LEGISLATIVE COUNCIL

Wednesday 30 March 1988

The PRESIDENT (Hon. Anne Levy) took the Chair at 2.15 p.m.

The Clerk (Mr C.H. Mertin) read prayers.

PETITION: TOBACCO PRODUCTS

A petition signed by 872 residents of South Australia concerning State licence fees on tobacco products and praying that the Council will urge the Government to not increase State taxes on cigarettes; nor to increase funding for anti-smoking campaigns was presented by the Hon. G.L. Bruce.

Petition received.

PETITIONS: ADOPTION BILL

Petitions signed by 261 residents of South Australia concerning the Adoption Bill, and praying that the Council will amend the Adoption Bill to ensure that only suitable couples, married for at least five years, are eligible to adopt babies in South Australia, were presented by the Hons. G.L. Bruce, L.H. Davis, Peter Dunn, M.S. Feleppa, and J.C. Irwin.

Petitions received.

PUBLIC WORKS COMMITTEE REPORTS

The PRESIDENT laid on the table the following reports by the Parliamentary Standing Committee on Public Works, together with minutes of evidence:

Adelaide University—Mechanical Engineering Building Extension (Revised Proposal),

Yatala Labour Prison—New F Division (Revised Proposal) (Interim Report).

PAPER TABLED

The following paper was laid on the table:

By the Minister of Health, on behalf of the Attorney-General (Hon. C.J. Sumner):

Pursuant to Statute—

Jubilee 150 Board—Report, 1986-87.

QUESTIONS

NURSES CAREER STRUCTURE

The Hon. M.B. CAMERON: I seek leave to make a brief explanation before asking the Minister of Health a question about the nurses career structure.

Leave granted.

The Hon. M.B. CAMERON: Some members of this Chamber may be aware of the revised career structures in nursing that have been negotiated between the nurses union, the Government and Health Commission during the past two years. I think no-one would disagree with the general thrust of this revision, which aims to increase the professionalism of nurses in our public hospitals and health institutions while, at the same time, to give those nurses a greater range of career options and better job satisfaction. Any moves in this direction can only have benefits to the standard of patient care in the long term.

Minda Incorporated at Brighton is one of the many institutions that have been involved with this nurses career structure revision which involved, among other things, the advertising late last year of vacancies for unit managers. These 'new' positions are, to all intents and purposes, identical to those formerly occupied by charge nurses at that institution. The job specifications for each are virtually identical.

Late last year all charge nurses were invited to reapply for their positions which had been redesignated 'unit manager'. I gather that the selection process, which appears to have been made on the performance of applicants facing an interview panel, has caused great concern among nurses at Minda. Their concern centres on the fact that years of on-the-job experience appeared to count for nothing and that their performance before this panel was the sole criterion whether or not they secured one of the 15 unit manager vacancies. I understand that at least one-third of the applicants were unsuccessful, yet some of the applicants have been holding the responsible positions of charge nurse for some years. As a result, there have been some resignations in disgust. I am informed that, consequently, staff morale at Minda is at an all time low.

Of course, that institution has had some problems recently as a result of some very unfortunate and unacceptable publicity. While applicants had the right to appeal against the interview panel's decision—and in fact most of the applicants did unsuccessfully apply—the nurses say they were only able to appeal against the 'conduct and format' of the interview, and not the criterion which was used to accept or reject applicants. The great concern of nurses, and I gather of some doctors at Minda, is that the emphasis now appears to be on appointing unit manager applicants who have diplomas in applied science in preference to nurses who, in some cases, have been nursing for 10 to 15 years.

The nurses argue that, if Minda wanted only applied science diploma applicants for the unit manager positions, why not state this specifically in the job specification. And why put nurses through a four-month charade of job interviews and appeals when the only applicants that would be accepted were those with tertiary qualifications? It appears that there is a great danger that the health system could lose many mature nursing staff with a wealth of experience, who are passed over in favour of younger, inexperienced, nursing graduates. What steps will the Minister take to ensure that experienced nurses lacking tertiary qualifications are not unduly penalised when seeking positions under the new nurses career structure?

The Hon. J.R. CORNWALL: Minda is a non-government organisation. It is not either a Commonwealth Government or State Government organisation. It derives the bulk of its funding from the Commonwealth Department of Community Services and Health. It derives substantial funding from the State Government via the Intellectually Disabled Services Council. In the event, the problems that were related to the Council by the Hon. Mr Cameron are very much a matter for the management and board of Minda as well as for the respective professional organisations and industrial trade unions.

It has been our experience that it is not by any means unusual for disputes to occur about who gets the newly created senior posts in the implementation of the clinical career structure. If that were to have been a matter that was taken to the Minister of Health on every occasion when it had occurred, then the system would be as unworkable as the Hon. Mr Cameron would like it to be. The fact is that

all these disputes are settled at the local level, and if at the end of the day that is not possible that is why we have a State Industrial Commission. It is not a matter in which I would wish to become directly involved, and it is certainly not a matter in which I intend to become directly involved.

If I were to start interfering in the day-to-day management of our health units incorporated under the Health Commission Act I am sure that I would incur Mr Cameron's wrath and that of his colleagues. If I were to start interfering in the good conduct of non-government or voluntary organisations like Minda, which have no direct contact with Government at all, then I am sure that Mr Cameron would be the very first to object in the most violent way about ministerial interference. I do not intend to involve myself, as I said, in any direct way. It is a question for management, the employees and their respective professional bodies and industrial trade unions. If, at the end of the day, it becomes necessary the State Industrial Commission is there as an independent arbiter.

RESIDENTIAL TENANCIES TRIBUNAL

The Hon. K.T. GRIFFIN: I seek leave to make an explanation before asking the Attorney-General a question about the Residential Tenancies Act.

Leave granted.

The Hon. K.T. GRIFFIN: The South Australian Landlords Association has drawn attention to a recent difficulty in having police take action against a tenant causing wilful damage to property. The incident occurred at Norwood on 17 March. At about 3 a.m. a tenant in a block of flats at William Street, Norwood, was observed smashing up the flat's electricity supply box with a pipe and smashing the screen door of the flat; then, after this person re-entered his own flat, sounds of banging were heard coming from that flat.

The landlord was not advised of this until about 8.30 a.m. On arriving at the flat at about 9.00 a.m. he found that the tenant had barricaded himself in the flat. The landlord went to the Residential Tenancies Tribunal but was advised that he could only apply for a hearing to evict the tenant. The earliest hearing date would be about a week away.

The landlord then attended the Adelaide Police Station but was referred to Norwood police. He attended at Norwood and the officer on duty rang the tribunal and was advised that it was not a police matter. As a result the police advised that landlord that there was nothing they could do.

The tenant has now left the unit and the landlord gained entry and found damage to interior furnishings, and this provides additional grounds to lay criminal charges. The Landlords Assocition says that this is not an isolated case and, from my own experience, that is so. There are many others where wilful damage to property by a tenant occurs, but the police appear not to want to take action.

The Landlords Association also expresses concern about police inactivity and about the tribunal, alleging that on this occasion it gave incorrect advice to the police and that on previous occasions it has given incorrect advice to landlords on other matters. My questions are:

1. Will the Attorney-General indicate what is the policy with respect to police intervention against tenants where an offence is believed to have occurred?

2. Will the Attorney-General investigate the claims of the South Australian Landlords Association that incorrect advice is being given to landlords by the Residential Tenacies Tribunal?

The Hon. C.J. SUMNER: The matter of what policy is adopted in these cases with respect to prosecution is one for the police. I do not know that they adopt any particular policy. I would have expected that if there were breaches of the law indicated, they would take appropriate action.

However, I will get a response to that part of the question for the honourable member and bring back a reply. I am not sure that his question indicated, either, that any wrong advice was given by the Residential Tenancies Tribunal. That is an allegation.

The Hon. K.T. Griffin: The advice to the police was that it was not a police matter.

