will, wherever possible, be worked by voluntary labour and paid personnel will be used only where absolutely necessary to maintain an adequate service.

D. Finance will be by public subscription to St John with help of grants from the Government.

Whether or not one believes the agreement between the President of St John and the Premier to be sufficient guide to the operations of a modern ambulance service, one should have thought that it would be basic in assessing our modern ambulance services to review the very agreement that gave

rise to their origins. Such a basic omission can only cast doubt on the detail and substance of the Opit Report.

On page 32, Opit, using an extract from the A.E.A. submission as a springboard, makes the claim that the St John Council is not truly representative of the 'constituency interest' involved in the ambulance service. He then admits that, 'I do not have much knowledge of the means by which members of the Order of St John are chosen or promoted . . .' He does no analysis of the background of the '309 or so' members, and again relies on the A.E.A. submission to note 'that there is no professional ambulance officer below the rank of Centre Officer'. Surely one could expect a more factual analysis of the position than this.

For some reason Professor Opit is happy to include a quote from the A.E.A., which is quite meaningless. One wonders why what is a crass statement is included. The A.E.A. statement says:

> In examining the role of the St John Council, one must consider whether or not it is appropriate to have an ancient order, whose roots go back to the 11th century, conduct a modern emergency service in the State of South Australia.

This is quite simply a foolish and meaningless statement. Many organisations and institutions—indeed, our very system of Government—have origins many centuries ago. This does not mean that they are unsuited to a modern society. It is the question of how well the system can cope with change which is important, not its root origins.

Opit does not provide any evidence of bad patient care because of any inability in this regard on the part of St John. A major omission from chapter 3 is that there is no analysis of the specific areas of past conflict. The report contains a number of loose thoughts on the matter. When resolving conflict, it is critical to understand from where the strains emanate. If, in fact, the root cause of the problem is a desire for ambulance crews to achieve industrial muscle and to widen their sphere of influence, the solutions are quite different than if the rosters are perceived as being unfair.

One could question many other points raised in the Opit Report. What is clear from the analysis which I have briefly undertaken today is that the Opit Report fails to provide a substantive base on which moves to improve the St John Ambulance Service can be made. It reads more as a justification for some predetermined recommendations than a studied analysis of the Ambulance Service in South Australia which gives rise to certain recommendations.

The Opit Report has failed to give a suitable historical perspective, provide an adequate financial analysis, recognise the financial and social benefits of maintaining volunteers, address the underlying conflict between the A.G.W.A. and the A.E.A., and the A.E.A. and the volunteers, acknowledge the benefit of thousands of ordinary South Australians well trained in first aid, recognise and endorse the notion and value of volunteerism in society, and analyse critically the approach of the A.E.A. Because the Opit Report is scant and has failed, a Select Committee, bipartisan and open (I agree with the Minister that it ought to be open to the public), is needed to return a proper perspective to the St John and the Ambulance Service debate.

The Minister of Health proudly referred to the role which he played in turning the tide against a motion at the 1982 A.L.P. State Convention, which would have effectively meant the destruction of the Ambulance Service in South Australia as we know it. That pride might be justified in view of the wrath which would have undoubtedly befallen the Labor Party if it had passed the original motion. Nevertheless, in the context of this debate, it is irrelevant. What is important to note, however, is the Minister's view that (to use his word) the 'feeling' between professional and volunteer ambulance officers must be resolved.

The Minister's own words indicate how necessary it is to have a Select Committee. There has been no resolution of the 'feeling' between the A.E.A., the A.G.W.A. and the volunteers. Notwithstanding the Opit Inquiry, the feeling remains. We agree that it must be resolved, and that is why an impartial Select Committee is so vital.

The Opit Report, preliminary though it may be, is deficient: it aggravates feelings rather than settles them. A new approach to the problem is needed; only a Select Committee can now provide the necessary approach from which to discuss the issues. Unfortunately, the St John Ambulance Organisation was made a political football by the Labor Party at the 1982 convention when one of its union affiliates, recognising that it could not achieve its end of phasing out volunteers through the public forum, chose to raise it within the Party. Since then, Dr Cornwall has clearly had to tread the path of keeping faith with the union on the one hand and avoiding political and public outcry against the A.L.P. on the other. The Opit Inquiry was to be the way out for the A.L.P. A closed, brief inquiry without Parliamentary accountability is, however, unacceptable.

Not one of Opit's recommendations benefited patient care and, despite his remarks, interspersed with vitriolic and personal attacks on me, the Hon. Dr Cornwall failed to show how patients would benefit from an additional $205 000 being spent to satisfy a union whim. The $205 000 is the cost of providing four afternoon shifts—a desire of the A.E.A. It is ironic indeed that the Government is quite happy to placate the A.E.A. to the tune of $205 000, but when just over half that amount ($128 000) was sought by St John to equip eight advanced care cars, this request was turned down.

A report commissioned by St John to examine the efficiency of the advanced care car showed that over a 12-month period four lives were saved by the cars in operation and by no other cause. So, eight more of these valuable units which could have contributed to saving a number of lives were rejected because there was 'no money'. But when the union applies the pressure, $205 000 can readily be found. This makes one ask just what are the Minister of Health's priorities?

It is even more interesting to note that, whilst the A.E.A. has been so active in promoting an afternoon shift proposal, the operation of this new system has had to be deferred because, I am advised, 25 per cent of paid staff have indicated in writing that they would be unavailabe for such a shift. So it has not happened. One can only question the motivation of some in so actively promoting a 2 p.m. to 10 p.m. shift which quite clearly a substantial number of paid staff do not want.

I now refer to the Ambulance Employees Association. As I have already indicated, Professor Opit gives surprising weight to the views and arguments of the A.E.A. I say 'surprising' in the light of the past record of the A.E.A. in disrupting the harmony experienced in St John for nearly 30 years. This, too, is something which I detailed in my Address in Reply speech. And this antagonistic role of the A.E.A. is even more reason for a Select Committee to be established. The Minister of Health may think that the deal which he claims has been negotiated will alleviate the ill-feeling and discord which exists between some of the parties. If he does, he is to be disappointed. The conflict has not been resolved. The volunteers remain disillusioned about their future.