The Hon. C.J. SUMNER: That is a matter for the police to decide. Whether or not the tribunal gives that advice seems to me to be a bit beside the point. The police decide whether or not there has been a breach of the criminal law, not the tribunal. Whether or not that is an example of inaccurate advice, I do not know. I do not know any other examples of inaccurate advice given by the Residential Tenancies Tribunal.

The Hon. K.T. Griffin: I will give you some.

The Hon. C.J. SUMNER: The honourable member says that he will give me some. That is okay; he can write to me and indicate what other areas of inaccurate advice it is alleged have been given by the tribunal. I would have thought that, in answer to this question of whether or not there was a breach of the criminal law, it was a matter for the police to determine, irrespective of what views the Residential Tenancies Tribunal had about the matter. I will get some further information and bring back a reply.

WORKCOVER

The Hon. L.H. DAVIS: I seek leave to make an explanation before asking the Minister of Tourism a question about WorkCover levies in the tourism industry.

Leave granted.

The Hon. L.H. DAVIS: Madam President, the Minister will be aware that within months of the introduction of WorkCover in South Australia there have been massive increases in WorkCover levies payable by the hospitality industry. On Monday 28 March hotels, motels, restaurants, clubs and other tourism establishments received notice that WorkCover levies were to be increased from 1 April 1988—a full four days notice of an increase. It was perhaps not inappropriate that it was on April Fool's Day and that it was an initiative from the Labor Government. The increase in WorkCover levies for accommodation (and that covers hotels and motels) is to be from 2.3 per cent to 3.3 per cent, a staggering 44 per cent increase in levies.

I have spoken to Mr Gerry Gentle, President, Motor Inns and Motels Association of South Australia. I can assure the Minister that Mr Gentle at the moment is not living up to his surname. This association has 60 member motels with an average size of 38 units per motel. Mr Gentle estimates that the increase in levy will see monthly WorkCover premiums soar by between $450 and $550 per month per motel. A major hotel in Adelaide has advised me that the increase will mean an increase in annual WorkCover premiums for that hotel from $14 000 to at least $21 000. The proprietor of another establishment which employs 50 casual and permanagement employees has told me that he will have to find another $600 a month just to meet these additional WorkCover premiums. He said that this 44 per cent increase in WorkCover premiums would force up prices. Mr Gentle estimates that prices will rise as follows: liquor prices, up 10 per cent; accommodation, up 10 per cent; and, food, up 5 per cent—a great welcome to tourists to South Australia!

People in the hospitality industry, as I suspect the Minister herself might know by now, are incensed that there was no consultation about these increases. They are firmly of the view that the increases in WorkCover levies are not based on claims experience: no-one with whom I have consulted in the industry believes that the increase can be justified on the basis of their claims experience, and certainly it was not in line with workers compensation premiums that were paid prior to the introduction of WorkCover.

These people are firmly of the view that this is a desperate revenue raising measure from a Government which is already in trouble with WorkCover just months after its introduction. Mr Blevins is quoted in the *News* of 30 March as stating:

> There were clearly some industries in the wrong category; some were paying too much while others were paying too little. We have adjusted the rates to make them fairer.

I could go on, but I will not. The Minister would be aware that there were increases relating to hotels and bars from 2.8 per cent to 3.3 per cent, for restaurants and cafes from 2.8 per cent to 3.3 per cent, and for licensed clubs from 2.8 per cent to 3.8 per cent as well as increases in accommodation, which I have specifically mentioned, from 2.3 per cent to 3.3 per cent. There is great concern within the tourism industry, including the South Australian Tourism Industry Council and the Adelaide Convention and Visitors Bureau. My questions to the Minister are as follows:

1. Was she aware that there was to be an increase in WorkCover levies for the hospitality industry before that was announced? Was she consulted in any way?

2. Does she believe that these increases will enhance the prospects of the tourism industry in South Australia in attracting interstate and international as well as domestic visitors in view of the very sharp increases in accommodation, liquor and food prices that will inevitably follow these increases in WorkCover premiums?

3. Will she immediately consult with the Minister of Labour, Mr Blevins, and ask him to explain why such major adjustments have occurred in WorkCover premiums just a short time after the introduction of the original WorkCover scheme, or is it just further confirmation that the WorkCover scheme is basically a mess already?

The Hon. BARBARA WIESE: This question would much more appropriately have been directed to the Minister of Labour, since he is the Minister responsible for WorkCover. But certainly I have—

The Hon. L.H. Davis interjecting:

The Hon. BARBARA WIESE: Let me finish my reply before you interject. Certainly, as Minister of Tourism I have an interest in the matter and I have seen the newspaper articles in the past couple of days whereby individual operators within the tourism and hospitality sector have outlined their concerns about WorkCover premiums about which they have recently been informed. I have made preliminary inquiries of the Minister of Labour about this issue and I have been advised that the aspect of WorkCover affecting the hotel industry, for example, was part of an overall rate review that has recently been undertaken. If we look at the global picture, we see that as a result of this review there has been a rate reduction for about 140 industries, about 170 industries have been faced with increases and the premiums of 260 to 270 industries have stayed roughly the same. It is important to put the premiums into that global picture.

Members interjecting:

The PRESIDENT: Order!

Members interjecting:

The PRESIDENT: Order, Mr Davis.

The Hon. L.H. Davis: I was just answering the Attorney.

The PRESIDENT: When I call for order you do not just do anything. You come to order.

Members interjecting:

The PRESIDENT: Order! I called for order.

The Hon. BARBARA WIESE: Further, I am advised that some of the reports that have appeared in the paper over the past couple of days are grossly exaggerated in respect to claims made about the increases that some people in various industries will have to pay. Be that as it may, I am not able to judge that issue, but I am certainly concerned that the interests of people in the hospitality and tourism industry should be protected. Any increase in costs in that industry obviously has some impact on tourism. However, I understand that the introduction of the WorkCover scheme is designed to reduce costs overall.

During these early days of implementation and operation no doubt there will be some problems along the way. I would certainly encourage any people in the industry who are not satisfied with their premiums as notified to contact WorkCover because there may need to be further review of their circumstances. In the meantime, I should report that at least to this point I am not aware of any inquiries or complaints to my office about this issue. However, that does not surprise me because this is a matter which is much more appropriately taken up with the Minister of Labour. I am quite certain that the Minister of Labour will look at each of the complaints that he receives about this and, if there are grounds for some further review or adjustment of premiums in this industry, appropriate steps will be taken to implement changes.

The Hon. L.H. DAVIS: I have a supplementary question. Why was there no consultation between the Minister of Labour and the Minister of Tourism prior to the increase in WorkCover levies in the tourism and hospitality industry and why were operators in that industry given only four days notice of these increases?

The Hon. BARBARA WIESE: I am not a representative of WorkCover nor am I the Minister of Labour. I have absolutely no idea why four days notice might have been given of premium increases. Certainly I shall be very happy to find out why only four days notice was given, if that is what the honourable member would like me to do—but he should frame his question in an appropriate way if that is what he is looking for. With respect to consultation on the premiums for this particular industry, there is absolutely no reason why there should be consultation with a particular Minister about a particular industry. WorkCover is there to determine premiums for all industries included under its ambit, and assessments are made on the criteria laid down for WorkCover.

Industries are graded according to certain criteria. It would be inappropriate for an individual Minister to be consulted, as I understand it, with respect to these matters. The Government is concerned that the premiums that are established for all industries should be fair and equitable, and that is certainly why recently there has been a further review of WorkCover premiums in a number of industries. As I said earlier, if there are some serious problems with WorkCover premiums within the tourism and hospitality industry, I am quite certain that the Minister of Labour will take up those matters and take appropriate action.

The PRESIDENT: Order! I point out to the Council that the Minister of Tourism does not represent the Minister of Labour in this place; it is the Attorney-General who does that. Questions for the Minister of Labour should be addressed to the Attorney-General.

STRIP SEARCHES

The Hon. I. GILFILLAN: I seek leave to make an explanation before asking the Attorney-General, representing the Minister of Correctional Services, a question about strip searches.

Leave granted.

The Hon. I. GILFILLAN: It is not long since the drama of strip searching within Correctional Services institutions in South Australia was before the public eye with the possibility of officers strip searching inmates and remandees of the opposite sex. That matter was dropped—I think wisely—as a result of public reaction. I am advised that last Sunday a female visitor to Yatala was strip searched by two female Correctional Services officers. This verifies what had been conveyed to me previously, that there had been some random strip searching of visitors to Yatala, and threats of strip searching, which had caused considerable distress to family members, wives and *de facto* spouses who visit regularly.

As a result of the strip search last Sunday two Miralex tablets were found on the person searched. That person has now been forbidden from personal visiting for three months, as has the mother of the inmate concerned. The issue of strip searching is highly emotive with both the inmate and his family and, in fact, the public at large. There is serious concern about the effectiveness of strip searching in respect to a substantial reduction—or indeed any reduction—of drug usage in Correctional Services institutions in South Australia. It is to that end that I direct my questions to the Minister, to see whether there has been some thorough assessment of the effectiveness of strip searching, which is demeaning to both the recipient—be it inmate or visitor—and to the officers who are conducting the search. My questions are as follows:

1. By what legal authority would a visitor be subjected to strip searching when visiting a Correctional Services institution?

2. What proportion of strip searches on inmates and/or visitors yield concealed drugs or other prohibited items?

3. Has the quantity of drugs found in gaols and remand centres diminished since strip searching was instituted and, if so, by how much?

4. If strip searching is not fulfilling its purpose of lessening the amount of drug trafficking and taking in gaols, will the Minister consider discontinuing the practice and look for other methods of controlling drugs and the inroads they are making into Correctional Services institutions?

The Hon. C.J. SUMNER: I will refer the question to the responsible Minister and see whether details can be provided. I would have thought that the honourable member would be aware of the reason for strip searching. It is all very well to be sympathetic to prisoners and the indignity that might be inflicted on them, but there is a responsibility on the authorities in the Correctional Services system to ensure that there are no disruptions in our gaols and no illegal activities, whether it is the smoking of drugs or otherwise.

One would have thought that on a commonsense basis that would provide some kind of justification for strip searching to ascertain whether or not there was illegal activity in the form of smuggling drugs into prisons. In those circumstances, presumably, strip searching is justified. I am not sure what the honourable member is suggesting, namely, whether or not there should be open slather on visits in relation to what one can take into prisons. If he is suggesting that, I would like him to say it openly so that we can all be clear about the Democrats' position on this matter.

The Hon. I. GILFILLAN: As a supplementary question I ask the Minister to look at the text of the question, and I am sure that he will understand it better. The question I asked the Minister is: is there any evidence that strip searching is uncovering any quantity of drugs or prohibited items?

The Hon. C.J. SUMNER: That was not a supplementary question but, as it has been allowed, I will answer it. I understood the honourable member's question and said that I would get the information.

The Hon. I. Gilfillan interjecting.

The Hon. C.J. SUMNER: I will refer the question to the Minister responsible and bring back a reply.

The Hon. I. Gilfillan: That is all you needed to say.

The Hon. C.J. SUMNER: I am sorry—I said a bit more and you did not like what I said. That is your problem. It is not that what I said was not relevant to the issue.

The Hon. I. Gilfillan: You said you didn't know what the Democrats were on about.

Members interjecting:

The Hon. C.J. SUMNER: That is true. What I do not know, and which you might as well tell Parliament, is where do you stand on the question of strip searching?

The Hon. I. Gilfillan: We want information.

The Hon. C.J. SUMNER: All right: I have said I will get the information and, in answering that, I made some pertinent comments. Your problem is that you did not agree with what I said, despite the fact that they were relevant, pertinent, and very much to the point. I am sorry that the honourable member did not agree with what I said, but that is not an unusual occurrence. The reality is that I answered the question. I said that I would refer the question to the Minister responsible and bring back a reply on the specific issue. In saying that, I also invited the Democrats to express their view on the topic.

Secondly, I put the case that, surely, the authorities have some kind of responsibility, whether it be by strip searching or otherwise, to try to ensure that order is kept in the prisons and that illegal activities are not carried out in the prisons or by way of transmission of material from outside into the prison.

ALLOCATION OF ACCOMMODATION

The Hon. T.G. ROBERTS: I seek leave to make a brief explanation before asking the Minister of Health a question about space allocation at the new site of the Department of Community Welfare and the Health Commission.

Members interjecting:

The PRESIDENT: Order!

The Hon. Diana Laidlaw: Is this the answer to my question of last week?

The PRESIDENT: Order!

The Hon. T.G. ROBERTS: Ms President—

The PRESIDENT: No—I am calling for order. Were the comments which were made a refusal of leave? I asked was leave granted and there were noises all around the Chamber. I did not know whether that was to be interpreted as a refusal of leave. Leave is granted, apparently.

The Hon. T.G. ROBERTS: I took the mumbles as an exclamation of support and assistance in asking my question of the Minister if Health. The Hon. Ms Laidlaw is correct: it is in response to an impression left, perhaps, in the minds of some people who read *Hansard* that there were some difficulties with the allocation of space in town acre 86, which could perhaps lead to industrial problems with the allocation not being the correct entitlement under the Government office accommodation guidelines. The question I

ask, with that extra of explanation which was not intended—I was going to be brief but have now had to extend my remarks because of some of the interjections—is: is the space that is allocated to the Community Welfare Department and to the Health Commission as outlined—

An honourable member: And the Minister.

The Hon. T.G. ROBERTS: —and the Minister, as outlined in the Public Works report, is that space allocated in accordance with the Government office accommodation guidelines?

The Hon. J.R. CORNWALL: The simple answer is 'Yes', it is allocated according to the guidelines.

The Hon. C.M. Hill: What about the patio outside your suite?

The Hon. J.R. CORNWALL: The Hon. Mr Hill is normally better than that.

Members interjecting:

The Hon. J.R. CORNWALL: Let us go into the propriety of what the Hon. Mr Hill and his friend the Hon. Ted Chapman have been up to in this matter. They are both members of the Public Works Standing Committee and they have put the Hon. Ms Laidlaw up to asking spurious questions in this place.

Members interjecting:

The Hon. J.R. CORNWALL: Yes, but it is very true.

Members interjecting:

The Hon. J.R. CORNWALL: That is right. They have indeed breached confidences, and it does not sit well with the Hon. Mr Hill. He is normally better than that.

The Hon. C.M. HILL: On a point of order, I take strong objection to the honourable Minister claiming that I put Ms Laidlaw up to asking questions in regard to a certain matter.

The PRESIDENT: Order!

The Hon. C.M. HILL: She asked questions after the information was tabled in this House.

The PRESIDENT: Order!

Members interjecting:

The PRESIDENT: Order! There is no point of order, Mr Hill.

The Hon. J.R. CORNWALL: Quite right!

The PRESIDENT: If the Hon. Mr Hill wishes to make a personal explanation he can seek leave to do so in the manner set out under Standing Orders.

The Hon. J.R. CORNWALL: After the Hon. Mr Hill and the member for Alexandra (Hon. Ted Chapman) put the Hon. Ms Laidlaw up to this campaign of distortion and misrepresentation, let me set the record straight. There was a clear inference in the explanations and questions that have been asked in this place by the Hon. Ms Laidlaw that we were somehow breaking the occupational health and safety guidelines. That is a black lie—a quite deliberate untruth—and it does not do Ms Laidlaw or any of her colleagues any good at all.

The Hon. Diana Laidlaw interjecting:

The Hon. J.R. CORNWALL: I read the press release. The honourable member has been out on the track, on the Vincent Smith show; she has been telling untruths out in the community at large and has been misrepresenting the position in this Council. The simple situation, the truth—

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: The truth—

The Hon. L.H. Davis: Come on, patio prince, tell us.

The Hon. J.R. CORNWALL: You're a barrel of laughs!

The Hon. Diana Laidlaw: Well, why did the—

The Hon. J.R. CORNWALL: Because very few people like change.

The Hon. L.H. Davis: Are you going to wear shades on your patio?