The A.E.A. remains determined to press for the replacement of volunteers with full-time paid staff. They see the Minister's package as the first step towards achieving their aims. And they have made it quite clear that they are prepared to use industrial muscle to push towards their goal of abolition of volunteers. In the A.E.A. *Bulletin* of 30

August (referring to the subject of this motion), the following is said:

The worst result from the committee investigation would be that the service remains as it is at the moment—of course, with the afternoon shifts, but without much else different. In the unlikely event that would be the result, the industrial strength of the A.E.A. would have to come into play once again . . . .

The A.E.A. *Bulletin* of 21 June 1983 indicates that the A.E.A. is happy with the Opit Report—to use its words:

We are fortunate in this respect, in that the general thrust and direction of our submission to the inquiry was adopted.

Now the A.E.A. has made it quite clear that the direction which it wants for the ambulance service is the phasing out of volunteers. Clearly, if it is happy with Opit then this must be the direction in which it sees it going. To quote further from the same edition of the A.E.A. *Bulletin:*

Certainly some of us would have preferred a more radical and drastic approach to the problems of the service, but we must keep in mind the fact that the South Australian public, after more than 30 years of 'soft-sell' by the St John organisation, aided and abetted by a conservative media, in general likes its ambulance service the way it is.

I interpose to ask why not—

As a result, we must tread warily in getting the recommendations implemented, without making too much of a song and dance out of it.

That is an interesting quote indeed. It indicates, as I have said just a few moments ago, that the A.E.A. sees Opit as meeting its long-term objectives. It shows, too, the contempt which the A.E.A., or at least its leadership, has for St John. It acknowledges that the A.E.A. knows that it is out of touch with community wishes. Surely it is the community which has the right to determine the type of service which should serve—not just one union.

The community had little opportunity to express its view to Opit's Inquiry. That needs to be rectified. A Select Committee will provide the forum in which the entire spectrum of community views can be presented and assessed in a balanced way. The A.E.A. remains intransigent and ideologically obsessed with the entire question. Its leadership on other occasions and in other fields has shown itself to be unrelenting and uncompromising in the pursuit of its objectives. I support totally the views of the Hon. Lance Milne when, in making a contribution to this debate a little earlier, he said:

I have read the submission of F.M.W.U. and A.G.W.A. (S.A. Branch) and the St John employees to the Opit Inquiry, and I am impressed with it.

Obviously there are some changes to be made, but not what the A.E.A. is so blatantly aiming at, in my view. It appears that this is a distortion, of the worst kind, of the trade union role. It is disruption, nastiness, class war if you like, at its very worst.

In a debate on a no-confidence motion on the Minister of Health which I moved on 17 August, the Minister reported to Parliament the outcome of a meeting to discuss the 'Opit Package'. He said:

I am happy to be able to inform the Council today, despite the fact that the Opposition in the most blatant, political and irresponsible way possible has tried to inflame this issue, that negotiations are not only proceeding between the interested parties but also proceeding very satisfactorily. In fact, I am also happy to inform the Council today that the volunteers met last night and agreed to a package resolving the St John afternoon shift dispute.

Some fears were expressed that the agreement might be the first step in eliminating volunteers. However, the meeting was persuaded by the senior representatives, and the package was finally accepted unanimously: that is, the package which I have worked so hard to put together and in regard to which I have had senior officers of the Commission implement full consultation with all the interested parties to the St John dispute.

Some of the things that were agreed to go well beyond what I would have proposed.

He went on:

Regarding volunteer contract of service, it was agreed that St John would develop a contract of service document that would be signed by all volunteers.

These comments by the Minister were incorrect. Whether accidental or deliberate, the Minister of Health did mislead Parliament. The 'package' to which Dr Cornwall referred was not adopted in total, as he suggested. Nor was there 'unanimous' agreement. Nor was it agreed by the volunteers that they would sign contracts of service. In fact, the volunteers opposed this and, as I revealed in my Address in Reply speech, contracts are not needed to achieve the goals which Professor Opit set out as desirable in his report. This conflict between what the Minister first said took place at the meeting and then his subsequently revised account of the meeting is yet another reason why a Select Committee is so necessary. The confusion is compounded by a newspaper article, referring to the Minister, in the *Advertiser* on 25 August—

The Hon. J.R. Cornwall: What about the one in the *News* yesterday?

The Hon. J.C. BURDETT: Yes, I am coming to that. It was quite a disgraceful press release.

The Hon. J.R. Cornwall: It was not a press release; it was written by Craig Bildstein.

The Hon. J.C. BURDETT: It had quotations from the Minister. I am coming to that.

Members interjecting:

The PRESIDENT: Order!

The Hon. J.C. BURDETT: I refer to the *Advertiser* of 25 August as follows:

Some professional ambulance crews have refused to attend service calls because it would mean working overtime, and have refused to allow volunteers to start work early to cover the gap.

Dr Cornwall said the new package made allowance for a new afternoon shift—from 2 p.m. to 10 p.m.—which would solve the problem.

Other important features of the package included: a volunteer contract of service, which would be signed by all volunteers. Full implementation of the contract system would be provided by 1 January 1984.

Even more importantly, it is proposed that this be ratified in law by taking them to the Industrial Commission. Again there is agreement between the parties.

This Parliament needs to obtain accurate and reliable information first hand in order to be able to assess the success of negotiations and the extent of consultation between St John, the Government, the unions amongst themselves and the volunteers. A Select Committee will give us the necessary answers and allow us to gauge for ourselves the extent of feeling within the ambulance service.