The Hon. J.R. CORNWALL: You really are a gaggle of geese! This, Ms President, is the alternative Government in action. I would that the schoolchildren were here again today to see them parroting and rabbiting on.

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: All these middle-aged males—plus the Hon. Ms Laidlaw—or, in one case, an elderly male, carrying on like they were in the junior primary school: most extraordinary! The situation is that currently the office space that my personal staff and I occupy in the Westpac Building at 52 Pirie Street is 310 square metres. In addition to that—

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: It doesn't worry me at all. Let me assure you, Ms Laidlaw, that you don't worry me one whit; not one whit. As I have often said before, Ms Laidlaw, when the wind is over five knots you carry two bricks in your handbag, you are such a lightweight. You are such a lightweight that it is impossible for you to cross North Terrace when there is a light breeze blowing. As I said, with regard to my current office accommodation on the first floor of the Westpac Building, it is 310 square metres. In addition to that, I deliberately retained an office in Community Welfare in the GRE Building, 50 Grenfell Street, when I was given that portfolio. There was a very good psychological reason for that. I wanted to ensure that I was not only the Minister but, as far as the head office staff of DCW were concerned, I was seen to be their Minister.

For that reason I kept the office there. I always go to that office on a Tuesday morning, whether or not the House is sitting, and I always go to the office on a Friday. So I divide my time equally between the two offices. The office space in the GRE Building—the ministerial office space—is 115 square metres. Therefore, altogether, I currently have 425 square metres of office space for my staff and for me.

An honourable member interjecting:

The Hon. J.R. CORNWALL: Oh, shut up. You are a fool. Stop acting up. The space allocated to me and for all of my office staff in the new building is 318.5 square metres. Now, you do not have to be very bright—although it may well be beyond the alternative Government, who appear to have a collective IQ somewhere under 70 points—to work it out. But, 310 plus 115 is 425, which is very substantially in excess of 318.5 square metres. Therefore, let that be put to rest. On this occasion the Hon. Mr Hill has shown himself, despite his advanced years, to have loins as supple—

Members interjecting:

The Hon. J.R. CORNWALL: There is nothing subtle about Mr Lucas's loins, as far as I can gather.

The Hon. R.I. Lucas: You get out of my loins.

The Hon. J.R. CORNWALL: But they are certainly very supple. On this occasion it would seem that the Hon. Mr Hill sadly—

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: The Hon. Mr Hill has sadly gone into the gutter with his colleagues in trying to—

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: You knew about the space because you are on the Public Works Standing Committee.

You have acted in this matter as dishonourably as your colleague, Mr Lucas, acted last week.

Members interjecting:

The PRESIDENT: Order! I have called the House to order. I appreciate that some people find this matter amusing, but I think we should return to serious questions and answers; all of which are to be directed through me. Interjections are to cease.

The Hon. J.R. CORNWALL: Point of order, or personal explanation, Madam President, whichever you prefer. My answer was very serious indeed. You suggested that both the questions and the answers were not serious. I was extremely serious. This is a very serious matter.

The PRESIDENT: I suggested that the sitting should be serious. If the cap fits wear it!

The Hon. J.R. CORNWALL: Now, that will finish up on the back page of the *Advertiser* and you and I will be locked in mortal combat.

DOMESTIC VIOLENCE

The Hon. DIANA LAIDLAW: I seek leave to make a brief explanation prior to asking a question of the Minister for Community Welfare about domestic violence.

Leave granted.

The Hon. DIANA LAIDLAW: A survey on community attitudes towards domestic violence in Australia released last month by the Federal Government revealed, in part, that one in five people—19 per cent—consider that the use of physical force by a man against his wife is acceptable under some circumstances. This view is held by 17 per cent of women and 22 per cent of men.

People from blue collar households are, apparently, much more likely than those from white collar households to believe physical force could be acceptable. However, there is no difference between city and country dwellers in this respect.

Another finding—and perhaps this, as an aside, is relevant to the Minister's performance with regard to members opposite here—is in respect to men yelling abuse at their partners. Perhaps the Minister may be one of these people who find it acceptable—apparently half the population do—that it is justifiable for a man to yell abuse at his wife. Apart from those reflections, these revelations were—

Members interjecting:

The Hon. DIANA LAIDLAW: No, I was just commenting that it is quite interesting in terms of domestic violence in the community and the Minister's performance in this Chamber towards members opposite in terms of people's attitudes towards others in this Chamber. It is quite an interesting comparison, but it is not the one that I actually wanted to—

Members interjecting:

The PRESIDENT: Order! I ask that interjections cease and that all remarks be addressed through the Chair.

The Hon. DIANA LAIDLAW: The revelations to which I referred have been roundly condemned across Australia, and particularly strongly so in South Australia, by a wide variety of individuals representing various organisations—and quite rightly so, because violence in the home and in the family is most unacceptable behaviour. Related to this is the fact that in November last year the Premier and the Minister released a report on domestic violence which highlighted that 'domestic violence is an extremely serious law and order issue'.

The task force report contained 274 recommendations for action, but at the time of its release the Government endorsed only four of those recommendations (and that is clear from the Minister's press release of 24 November). These recommendations include: a $100 000 multilingual community education and prevention campaign across South Australia against domestic violence; the establishment of a domestic violence unit responsible to the Minister of Health and Community Welfare; the establishment of regional forums throughout the State to coordinate crisis and support services and improve the way domestic violence is dealt with in the Government and community sectors; and, the setting up of a State committtee on domestic violence to continue the work of the Domestic Violence Council.

I understand that with respect to those four announcements of last November it is the Minister's intention in the next few days to announce that Ms Carmel O'Loughlin from the Women's Information Switchboard is to be appointed as head of the new Domestic Violence Unit within the Minister's department. But, beyond that imminent appointment or announcement there is concern amongst workers in the field who are dealing with victims of domestic violence that little action is being taken on the other three specific recommendations. Certainly, there is grave concern about whether or not the Government will ever act on the other 270 recommendations contained in that report. My questions are as follows:

1. In view of the concern about levels of domestic violence in the community, when can the community in South Australia expect action on the other three recommendations endorsed by the Government last November?

2. When will the remaining 270 recommendations be acted on?

The Hon. J.R. CORNWALL: One of the great joys of Government, quite unlike Opposition, is that you can consistently achieve, and not only receive reports but also implement their recommendations. Ms Carmel O'Loughlin has been recommended, as I understand it, by the interviewing panel for the position of Director of the new Anti Domestic Violence Unit within the Department for Community Welfare for which I will be directly responsible. I understand that her appointment will be confirmed in the near future and that it will commence from 18 April.

It is certainly my intention to hold a press conference to introduce Ms O'Loughlin to the media and to the people of South Australia in her new position. She will be no stranger, of course, particularly to many concerned women in South Australia. She has been the Director of the Women's Information Switchboard for a number of years. She is very well known and very well respected, particularly in a wide spectrum of the women's movement. I would anticipate that her appointment, which had nothing to do directly with me—

The Hon. Diana Laidlaw: She won it on her own merit.

The Hon. J.R. CORNWALL: She did. I do not even know who was on the panel, but I presume that the honourable member is not casting any aspersions on Carmel O'Loughlin. That would be beneath contempt.

The Hon. Diana Laidlaw: It would be beneath contempt—

The Hon. J.R. CORNWALL: Yes—just as by inference you were trying to make snide references to my domestic arrangements. I might say that I have been happily married for 31 years—32 years on 19 May. We were married on 19 May 1956, and Mark was born 14 months later on 20 July 1957. So, we have been married for a very long time and, despite the slings and arrows of outrageous fortune that befall anybody in a marriage of that length, we have been very happily married overall.

Carmel O'Loughlin will be the Director of the Anti Domestic Violence Unit and one of her first tasks—and she will have a number of them—will be to organise the public campaign throughout South Australia. The substantial amount of money that will be required for that was of course allocated and identified in the 1987-88 budget. That campaign will be conducted, I hope, by the end of June or thereabouts. The basis of that will be to inform every woman in South Australia that she is entitled to be safe in her home and that, whatever her domestic circumstance, she is entitled to be safe and secure. It is entirely unacceptable to the Government and to anybody who thinks about this matter for more than two seconds that any woman in South Australia in 1988 should be subject to physical, psychological or any other form of abuse.

The Hon. Diana Laidlaw: Or yelling across the Chamber I would have thought, but that doesn't seem to worry you.

The Hon. J.R. CORNWALL: You are just a silly person. Right along there you were cackling like chooks and screaming like banshees yet, when I get to my feet on a matter of very great importance to the women of South Australia, you cannot contain yourself. Try to behave sensibly and responsibly; try to act your considerable age.

The other thing that this campaign will stress is that no man in South Australia is entitled to perpetrate abuse on any woman. Every man in South Australia will be made aware and must know that physical assault is a criminal offence. I believe that to be potentially one of the great achievements of this Government in this term of office.

As to the implementation of the other recommendations, some of them will be implemented quickly; some will be implemented through the financial year 1988-89; others will be implemented before the term of this Government; and many of the remaining ones will be implemented over the course of the next five years. The campaign will be ongoing. One or two of the legal recommendations may be less than practical. However, the majority of the recommendations are sound. They will lead to South Australia being at the forefront in protecting the women of this State. As I said, it will be one of the great achievements in the second term of the Bannon Government.

CHRISTIES BEACH WOMEN'S SHELTER

The Hon. M.J. ELLIOTT: I move:

1. That a select committee of the Legislative Council be established to consider and report on the circumstances and the validity of claims made against the staff of the Christies Beach Women's Shelter which resulted in the withdrawal of funding from the shelter.
2. That the committee 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 389 be so far suspended as to enable the Chairperson of the committee to have a deliberative vote only.
3. That this Council permits 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.

Ms President, I am saddened that we have come to the stage where I am moving for a select committee to consider this matter. It is not the sort of matter that I would normally have expected a select committee to look at. Last year in this place we saw the introduction of a report that had been prepared for the Minister. Under the privilege of Parliament, the report was tabled, certain allegations were made against people; and, subsequent to that, the Christies Beach Women's Shelter was defunded. The allegations made against the women from the shelter were strong, and they had at no time an opportunity to refute the allegations that were made against them. They strenuously denied the allegations. I was not in a position to know whether or not the allegations were correct. However, so that these women had a chance to have the allegations aired and a chance to rebut them, I moved a motion in this place last year.

The Minister treated that motion with absolute contempt. Despite my earnest attempt to raise the issues involved and give him an opportunity to respond, he treated the matter with contempt and did not respond to the allegations or the answers that were put forward. In response to almost every allegation made, they were able to give an answer. The Minister did not further respond to these women or give other reasons that perhaps he had not originally brought forward. Although my motion was carried, the Minister did not change his mind and continued with his defunding of the shelter. My concern is that the people from the shelter have been denied natural justice. At no stage have they had any opportunity to defend themselves publicly or anywhere else, and that is contrary to my understanding of natural justice.

In fact, if these women had been Government employees the GME Act would have given them any number of protections, particularly if they had been accused of something that required discipline. They would have had the right to appeal against disciplinary action under section 68 (1). If they had been accused of something they would have been notified in writing of an inquiry, and they would have been afforded a reasonable opportunity to be present throughout the course of that inquiry. They would have had an opportunity to question persons making allegations against them, and they would have been able to bring persons or documents before the authority to provide information.

All those sorts of protections are given to Government employees. However, these people were not Government employees as such, although they were certainly operating very much in the fashion of Government employees in that they were using Government money to provide a very valuable service indeed for people in South Australia. They were not under the protection of the GME Act. It appears that the Minister had no formal legal requirement to fulfil, so he very much snubbed his nose at them and gave them no opportunity whatever. I do not want to labour the point. I went through many of the points when I moved my motion last year. I am seeking now to give these people an opportunity to put their side of the case.

As I said, I do not know who was right and wrong, although I may have my own suspicions now. I do not know whether the Minister had other information. If he did have it, he should have brought it forward: but, he did not do so. If he has other information, I hope that the select committee will be set up and that he will bring that information forward so that these people will then have a full and proper opportunity to put their side of the case. I believe that these people have been treated roughly and, if we want to talk about impartial treatment, the final excuse which was used for their defunding was that they breached the Associations Incorporation Act and a charge was laid against them.

However, it is worth noting that the Noarlunga Community Services Forum, which had Sue Lenehan as a Chair for four months and had as members Derek Robertson, Dr Hopgood and Gordon Bilney has committed 10 breaches of that Act, but no charges have been laid against that body at all. In fact, there is an incredibly large number of organisations which have breached the Associations Incorporation Act and against which no disciplinary action has been

taken. Believing that these people have been treated in a highly peremptory fashion, I have moved for the establishment of a select committee so that justice can be done and can be seen to be done.

The Hon. DIANA LAIDLAW secured the adjournment of the debate.

SELECT COMMITTEE ON ENERGY NEEDS IN SOUTH AUSTRALIA

The Hon. I. GILFILLAN: I move:

That the select committee have leave to sit during the recess and to report on the first day of next session.

Motion carried.

SELECT COMMITTEE ON EFFECTIVENESS AND EFFICIENCY OF OPERATIONS OF THE SOUTH AUSTRALIAN TIMBER CORPORATION

The Hon. T.G. ROBERTS: I move:

That the select committee have leave to sit during the recess and to report on the first day of next session.

Motion carried.

SELECT COMMITTEE ON AVAILABILITY OF HOUSING FOR LOW INCOME GROUPS IN SOUTH AUSTRALIA

The Hon. CAROLYN PICKLES: I move:

That the select committee have leave to sit during the recess and to report on the first day of next session.

Motion carried.

SELECT COMMITTEE ON THE ABORIGINAL HEALTH ORGANISATION

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

That the select committee have leave to sit during the recess and to report on the first day of next session.

Motion carried.

SCHOOL INTEGRATION POLICY

The Hon. R.I. LUCAS: I move:

That this Council expresses its concern at—

1. The failure of the Minister of Education to release publicly a copy of the Education Department's Working Party Report on 'Integration of Children with Disabilities'.
2. The failure of the Minister of Education to ensure the proper implementation of the integration policy in schools.

First, I refer to the Education Department document 'Special Education Policies'. At page 23 of the policy document, section 6, under the heading 'Integration of Disabled Children in Schools', the document indicates that the general policy of the Education Department is that education should permit the maximum useful association between disabled children and others consistent with the interests of both. The forms of special education available should foster and support this broad policy.

It goes on to outline the purposes of integration and summarises those purposes in the following way: first, different models of behaviour and language stimulation not otherwise readily available to children with disabilities; secondly, the possibility for children in regular classrooms to develop understanding and acceptance of members of their community with whom they would otherwise rarely mix; thirdly, wider experience for teachers of children with disabilities and teachers in regular classrooms; fourthly, an implication that each school should provide effectively for a wide range of children from the community it serves; and, lastly, the opportunity for the child with disabilities and his or her parents to participate in the usual life of the community and, by so doing, enhance the future integration of people with disabilities into the whole community. Under the heading 'Principles of Integration', the document states:

> There are three major principles which qualify practices to foster the maximum useful association between children with disabilities and others:
> the least restrictive environment for successful integration may not necessarily be the most 'ordinary' or 'regular' in terms of placement,
> there is no one educational arrangement or teaching method applicable to all integration practices and situations,
> successful integration is dependant on the acknowledgement of a range of qualitative and quantitative factors and not solely on the disability or characteristics of the individual child. Attitudes of the child's peers and adults involved influence the effectiveness of integration practices.

The document then indicates that the department provides and will retain a range of options for facilitating the maximum useful association and promoting the practice of integration of disabled children.

Special education services and facilities operate to provide those options as far as possible to all children requiring assistance over and above those who can presently be accommodated in regular classrooms. The options that the department says it provides and will retain include special schools, special classes, withdrawal groups, speech and hearing centres in regular schools and kindergartens, support from staff of special education units, statewide support personnel, adaptive education teachers located within schools, visiting teachers for children with physical disabilities or visual impairment, area guidance officers, speech pathologists and social workers and, finally, personnel from the central special education section and special services.