The Hon. Dr Cornwall, in his rather excited contribution, referred to a letter to me from Mr D.P. Williams, Chairman of the St John Council, a copy of which was forwarded to all members (and which, I must say, a couple of people received before I did). He referred at some length to that letter and, in particular, to comments on page 1 concerning volunteers signing a contractual agreement. Dr Cornwall quoted Mr Williams, and I will do the same. Mr Williams said the following in his letter:

On the matter of the volunteers signing an agreement, the Commissioner of the St John Ambulance Brigade, Dr G. Davies, saw you, at your request, on Monday 22 August and gave you a copy of 'special routine order issued 17 August 1983' which makes it quite clear THAT THEY DO NOT have to sign any agreement.

This is curiously inconsistent with the comment on page 2 of Mr Williams' letter, as follows:

Presently there are several items to which all parties have agreed which will be implemented; i.e. a Special Consultative Committee on Industrial Relations, and improved specification of responsibilities and conditions.

I quote further:

. . . volunteers be required to enter into agreements with the ambulance service.

There were also a number of other items. On page 1 we are told that there will be no agreement: on page 2 we are told that there will be an agreement. This is very confusing, and highlights again the contradictions and misunderstanding which remain over this issue. A Select Committee will be able to address itself to these difficulties.

In my initial comments, when I moved the motion to establish a Select Committee, I indicated that discussions were to continue on matters not already agreed to in negotiations. Mr Williams said in his letter (in capitals to emphasise it) that 'this is not so.'

In fact, the St John Council may not wish to pursue any of the other matters in the report. Nevertheless, the A.E.A. has made it clear in its newsletter that discussions will continue, and the Minister has not denied that there will be further talks (to which the St John Council might have to respond whether it likes it or not). In the A.E.A. *Bulletin* of 19 August the following was stated:

> At this stage discussions as to the implementation of the afternoon shifts are to continue, along with the other recommendations made in the Opit Report.

This makes it quite clear that whether or not St John wants them more discussions will be foisted upon it. It is also worth stressing that Mr Williams indicated in his letter that St John will cope with a Select Committee inquiry in the same way that it did with the Opit investigations.

The Liberal Party and the Australian Democrats did not make the decision to seek a Select Committee into St John thoughtlessly or hastily. We believe that the St John Ambulance Service is a valuable contributor to the wellbeing of the South Australian community. Since its future first came under a cloud at the 1982 A.L.P. Convention there have been many South Australians (within St John and without) who have been concerned for the service. Regrettably the Opit Inquiry, the Minister of Health and the Health Commission have all failed to overcome this concern. I believe that a Select Committee is now the only way.

I believe too, that it is appropriate to comment in my concluding remarks on the allegations by the Minister of Health, highlighted in yesterday's press, that the establishment of a Select Committee could lead St John to quit its role in operating the State's ambulance service. It is regrettable that the Minister of Health should peddle this rumour in an effort to undermine the work of a Select Committee.

In his correspondence to me on the matter of the Select Committee, the Chairman of the St John Council at no time indicated that such a withdrawal of service would be considered. In fact, under St John regulations only the Commissioner can withdraw the use of volunteers, and there has been no indication from the Commissioner that he is contemplating, or has ever contemplated, such a decision. One wonders what the Government has to hide if the Minister of Health will go to these extraordinary lengths in an effort to potentially undermine the work of a bipartisan Parliamentary committee.

The Hon. J.R. Cornwall: How long do you think they'll let you go on dragging their good name through the mud in a political witch hunt?

The Hon. J.C. BURDETT: There is no question of this being a political witch hunt. I point out the grave deficiencies in the Opit Report and suggest that the excellent methods of a Parliamentary Select Committee are the only way to resolve this matter. Despite any red herrings that the Minister of Health may raise, the Opposition and the Australian Democrats do not resile from their support for a Select Committee into St John. I urge all members to strongly support the motion.

The Council divided on the motion:

Ayes (11)—The Hons. J.C. Burdett (teller), M.B. Cameron, L.H. Davis, R.C. DeGaris, I. Gilfillan, K.T. Griffin, C.M. Hill, Diana Laidlaw, R.I. Lucas, K.L. Milne, and R.J. Ritson.

Noes (8)—The Hons. Frank Blevins, G.L. Bruce, B.A. Chatterton, J.R. Cornwall (teller), C.W. Creedon, M.S. Feleppa, Anne Levy, and Barbara Wiese.

Pair—Aye—The Hon. H.P.K. Dunn. No—The Hon. C.J. Sumner.

Majority of 3 for the Ayes.

Motion thus carried.

The Council appointed a Select Committee consisting of the Hons. J.C. Burdett, B.A. Chatterton, J.R. Cornwall, Anne Levy, K.L. Milne, and R.J. Ritson; the Committee to have power to send for persons, papers and records, and to adjourn from place to place; the Committee to report on 25 October.

The Hon. J.R. CORNWALL (Minister of Health): I move:

That this Council permit the Select Committee to authorise the disclosure or publication, as it thinks fit, of any evidence presented to the Committee prior to such evidence being reported to the Council.

The Hon. J.C. BURDETT: I do not oppose the motion. However, I believe that it would have been better if the motion had not been moved in the Council; instead, this matter should have been left to the Select Committee itself to decide. I note that, in his speech, the Hon. Mr Milne said that he would move during the Select Committee that its hearings be in public. I believe that that course of action is sensible. I would have supported that motion and, if the Hon. Mr Milne had not done so, I would have moved a similar motion myself. I will not oppose the motion, but I believe that the Select Committee is the appropriate body to determine how it should operate.

Motion carried.

TOBACCO ADVERTISING (PROHIBITION) BILL

Adjourned debate on second reading.

(Continued from 31 August. Page 628.)

The Hon. J.R. CORNWALL (Minister of Health): The Government supports the general thrust of the Hon. Mr Milne's private member's Bill. However, there are sound practical reasons why we are unable to accept the Bill without some significant amendments which I now foreshadow I will move in the Committee stages. I propose to outline the Government's policy on the advertising of tobacco products in some detail so that honourable members can understand why we feel it is necessary to amend this Bill.