I went through that Education Department policy statement in some detail to highlight the distinction between integration and what is known as mainstreaming of disabled children into classrooms. Mainstreaming involves just one aspect of a broad based integration policy and incorporates the placement of children with disabilities within what we know as the mainstream, perhaps the less appropriate term being normal schools and classrooms. My second reason for going through the policy in some detail, other than to explain it, is to acknowledge that in theory it is a good policy, one which has been supported not only by this Government but also by the alternative Government and Opposition Parties for many years. It is also generally supported by those involved with the education of children with disabilities.

However, while the general theory of the policy is supported, it is commonly agreed by all concerned that the policy will work only if the proper resources are provided to make it work. Indeed, there are many who are better placed than I to argue (and who do argue) that the policy could be counter productive for all concerned if the theory is not backed up with the proper and appropriate level of resources from the Education Department. Indeed, the expectations of children with disabilities and their parents are raised by the promises in documents such as this and, in many circumstances (as I will indicate later), their hopes and expectations are dashed when the theory is tested against the practice. In general, if a policy such as this is not properly resourced, my view is that everyone will lose. Not

only will the child with disabilities who is struggling to cope be disadvantaged but equally the classroom teacher who is struggling to cope with a classroom and the child with disabilities will also be placed under unnecessary stress unless that teacher is properly trained, retrained or developed and then provided with the appropriate level of assistance within the classroom. Finally, the other children in the classroom will suffer and be disadvantaged if the proper level of resources is not provided.

In my two years as shadow Minister I have heard countless stories from professionals involved in the integration of children with disabilities into classrooms; they have told me heart-rending stories about the problems that they as classroom teachers experience trying to cope with a class of 25 to 30 students as well as one or two children with, for example, Down's syndrome. What do they do for the 25 or 30 hours of the week when they do not have proper aid time and when they must try to cope with the special needs and wants of the child with disability in their classroom? They know that any disproportionate amount of time that they devote to that child with disability will mean that the 25 other students in the classroom will, as a corollary, be disadvantaged because of the department's lack of resourcing of this policy.

As a result of all these concerns, which have been around for many years, and because of the problems that arose, in 1984 the Minister of Education did what all Ministers do when they are faced with a difficulty: he appointed a committee to look at the matter. In 1984, the Minister of Education appointed a high-powered working party to examine the integration of children with disabilities in the education system. That high-powered committee was chaired by Dr Keith Weir, who is now the Director of Education in the western area of the Education Department and is one of the senior members of the South Australian Education Department. Among its 18 or 19 members it included many other highly placed service providers within the Education Department, as well as parents and other people involved in the delivery of education services for children with disabilities. After two to three years of work, the working party reported in November 1986. It was a good report, an important report, and all involved in this area of education waited with bated breath for its release and the indication of the short, medium and long-term response from the Minister of Education to the recommendations of the working party.

Some of the major recommendations included, first, a finding that there was a shocking inadequacy of present services for the integration of children with disabilities and a conclusion that there was a substantial teacher and school assistant shortfall provided by the Education Department; and, secondly, in relation to children with profound multiple disabilities, present funding levels do not allow educational services to reach all the children who require them.

The report goes on to make major recommendations in relation to, first, all children having the right to receive educational services; secondly, an additional allocation of 150 teachers per annum for the years 1986 to 1988, and an additional allocation of 100 school assistants per annum for the years 1986 to 1988; and thirdly, that consideration be given to appointing a key worker to assist families in coping with all agencies that need to work with children. For anyone involved in this area, and particularly for parents, it is a never-ending struggle trying to cope with all the various arms of the Government octopus that are meant to deliver services to children with disabilities. Parents who struggle to cope with bureaucracy do indeed struggle when they must cope with perhaps five, six, seven or even eight different aspects of Government bureaucracy in trying to provide educational services and associated health services for children in South Australia. So it was suggested that a key worker from one of the agencies assist parents and children in the coordination of all the services delivered by the various agencies to children.

The report goes on to argue that parent advocates be allowed to assist parents in their dealings with the Education Department; that there be a review of the recent parent trend of taking students out of secondary schools and placing them in special schools; that the department should provide professional development for teachers to develop skills to assist children with disabilities; and, finally, the need for early identification and early intervention programs to minimise the effects of disabilities. They are really only some of the key recommendations of the report, but they indicate the thoroughness with which that working party approached this most important matter.

What has been the response from the Minister and the Government to this working party which laboured for three years and gave birth to a report in November 1986? Some two years later we want to know what has happened. First, the Minister has chosen to suppress the public release of the working party's report. There is no doubt in my view that he has done so because its public release would be a major embarrassment to not only the Minister of Education and the Bannon Government but indeed to all of us who would like to see the proper delivery of services for the integration of children with disabilities in our schools. Indeed, the only substantive response that we have seen from the Minister to that report is the recent announcement of the appointment of another committee to look at the problems of the integration of children with disabilities into education.

When parents and those involved with this working party heard of that decision by the Minister of Education they (to use a colloquialism) hit the roof. They were aghast that the only substantive response that they could get from the Minister of Education and from the Government—that in many areas and indeed in this one area has been shown to be arrogant and out of touch with what the community wants—was the appointment of another committee to look at the results compiled by this committee over some three years. Indeed, it is a Pontius Pilate attitude from the Minister of Education and the Government—washing their hands of the problem by appointing another committee and hoping that its report will not be released until after the next State election. The Government wants to lurch from report to report and from committee to committee and, as long as the committees and reports are timed so that the committee is appointed just before an election and the report is released just after an election, that can be done *ad nauseam*.

I will place on the record in some detail some specific problems that parents and children with significant disabilities must confront at the moment with the Education Department and this policy on the integration of children with disabilities. First, I place on the record my thanks to a very active group called Parent Advocacy Incorporated, and a group of parents associated with that organisation who have met with me and have provided members and me with detailed information to consider in relation to this important motion. I will place on the record some five or six specific case histories of children and their problems, and of parents and the problems that they are having with the department at the moment.

Case 1 involves a 10-year-old boy with Down's Syndrome, substantial hearing loss and hearing aids in both ears who

was integrated into primary school for three years. He has a history of stop and start ancillary services from the department. In October last year it was decided to reduce the child's aide time from five hours to two hours per week. That decision was then reversed after the mother spent considerable time lobbying—sending letters and telephone calls and having interviews—to try to reverse the Education Department's decision. Last year the child received nine hours total support per week—four hours with a special education teacher and five hours of aide time in class. Members should remember, as I said, that it is only five hours of aide time in class; for the rest of the time the class teacher must cope with not only 25 students but this child who has Down's Syndrome.

This year that support of nine hours has been almost cut in half by the Education Department. The child still has five hours aide time, but the four hours from the special education teacher—the trained professional—has been slashed to 30 minutes a week. A visiting teacher of the deaf visited the child twice in six weeks, and they had been waiting two years for this service. This visiting special education teacher—and this is not the teacher's fault—is working three days a week and is expected to cover eight widely-scattered schools in the Hills. She makes an occasional visit to advise the aide who then in effect is expected to do the work of a special education teacher. So the 30 minutes is not being spent with the child—it is being spent with the aide (who then spends five hours a week with the child) to train the aide in ways of assisting the child in the classroom. This school is entitled to nine more hours of aide time per week due to the unexpected high enrolment but, despite many requests from the principal, extra aide time under the department's formula has not been provided.

Case 2 involves an eight-year-old with tuberous sclerosis who attends a special school out of the region four days a week. The mother wanted the child integrated into a local primary school for one day a week. So the child is in a special school for four days a week and the mother, not unreasonably, wanted to integrate the child into the local primary school in the local area with local children for one day a week. This commenced on 16 March, but with a negative attitude displayed by the teacher. The mother feels that staff were not prepared beforehand and were unwilling to acquire new skills.