The Labor Party's policy document, which was issued before the last election, spells out our commitment to anti-smoking campaigns. We promised in that document to develop well-designed and evaluated programmes to assist people to stop smoking and to introduce effective programmes, particularly for primary schools, for preventing smoking and drug abuse. In that document we also undertook to promote a national programme at conferences of Federal and State Health Ministers to restrict advertising and sponsorship by tobacco companies. We also stipulated that sporting bodies should be encouraged to find alternative sponsors and be financially assisted during the transition period.

I am sure all honourable members will recall that when the Health Ministers met in Hobart in April they called on the Federal Government to increase tobacco excise and allocate at least part of the additional revenue to smoking control programmes. They also urged the Federal Government to amend the Broadcasting and Television Act to prevent the broadcasting of indirect tobacco advertising

which circumvents the intent of Federal Parliament. In fact, it circumvents the spirit and intent of the Federal legislation.

Although my colleague, Mr Barry Hodge, from Western Australia, spoke very forcefully and convincingly about his Government's intention to legislate against tobacco advertising and sponsorship and to compensate sporting and cultural bodies from its own resources, other Ministers could not promise similar action. On behalf of South Australia, I indicated the Bannon Government's support for urgent action on the question of sponsorship but stressed, as I have done many times since, that we could not act unilaterally. That remains our position.

The tobacco companies and advertising agencies have successfully flouted the spirit and intent of Federal law on so-called indirect advertising. For example, the Benson and Hedges brand name appeared on the Channel 9 television network more than 40 000 times during the 1981-82 cricket season. Pending remedial action by the Commonwealth, the Bannon Government does not believe that it would be appropriate to legislate on a 'one out' basis. That would simply mean that a sponsored Test match which was intended to be staged at the Adelaide oval might well go instead to the 'Gabba', the M.C.G. or the S.C.G. South Australian sports fans should not be penalised in this way. The onus is on the Federal Government to take the necessary action, including legislation, if needed, to ensure that corporate advertising through sponsorship is stopped throughout the nation.

We believe that when that occurs sporting bodies and cultural groups that have become dependent upon tobacco sponsorship should not be left high and dry. The Government is sympathetic to the problems faced by organisations which rely on tobacco sponsorship and will continue to press the Federal Government to provide adequate financial assistance through a realistic period during which these groups can seek alternative sponsors. We would not support a blanket ban which was not accompanied by financial assistance through the transitional period.

I am sure that the Hon. Mr Milne hit the nail on the head during his second reading speech when he said (referring to tobacco company sponsorship) that 'the effect on sport is exaggerated by the sporting bodies.' Some of those sporting bodies which are in receipt of money from tobacco companies do react in a most extraordinary way. They react violently at the prospect of any move against sponsorship, but they refuse to divulge the extent of their dependence, claiming the need for confidentiality. They would do well, I suggest, to reflect upon the contradictions in their position, arguing on the one hand that sport is healthy and good for the individuals who pursue that sport, yet accepting sponsorship which effectively endorses smoking and its consequent harmful effects.

As I explained to the Hon. Diana Laidlaw in the Council on 30 August, I wrote to some 282 sport and recreation clubs and cultural associations some time ago trying to determine the extent of their dependence upon tobacco sponsorship money. The response was particularly disappointing, since only about 30 per cent of the organisations replied and some major sporting associations which did respond simply refused to disclose the amount of sponsorship. The total amount indicated by those who did respond was $778 806.

The tobacco industry, in my opinion, has failed to recognise its responsibilities. As Mr Milne quite rightly pointed out, tobacco companies have continued to attack State Governments and they have now mounted an extensive advertising campaign, arguing that sponsorship is a wonderful thing and claiming that a majority of citizens want to see it continued. They have also made a number of patently false claims about the effect of smoking on health. The industry's entrenched position and its refusal to acknowledge the realities of State and Commonwealth Government policies has already sorely tested the patience of the Health Ministers.

Despite repeated attempts, we have been unsuccessful in persuading the advertising and tobacco industries to cooperate in drawing up a reasonable and effective voluntary code on tobacco advertising to apply in all States. The tobacco industry, in effect, thumbed its nose at the Health Ministers. As a result, at the last meeting of Health Ministers in Sydney on 14 July, we decided to request our subcommittee of the conference to draft a compulsory code for consideration by all the States and the Commonwealth. Because of its hardline approach, the industry now faces the prospect of a code which would be enforced rather than put in place by agreement.

As I mentioned earlier, it is also the Government's policy to conduct anti-smoking programmes. I am delighted to be able to inform the Council that the pilot 'stop smoking' programme that we conducted in the Iron Triangle earlier this year was spectacularly successful. Initial survey results following the programme indicated that more than 96 per cent of people in the Port Pirie, Port Augusta and Whyalla area recalled the campaign—which is, in itself, an exceptional result. We now have a much more detailed and comprehensive analysis of the results that were achieved. The follow-up survey was conducted three months after the conclusion of the programme so as to allow the optimum time for any smoking relapse to occur. The results were gathered as widely as possible.

The Hon. M.B. Cameron: Have you given up smoking?

The Hon. J.R. CORNWALL: I had no option, but it was hard. Of all smokers in the test area, 11.4 per cent stopped smoking during the programme period. This compares with 4.9 per cent of smokers who stopped smoking in the control city of Mount Gambier during the same period. In fact, the Mount Gambier proportion is relatively high and that may be explained by the influence of a Victorian television and radio 'stop smoking' campaign conducted in May 1983.

From the sample data of Whyalla, Port Augusta and Port Pirie, it is estimated that more than 2 152 smokers stopped smoking during the three-month period of the Iron Triangle programme. Clearly, this is an excellent result and one which reflects great credit on all those who organised and supported this well-designed and effective programme. It is intended to launch a Statewide campaign—on similar lines—early in 1984.

The Statewide programme will cost an estimated $250 000. Although this is a considerable amount, obviously it will be money well spent if we can help thousands of South Australians to give up smoking. In that respect, it is interesting to note that, even if one takes the most conservative figures on the results that have been obtained and applies them on a Statewide basis, we could anticipate with a degree of optimism that the Statewide programme should result in more than 20 000 smokers giving up the habit on a permanent basis.

The Iron Triangle pilot study indicates that, in addition to the beneficial effects on the individual, there will be massive savings in expenditure from the public purse if we keep thousands of South Australians out of our hospitals and health units. The question arises whether it is worth spending $250 000 on a 'stop smoking' campaign. It is interesting to note the comparative figures. It is estimated that it costs about $85 000 000 a year to provide medical and hospital services in this State alone to people with smoking-related diseases, or those that we can quite specifically identify. If the $250 000 is set against the $85 000 000 in regard to the total smoking population, which is about 30 per cent of the adult population, or 300 000 people, we

estimate that about a quarter of those people will give up smoking. In terms of sheer dollars and cents on a cost benefit analysis, apart from anything else, there is an enormous advantage.

The Government, I am happy to say, will continue to undertake important initiatives in the health area and we will continue our support for a national ban on tobacco sponsorship. However, as I have already made clear, and I repeat, we cannot and we will not act unilaterally in this matter of sponsorship and advertising, because we do not believe such a move would be in the best interests of the people of South Australia. While we agree with the broad aims outlined in Mr Milne's Bill, there are compelling reasons why the proposed legislation should be amended.

The Government believes that the ban envisaged by Mr Milne's Bill should not come into force in South Australia until similar legislation has been enacted in at least three other States or Territories or there is a prospect of enactment and until radio and televion advertisements of a similar kind to those referred to in clause 4 (4) of Mr Milne's Bill are prohibited under the law of the Commonwealth. As I indicated earlier, I intend to move along these lines in the Committee stage.

Circumstances dictate that South Australia should not and cannot act unilaterally. However, the pressures for a national ban on television advertising of tobacco products—whether directly or insidiously, through sponsorship—are inexorable. Those who argue otherwise are, I believe, swimming against the tide of history. It may take two, five or 10 years, but it will happen. This private member's Bill marks another step along the road. I support the Bill, subject to the qualifications I have outlined and the amendments I have foreshadowed.

The Hon. J.C. BURDETT secured the adjournment of the debate.

NARCOTIC AND PSYCHOTROPIC DRUGS ACT AMENDMENT BILL

Adjourned debate on second reading.

(Continued from 24 August. Page 449.)

The Hon. J.R. CORNWALL (Minister of Health): I support the second reading of this Bill with some reservation, as I believe it represents a somewhat *ad hoc* and limited approach to one area of the drug problem. I would hasten to add that I have no quarrel with the notion of extending the powers of forfeiture and confiscation available to the courts in relation to drug offences. I have consistently maintained that those who derive vast profits from their trafficking activities, those who derive profit from the destruction of the lives of others, should be pursued and punished with the full vigour and rigour of the law. That they may be rendered less vulnerable to law enforcement action by the accumulation of the very fruits of their despicable activities is unthinkable. Yet, as Mr Justice Williams observed, 'Money finances methods which make the task of law enforcement most difficult'. It gives access to expertise and equipment to facilitate the illegal activity. It enables those, particularly those at the upper levels of the activity, to remain aloof from criminal activity, but still have a major impact on it.

I believe that we as legislators have an obligation to take such action as is reasonable and within our power to deal with illegal drug activities. My reservation, as I indicated previously, is that the Bill deals only with this one area of the drug problem. Honourable members will be aware that on 27 July this year I announced that I would be introducing comprehensive legislation in this session to control the licit and illicit use of drugs in South Australia.

That Bill will implement many of the important recommendations of the Sackville Royal Commission into the Non-Medical use of Drugs in South Australia. It will also take into account the drug trafficking proposals contained in the report of the Australian Royal Commission into Drugs conducted by Mr Justice Williams. In particular, a new drug trafficking offence, with a maximum penalty of 25 years imprisonment and a fine of $250 000, will be created.

The legislation will extend the powers of forfeiture and confiscation available to the courts with respect to drug offences. It will, in similar fashion to this Bill, enable the court to order forfeiture and confiscation of money and real and personal property received in connection with an offence, and real and personal property acquired as a result of an offence. Further, the legislation will enable the court to prevent dissipation of assets by a sequestration order. The court will also be empowered to look beyond the defendant in making its orders, as property of a related person or an organisation will be subject to forfeiture and sequestration. Other significant features of the Bill will be:

- a $500 fine for possession of marijuana for personal use (that is, a reduction from the present $2 000 and two years gaol)—a move recently described by His Honour Judge Grubb as 'realistic, logical and courageous';
- a maximum penalty of $2 000 or two years imprisonment for possession of heroin or other hard drugs for personal use;
- a maximum penalty of $4 000 or 10 years—or both—for the offence of trading in intermediate amounts of marijuana; and
- penalties of up to $100 000 or 25 years imprisonment for the offence of trading in narcotic drugs.

I look forward to introducing this substantial package of drug law reform during the current session. While I do not oppose the Bill before us today, I make the point that the Government will be dealing with the same matters in a far better and more comprehensive fashion in the coming weeks. I support the second reading.

The Hon. K.T. GRIFFIN: I appreciate the indication of support from the Minister of Health, and also thank the Hon. Anne Levy for her contribution on the Bill. The reason why this Bill was introduced by me was that at the last election the Liberal Party gave a commitment to produce such legislation during this Parliament. After the election, the Leader of the Opposition reiterated that policy undertaking. He also indicated that if the Government were to introduce that legislation he would not pursue the Liberal Party proposal any further. Nothing happened in the first session, and, accordingly, this Bill was introduced by me.

Certainly, it does not deal with all the matters to which the Minister of Health has referred concerning the Bill that he expects to be able to introduce later this session. I accept that point which he has made. Nevertheless, it is a comprehensive proposal for the additional power of courts to order confiscation of assets of drug offenders in certain circumstances. To that extent, it is a good piece of legislation and ought to be supported.