I interpose that part of the reason for that is the cutback in the department in professional development time and retraining time. I continue:

An aide is attached to the class but is there for only five hours and leaves at 2.30 p.m. The staff flatly refuse to have the child for the remaining hour of that day without an aide.

So the child is there up until 2.30 with an aide and, as soon as the aide leaves, the staff and the school say, 'Right: we can't cope with the child. You will have to take the child away from the school.' I continue:

On the first day, the child was slapped by the teacher for leaving her desk and going outside. Other children are very accepting. The mother becomes frightened and emotionally distraught before meetings, as she hears nothing but negative comment about the child. She knows the level of aide time will not last forever and wonders what will happen in the future when teachers clearly will not accept responsibility for her daughter without an aide.

Case 3: a seven-year-old girl with Downs Syndrome. The mother wants the child to be integrated into a primary school.

The first year went well with a positive and enthusiastic teacher and backup from a special education teacher attached to the school. The second year was a total disaster, because the department reduced the hours of the special education teacher and, indeed, did not just reduce them—withdrew them completely.

The new teacher said that a friend of hers had a nervous breakdown because of the strain of teaching a child with Downs Syndrome. The new teacher needed training and support, but this was not possible because of the department's cutbacks for development and training. The guidance officer of the department was unable to help. The situation continued to deteriorate despite the mother spending hours at school and acting as the aide.

So, instead of the departmental aide being provided, the only response this distraught mother could make for her child was to spend hours of her own time within the classroom, acting as the aide. I continue:

In desperation, this mother withdrew the child and sent her to a Catholic special school to get the assistance that she wanted.

Case 4: a six year old girl with developmental delay of unknown aetiology. As a shared arrangement between kindergarten and school, attends a school for two days plus two half days and attends a kindergarten for two half days.

The Children's Services Office and the school are uncomfortable with the arrangement. The child is coping well.

Last year they were told that if the child was officially enrolled in the school the support would be made available. However, this year there has been a change in principal and they were then told that the support hours allotted but not currently received would be lost if the child could not undertake a psychometric assessment.

The parent is under extreme pressure to make decisions regarding the education of the daughter. The parent is concerned about the procedure and the value of the assessment and, meanwhile, the principal stresses repeatedly that the school is not a child minding facility. The guidance officer informs the parent that if the assessment was carried out and the category for the level of support was high, there would be no guarantee of ongoing support.

Whilst support could be offered now, if the same level of support was required in grade 3, it would not be available, therefore the parent could expect something along the following lines: enrol the child in a local primary school; the child attends the school for one or more weeks; the school cannot provide the support required and the extra one to one support is not forthcoming from the department. Finally and tragically the child is suspended from that particular school because the department cannot provide the educational facilities to teach the child.

The option given was to attend a primary school out of the region in a special class. This was not acceptable to the parent who wanted integration plus adequate support. This is backed up by support staff who have been involved with the child to this point. The parent is now looking at placement in a small private school in the area. The parent is now looking at possibly having to provide a special education teacher at the parent's cost of $25 an hour out of the parent's purse to provide educational assistance for the child with disabilities. The current situation is that support hours that have been set aside for the child have been withdrawn due to the conflict between the parent and the department.

Case 5: An 11 year old boy with multiple disabilities. The boy has been in foster care for the past year through a confusion over the correct placement, Regency Park Centre for the Young Disabled or Christies East Special School, the child, teachers, parents and foster parents are all left in limbo. Regency Park maintains the current placement is not suitable as he should be integrated in the community yet all the resources are available there.

The teacher is 'babysitting'. No program has been designed as 'he could go tomorrow'. The child is lost in the system that is unable to cater for his specialised needs and is suffering because of this.

The last tragic example the parents have provided me with—while not the last example I have been provided, it is the last I will put on record, although many others could be raised in the Parliament. This is a letter from a mother which states:

I am writing to you as shadow Minister because of my very urgent concerns about my child's education. My son aged 7½ has a severe visual impairment (legal blindness) and moderate hearing impairment. For the first four terms of his schooling he attended Townsend school for the visually impaired. At the end of that period I withdrew him because I felt his social and creative development was being warped and retarded by his confinement within the unnaturally narrow confines of the school for the blind. On approaching our local schools about his enrolment I was met with responses which varied, that ranged from the totally unenthusiastic to outright refusal to admit him. The head of one particularly suitable school refused to enrol him unless the Education Department would guarantee a certain amount of teacher aide time specifically for him. The Education Department after a series of delaying and diffusing tactics offered no assistance whatsoever. Thus I was left with no other option but to put him into a small private school in Unley.

I interpose there that in three of the six examples we have seen parents so distraught with the system that they have

ended up placing their children into the private system to try to provide an education for their children in South Australia. I continue:

This is very difficult for me to manage on my invalid pension. I was given to believe by the Commmonwealth Schools Commission that my child would qualify for special assistance under their integration fund. One day before the start of the new term we were informed that they had changed the rules and that he no longer qualified . . . My child is very happy at his new school—

I might add that the child's name is mentioned here, but I will not put it on the record—

and has settled in well. However only one hour per week of teacher aide (from Townsend school) means that it is impossible for him to gain basic literacy skills because of his sight problems. As you know, his continued failure in these basic skills of literacy and numeracy will preclude him from progress through the academic system in the way his natural intelligence would indicate. He is in effect being written off by the Government through its failure to adequately fund the Visiting Teacher Service based at Townsend Special School. Your Government and assorted other reports have indicated that it is the right of all people to have access to education which is appropriate; that is ordinary education. I would assert that this is not only a right but is essential to the development of our young people with disabilities to develop as full members of our society and for our society to learn to give full respect for all its members. Without proper support and funding, your Government's espousal of an integration policy for children with disabilities remains a vile hypocrisy. I want the Government to consider this matter most urgently and I will be contacting the Minister for an interview to discuss this matter further.

Sadly, with that and many other examples that I have placed on the record and with many other examples that have been given to me, tragically the department has been unable to cope with the problem of providing an education for these children with disabilities. Indeed, the situation is so distressing and so perplexing for some parents that I have been advised that some parents are looking at the situation of trying to take legal action against the Education Department to try to enforce the provision of an appropriate level of education for all under the compulsory age of 15 years.

In moving this motion today, I believe that those are stark examples of the problems that all of us in Parliament, whether in Government, in Opposition or in the Democrats, need to confront and need to look at seriously. It is just not sufficient as we head into the 1990s to make our only response the perpetual motion of appointing committees and receiving reports.

If they are not reports that we like, we appoint another committee and hope to get a report that we can be satisfied with. It is not an appropriate response from this Minister of Education. Indeed, when the change comes in April or May and this Minister moves to a less controversial area, one of the first matters that I will put to the new Minister of Education in South Australia will be the need to confront, honestly and openly, the dire need that exists in our schools for the education of children with disabilities. I will also raise the need for the proper resourcing of integration policies in South Australia.

It is time for major change, and I urge all members, even if they do not speak on this motion, at least to think seriously about what each of us can do to prod our own Parties and Government to take action to provide a proper level of education for South Australian children with disabilities.

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

CRIMINAL LAW CONSOLIDATION ACT AMENDMENT BILL (No. 5)

Adjourned debate on second reading.

(Continued from 23 March. Page 3399).

The Hon. CAROLYN PICKLES: I oppose the second reading of this Bill, which constitutes a thinly-disguised attempt to restrict severely women's access to abortion. This is the real reason behind these amendments; it is not intended to improve the 1969 legislation, or to update it in light of 1988 knowledge or to provide more supportive services for women.

It is also apparent that the personal position of the Hon. Dr Ritson, who introduced the Bill, and the honourable members, Mr Burdett and Mr Irwin, who have spoken in support of the Bill, is one of opposition to abortion in virtually any form. They are more concerned with so-called principles in which life is to be maintained at any cost regardless of the quality of life for both women and children. I wish to make it quite clear where I stand on the question of abortion.