I know that the departmental officers from the Police and Attorney-General's Departments and the Health Commission have been working for some time with their interstate colleagues, endeavouring to develop some uniform legislation to implement the recommendations of the Williams Royal Commission, but that task is a long and difficult one because of the need to obtain agreement from the other five States and the Commonwealth Government. It may be

that it will be quite some more time before uniformity is achieved. I am not aware whether the Minister of Health's proposed legislation is likely to be part of a uniform package throughout Australia or whether it is a reaction to the Liberal Party's proposal to introduce the Bill which is presently before us. I do not propose to debate the proposals in respect of penalties, to which the Minister of Health has referred in his speech. There will be an opportunity to debate those at length if and when his Bill is introduced.

The Hon. Anne Levy has raised some questions about the drafting of the Bill that is before us and about whether or not the mere possession of a drug for personal use may lead to an order for confiscation of the assets of a drug offender. I can give her an assurance that the mere possession for personal use will not lead to that conclusion unless the drug is a prescribed drug.

It is worthwhile putting on the record once again an explanation of the way in which the Bill before us will have effect. The principal amendments are to section 14 of the Act. Section 14 (1a) provides that:

(1a) A court before which a person is convicted of an offence against this Act may, by order, confiscate and forfeit to the Crown—

(a) any money received by the convicted person in connection with the commission of the offence;

(b) any drugs to which this Act applies—

(i) used by the convicted person in connection with the commission of the offence;

or

(ii) of which the convicted person was unlawfully in possession;

(c) any articles used by the convicted person in connection with the commission of the offence;

and

(d) where the offence involves a drug of a prescribed kind—any premises, or vehicle, the property of the convicted person, used by him in connection with the commission of the offence.

My Bill proposes an amendment to that section 14 (1a) by deleting the present paragraph *(a)* and replacing it with a new paragraph *(a)*, namely:

any money or real or personal property received by the convicted person or a related person or body in connection with the commission of the offence;

The emphasis in that paragraph is on the word 'received', and it has to be read also in conjunction with later words, namely, 'in connection with the commission of the offence'.

A new paragraph *(ab)* is proposed to be inserted so that the power of the court extends to the confiscation and forfeiture of:

any real or personal property acquired by the convicted person or a related person or body wholly or partially as a direct or indirect result of the commission of the offence;

The emphasis in that paragraph is on the word 'acquired' and it has to be read in conjunction with later words, namely, 'as a direct or indirect result of the commission of the offence'. Further on, there is a proposal to add a new paragraph *(ca)*, as follows:

where the offence is against section 5 (2)—any premises, or vehicle, the property of the convicted person, used by him in connection with the commission of the offence;

Section 5 (2), broadly speaking, relates to the production, manufacture, cultivation, selling and supply of drugs and having in one's possession drugs for those purposes. So, the power of forfeiture under proposed paragraph *(ca)*, to which I have just referred, relates to the offences which have been particularly perceived as production and trafficking offences.

In the present paragraph *(d)* of section 14 (1a) it is proposed to alter certain words so that, if it were amended in accordance with the Bill, it would provide for confiscation and forfeiture where the offence is against section 5 (1) and involves a drug of a prescribed kind. The amendment refers to:

... any premises, or vehicle, the property of the convicted person, used by him in connection with the commission of the offence.

The offences in section 5 (1) are, broadly speaking, the possession for use of a drug so that it is quite clear that, unless the drug is of a prescribed kind, then the mere possession for personal use will not invoke the wide powers of the court in regard to confiscation.

Other parts of the Bill are consequential upon those major amendments to section 14. I would reassure the Hon. Miss Levy that the concerns that she has expressed about the extension of the wide powers of the court for forfeiture will not apply to possession offences, unless the possession is for the purpose of sale or other trafficking, or the drug is of a prescribed kind.

She also raised one other question: whether the power of confiscation is to be exercised in conjunction with the power to impose either a fine or the penalty of imprisonment. The answer to that question is, 'Yes'. The power to order confiscation or forfeiture is an additional power which the court will have beyond the power to impose what may be heavy fines or long periods of imprisonment.

In conclusion, let me just also point out that the Act already provides for very heavy penalties and imprisonment. Whilst the Minister of Health has referred to a new trafficking offence with a penalty of 25 years imprisonment and substantial monetary penalties, the fact is that the present Narcotic and Psychotropic Drugs Act does include a penalty, in particular, for production, cultivation and trafficking of 25 years imprisonment and a fine of $100 000 for all trafficking and production offences involving drugs other than Indian hemp or any other prescribed drugs or plants. If the offence relates to Indian hemp or a prescribed drug or plant, then the penalty is $4 000 or imprisonment for 10 years or both.

The penalty is already extensive and it is pleasing to see that last year the Supreme Court imposed a penalty of 15 years on one Mr Conolly for trafficking in heroin. I note also that earlier this year the Supreme Court on appeal increased a sentence for a similar offence imposed on another person from eight years to 15 years. At least the courts are now beginning to recognise that heavy penalties must be imposed on those persons who seek to profit from trafficking in drugs and profit from other persons' weaknesses and misfortunes. I thank all honourable members for their consideration of the Bill.

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

SHOP TRADING HOURS ACT AMENDMENT BILL

Adjourned debate on second reading.

(Continued from 31 August. Page 629.)

The Hon. G.L. BRUCE: I move:

That this debate be further adjourned.

The Council divided on the motion:

Ayes (10)—The Hons. Frank Blevins, G.L. Bruce (teller), B.A. Chatterton, J.R. Cornwall, C.W. Creedon, M.S. Feleppa, I. Gilfillan, Anne Levy, K.L. Milne, and Barbara Wiese.

Noes (9)—The Hons. J.C. Burdett, M.B. Cameron (teller), R.C. DeGaris, H.P.K. Dunn, K.T. Griffin, C.M. Hill, Diana Laidlaw, R.I. Lucas, and R.J. Ritson.

Pair—Aye—The Hon. C.J. Sumner. No—The Hon. L.H. Davis.

Majority of 1 for the Ayes.

Motion thus carried; debate further adjourned.

BUDGET PAPERS

By leave and on behalf of the Attorney-General, the **Hon. FRANK BLEVINS (Minister of Agriculture)** moved:

That the Council take note of the papers relating to the Estimates of Receipts and Payments, 1983-84.

In so moving, I am continuing the practice of tabling the Budget papers before debate is called on the Appropriation Bill. This procedure ensures that each member is given ample opportunity to contemplate the contents of those papers. Should any member wish to debate the Budget prior to the formal introduction of the Bill, the opportunity is available by way of this motion.

The Hon. M.B. CAMERON secured the adjournment of the debate

LEGAL SERVICES COMMISSION ACT AMENDMENT BILL

By leave and on behalf of the Attorney-General, the **Hon. FRANK BLEVINS (Minister of Agriculture)** obtained leave and introduced a Bill for an Act to amend the Legal Services Commissison Act, 1977. Read a first time.

The Hon. FRANK BLEVINS: I move:

That this Bill be now read a second time.

This Bill proposes amendments to the Legal Services Commission Act in relation to three matters. The Legal Services Commission Act does not expressly permit members of the Commission who are legal practitioners to accept assignments to provide legal assistance. At present a vacancy exists on the Commission, and potential candidates for the vacancy have expressed reservations about accepting an appointment on the ground that an appointment may prevent them and firms of which they are members from accepting assignments to provide legal aid.

The second matter dealt with by the Bill concerns a requirement under the Act that an appeal against a refusal to grant legal aid be heard by five members of the Commission. It is often inconvenient for five members to make themselves available at early notice for this purpose, and the Bill provides that in the case of an appeal, three members constitute a quorum.

Finally the Bill deals with a problem which has confronted persons conducting investigations under the Legal Practitioners Act. The Bill provides for the communication of information and the production of documents to persons who are authorised by law to require such disclosure or inspection. Previously such disclosure or inspection was not permitted under the secrecy provision of the principal Act. That provision is amended to facilitate disclosure and inspection in these circumstances, and in certain other clearly defined circumstances. I seek leave to have the detailed explanation of the clauses inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Clauses

Clauses 1 and 2 are formal. Clause 3 makes an amendment to section 8 of the principal Act by inserting new subsection (1a) which provides that, when hearing an appeal against a decision of the Director, three members of the Commission shall constitute a quorum of the Commission. Clause 4 inserts new section 9a in the principal Act. The new section provides, in subsection (1), that a member of the Commission directly or indirectly interested in a transaction entered into by or in the contemplation of the Commission shall disclose the nature of his interest to the Commission and must not take part in any deliberations of the Commission with respect to that transaction. A penalty of $1 000 is provided in respect of infringements of the provision. Under subsection (2), such a disclosure must be recorded in the Commission's minutes. Subsection (3) provides that, notwithstanding subsection (1) or any other law, a legal practitioner who is or is employed by a member of the Commission, practises in partnership with a member of the Commission or is employed by a body corporate of which a member of the Commission is a director, shareholder or employee may be assigned to provide legal assistance under the Act. Where such an assignment is made in the ordinary course of the business of the Commission, and in accordance with the criteria ordinarily applied by the Commission, no disclosure is required under subsection (1). Under subsection (4), where a disclosure is made by a member, or a transaction is such that no disclosure is required, the transaction is not void on any ground arising from the member's interest and the member is not required to account for profits arising from the transaction.

Clause 5 makes an amendment to section 13 by adding new subsection (3). The new subsection provides that a person to whom a power is delegated under the section must not exercise such a power in relation to a transaction in which he has a direct or indirect interest. Clause 6 repeals section 31a of the principal Act and substitutes a new section 31a. Subsection (1) provides that the new section applies to a member or former member of the Commission, an employee or former employee of the Commission, a member or former member of a committee established by the Commission or a person who has been engaged in an audit of the Commission's accounts. Under subsection (2), a person to whom the section applies shall not communicate information concerning the affairs of a person acquired by reason of his duties under the Act, or produce to any person a document relating to the affairs of another person furnished for the purposes of the Act. A penalty of $1 000 or imprisonment for six months is provided. Under subsection (3), subsection (2) does not prevent a communication made by a person to whom the section applies—in the ordinary course of carrying out his duties under the Act, in accordance with an authorisation of the person to whose affairs the communication relates, in accordance with the rules governing discovery of documents, in accordance with a requirement of a court, tribunal or judicial or quasi-judicial body, in accordance with a requirement of a person invested by law with power to require disclosure of the information or in accordance with a requirement of the Commission.

The Hon. K.T. GRIFFIN secured the adjournment of the debate.

SUPREME COURT ACT AMENDMENT BILL (No. 2)

By leave and on behalf of the Attorney-General, the **Hon. FRANK BLEVINS (Minister of Agriculture)** obtained leave and introduced a Bill for an Act to amend the Supreme Court Act, 1935, and to make a consequential amendment to the Administration and Probate Act, 1919. Read a first time.

The Hon. FRANK BLEVINS: I move:

That this Bill be now read a second time.

Before the commencement of the Supreme Court Act Amendment Act, 1983 (assented to earlier this year) the fees payable in respect of most proceedings in the Supreme Court were fixed by rules of court under section 72 of the Supreme Court Act. The amending Act provided that the fees formerly fixed under section 72 would be fixed in future

by regulation. However, there is one remaining category of Supreme Court fees, namely, those payable in the testamentary causes jurisdiction, which are still fixed by rules of court—in this case, rules under the Administration and Probate Act. The purpose of the present Bill is to provide that these fees will also be fixed by regulation. When this Bill has been passed into law it is the intention of the Courts Department to recommend an increase in fees in the testamentary causes jurisdiction in accordance with a recent Cabinet decision to increase fees in accordance with rises in the cost of living. Clause 1 is formal. Clause 2 adds a new provision to section 130 which makes it clear that regulations under that section may extend to the fees payable upon proceedings in the testamentary causes jurisdiction of the court. Clause 3 makes a consequential amendment to the Administration and Probate Act, 1919, to remove the provision empowering judges to fix fees by rules of court.

The Hon. K.T. GRIFFIN secured the adjournment of the debate.

LOTTERY AND GAMING ACT AMENDMENT BILL

Adjourned debate on second reading.
(Continued from 23 August. Page 381.)

The Hon. K.T. GRIFFIN: The Opposition supports the Bill. However, during the Committee stages a series of amendments will be moved in relation to one issue. I will briefly refer to the reason for those amendments during the course of my comments.

The Attorney-General's second reading explanation was quite short and provided little information about the Imperial law that has been repealed in this State. Perhaps the Attorney's most comprehensive statement in that regard relates to the repeal of the Sir John Barnard's Act, which came up in this Parliament in 1978 and again in 1979 when we were considering the South Australian securities industry legislation.

Those members who are interested in the Imperial law that has been inherited in tnis State as it relates to lottery and gaming should read the 1982 comprehensive report of the Law Reform Committee. I refer to the conmitttee's 68th report, which is one of a series of reports on Imperial law. All the Law Reform Committee's reports dealing with Imperial law applicable to this State recommended its repeal and the enactment of new laws where Imperial laws still applied in this State but the provisions had not been incorporated specifically in South Australian legislation.

When I was Attorney-General the Law Reform Committee's report was presented to me and the Liberal Government decided that Bills should be drafted to implement the recommendations of the Law Reform Committee in the various reports relating to this subject. This Bill reflects the Law Reform Committee's recommendations on this subject. It is interesting to note that Imperial law on this subject goes back to 1541, to the time of Henry VIII. The Law Reform Committee report refers to some of the gaming practices and wagering activities which are still prohibited in South Australia under Imperial law.

Henry VIII's Act of 1541, which is applicable in South Australia, is entitled 'The Bill for Maintaining Artillery and the Debarring of Unlawful Games'. That Act is directed towards the prevention of people spending their time pursuing sport when they should be at the butts improving their archery. According to the Law Reform Committee's Report there is a more general reason for that Act, namely, 'The impoverishment which ensues from the playing of unlawful games and the murders, robberies and felonies committed or done as a result of gaming and wagering'.

Some of the games prohibited by Statute include bowling, quoiting, half bowls, tennis, dicing games, and cards. The only exception provided was over Christmas when, within the home of a master, games such as tennis, dice, cards and bowls could be played under the supervision of the master. There are a number of other Acts which relate to gaming activities, including the playing of tennis, and which also deal with the maximum amount that may be wagered upon any game of chance.

According to a 1710 Statute during the reign of Queen Anne, that amount was £10. Various Acts of the Imperial Parliament sought to enforce limits on the amount that might be wagered within a period of 24 hours. Quite obviously, given current practices in South Australia, that would not be enforceable. I do not propose to deal with the Law Reform Committee's Report in great detail; I merely indicate that there are a number of Imperial laws that should be repealed.

The Hon. R.C. DeGaris interjecting:

The Hon. K.T. GRIFFIN: The Imperial legislation deals with whether or not a gaming or wagering contract is enforceable. That provision is included in clause 3 of the Bill in relation to the enforceability of contracts by third parties, which have been entered into in relation to gaming or wagering activities. Part of the Imperial legislation has been picked up in section 50 of the Lottery and Gaming Act. The other part of Imperial law that still applies in South Australia has not been so enacted in this State, and that is why there is to be a new section 50a. The difficulty with the new section is that it does something different to what the Imperial law does so far as it applies to South Australia.

Clause 3 deals with contracts or agreements that are illegal and void by virtue of the legislation and a mortgage, charge, pledge or other security to secure the payment of a debt under a contract or agreement that is illegal and void. In those circumstances, mortgages, charges, pledges or other securities are also illegal and void.

Quite obviously, the new section is meant to refer to the consideration being illegal, which would then give rise to civil rights for a third party to be able to recover the consideration. The drafting of a new section suggests that that practice is criminally illegal. I do not believe that that was ever intended. The risk is that, because of the way in which the new section is drafted, not only the contract but also a mortgage, charge, pledge or other security are illegal and void.

The Opposition's amendments seek to ensure that only the Imperial law position is applied in South Australia, namely, that the consideration is deemed to be an illegal consideration. I am fairly confident that the Attorney-General will accept my amendments once he has considered them. The amendments will mean that the law enacted by this Bill will reflect the law that is presently in force in South Australia under Imperial legislation.

There is one question of which I would like the Attorney to take note and which relates to paragraph 11 of the Law Reform Committee Report (page 7). The committee refers to the 1738 Act in the reign of King George II, section 4 of which refers to a number of illegal or unauthorised lotteries. The Law Reform Committee suggests that, if the Government believes that those schemes or lotteries ought to continue to be legal, appropriate legislation would have to be enacted. I wonder whether the Attorney, when he considers what I have to say, will give some indication of the Government's view on paragraph 11 and whether or not it is desirable to enact the Imperial legislation in the Lottery and Gaming Act in view of the pending repeal.

The other point to which I want to make very brief reference is the Sir John Barnard's Act. In 1978 a Bill was before the House to repeal that Act, but that Bill did not pass. I believe that the Bill was superceded by the Securities Industry Act in 1979, and for all practical purposes those Acts, in my view, did not apply in South Australia any longer. I do know that the Law Reform Committee in its report suggested that there was some doubt whether or not those Acts applied in South Australia, but, according to the information that was presented to the House in 1978 and 1979 and subsequently with the uniform securities industry code, it would seem to me that it was not really necessary to formally repeal the Sir John Barnard's Act.

However, if the Attorney-General believes that those Acts specifically should be repealed to put the repeal beyond any doubt, I certainly do not object to that course. Of course, I recognise that in the schedule to the Bill those Acts are the subject of repeal. Subject to the appropriate relevant question being answered and appropriate consideration being given to the amendment that I will propose in the Committee stage, the Opposition supports the Bill.

Bill read a second time.

In Committee.

Clause 1 passed.

Progress reported; Committee to sit again.

ADJOURNMENT

At 5.15 p.m. the Council adjourned until Tuesday 20 September at 2.15 p.m.