The May 1986 report to the South Australian Health Commission working party to examine the adequacy of existing services for termination of pregnancy in South Australia states:

Whether or not to bear a child is perhaps the only irrevocable decision a woman makes. Where she qualifies and where she decides that, given her circumstances, abortion is the most responsible course of action, it is only just that she have access to services which are efficient, safe and humane.

That is my position on abortion. I refer to clause 2 *(a)* of the Bill which substitutes the words 'substantial risk' for the existing words 'greater risk'. The word 'substantial' is ambiguous. Its dictionary definition states that it is actually existing or of real importance or a considerable amount. It would be a difficult concept to interpret, and members opposite already seem to have a problem. The Hon. Dr Ritson argues that it would refer to an identifiable risk, while the Hon. Mr Burdett suggests that it would refer to a considerable risk. He argues that the only grounds for a termination should be that the woman would become a mental or physical wreck if the pregnancy was to continue.

If the term 'substantial' was interpreted in this way, as the Hon. Mr Burdett suggests, abortion could be performed only in extreme circumstances. The Hon. Dr Ritson argues that the current wording of the clause allows abortion when the risk is trivial. This denigrates the judgment of both women and doctors. Abortion is very rarely a step which is taken lightly, either by the women or by the doctors. The wording of this clause was debated at length in 1969 and 1972, and similar arguments were used. There is nothing new in the Hon. Dr Ritson's argument. On 9 August 1972, the Hon. Robin Millhouse, in debate on an amendment to the Criminal Law Consolidation Act, stated:

What on earth does 'substantial injury' mean?

I ask the Hon. Dr Ritson: what on earth does 'substantial risk' mean? The Hon. Robin Millhouse went on to say:

The phrase has no precise meaning and it would cause doubt and concern to everyone who had to interpret such a provision. The phrase has no meaning and, therefore, it ought not to appear in an Act of Parliament if that can possibly be avoided, as I consider that it can.

I do not consider that we, as members of Parliament, should accept language of this kind. I know that the honourable member has had to use it because he cannot think of anything better. In my view, it would be far better to leave the law as it stands.

I heartily concur with the sentiments of the Hon. Robin Millhouse in relation to this clause of the present Bill. Nothing has changed but the players in the act. The proposed requirement of 'substantial risk' to life or health of the pregnant woman would have the effect of turning the clock back to the situation where: women with financial means who choose to terminate a pregnancy will travel interstate for services; women without financial means will turn to time-honoured methods of self-induced or 'back-

yard' abortions which carry very serious risks to life and health; doctors will be placed in a position fraught with ethical difficulties having to weigh the interests of their patients against the requirements of an unjust law; women and doctors will be forced into a parody of the proper patient-doctor relationship, with the doctor playing the policing role and the woman thrown on her wits or her connections to present a sufficiently convincing case; and where it would take the decision-making process away from the woman completely, allowing her no choice or self-determination of her future.

I refer now to clause 2 *(b)* of the Bill which refers to the necessity of a woman seeking a termination to be referred to a specialist in psychiatry. Although the Hon. Dr Ritson's argument has been worded so as to make it seem that it would be of benefit for women seeking abortions, in reality it too would be a restrictive measure. There is currently an 11 to 16 week waiting period to see a psychiatrist in Adelaide, and there are no resident psychiatrists in hospitals outside the metropolitan area.

This not only especially penalises women in country areas who may have to travel hundreds of kilometres to see a psychiatrist and incur considerable financial costs but also it extends the waiting period for an abortion. That waiting periods be extended is not a desirable move. This requirement for women to see a psychiatrist will force women to parade their distress about an unwanted pregnancy as if it was in fact a mental illness, which I refute entirely. It has been shown that abortion is more likely to prevent than cause psychiatric disorders.

What we, as a State, have done is recognise that there can be the existence of emotional and psychological distress surrounding an abortion, and that there is the need for support and counselling services. Once a decision to have an abortion is made by the woman, following an examination by her doctor, the quicker the abortion is performed, from a medical and safety point of view, the better. Unwarranted delays cause emotional distress and constitute a health risk.

I refer now to clause 2 *(c)* of the Bill, which strikes out '28' from subsection (8) and substitutes '24' weeks. I make the following points about this clause. This proposed reduction of the upper gestational limit, while of little practical significance in South Australia, should not be supported. Elective abortions over 20 weeks are not performed in South Australia. However, abortions carried out for genetic reasons do occur over 20 weeks, frequently because abnormalities are not detected until later in the pregnancy. In 1986, over 96 per cent of abortions were performed in the first trimester. Only .04 per cent (two cases) were performed after 24 weeks, and these rare cases were performed on the grounds of foetal abnormality.

I think we must also face the harsh reality that we will have increasing numbers of women who will suffer from AIDS. This is an unfortunate situation, but we must be realistic about it. A pregnant woman who discovers she has been infected with the AIDS virus at 25 weeks, for example, and that the child is likely to be infected, will be unable to obtain a legal abortion if this Bill is passed. I believe it would be cruel in the extreme to make abortion over 24 weeks illegal if abnormality or other serious medical factors were not confirmed until over that gestation period. It would therefore serve no humane purpose to amend this clause.

I commend the Hon. Dr Ritson for his comments on the need for men to bear more responsibility in reproduction. I would believe him to be sincere about this statement if he had included a clause to that effect in this Bill. I do not believe that he is in fact sincere on this point. This Bill does exactly the opposite: it throws the burden of coping with the consequences of unprotected sexual intercourse even further onto women by restricting their choices. There has been no public demand for a change to the legislation. On the contrary, there is evidence that the majority of people accept the current legislation as workable and humane. I would like to quote from a letter I have received from the Family Planning Association as follows:

> The Family Planning Association provides a counselling service for women with unplanned pregnancies. Our experience of counselling approximately 700 women each year leads us to the view that the overwhelming majority of women make their decisions about termination in a responsible way and that, while many who choose termination feel a real sense of regret or sadness that they are unable to continue their pregnancies, it is only a very few who require any extended counselling. We have been relieved to observe a decrease in the number of women facing agonising personal, family or social pressure in either direction. It is our experience that women who really make their own decision, whatever that may be, are less likely to suffer regret and other problems than those who are carried along by family or boyfriends.
>
> We would anticipate that placing more control in the hands of doctors and psychiatrists (and thereby lessening the woman's ability to choose) would tend to increase the level of emotional suffering involved rather than decrease it.
>
> The Family Planning Association supports the right of individuals to control the number and spacing of their children. Access to termination is a necessary part of the services required towards that end. Better contraception, more education and more social acceptance of responsible reproductive choices are the long-term answers to the problem of unwanted pregnancy; restriction of access to termination services is not.

A letter from Judith Roberts, Chairman of the Board of Directors of the Queen Victoria Maternity Hospital, addressed to the Hon. John Cornwall (Minister of Health), states:

> I write to express the concern of the board of the Queen Victoria Hospital, regarding the proposed amendments to the Criminal Law Consolidation Act.
>
> We believe that the arguments used to support the proposed amendments are emotive, unsubstantiated opinions which are not supported by the documented research and literature covering the subject of abortion. Moreover, the proposed amendments obscure and negate a woman's right to self control and determination. As you are aware, the proposed legislation seeks to do three things:
>
> 1. to replace the 'relative risk' clause with a provision requiring 'a substantial risk to maternal physical or mental health';
> 2. to ensure that one of the two examining doctors is a psychiatrist; and
> 3. to alter the statutory time of viability of the foetus from 28 weeks to 24 weeks.
>
> The amendment to the 'relative risk' clause would not only limit terminations to a medical/pysychiatric assessment, but it would take the decision-making process away from the woman completely, allowing her no choice of self-determination on her future. A recent report based on interviews of women a year after having made a decision to have an abortion, and concerning the personal consequences of the abortion, produced very positive results and showed that 'the women felt stronger and more in charge of their lives after carrying out their decision, and all but one of them would have made the same decision if replaying that part of their life' (Wainer, 1985).
>
> A report by Osofsky and Osofsky (1971) showed that 'the babies born to mothers who have been denied a therapeutic abortion have a worsened development and social prognosis than do children in the population at large'. Further results suggest that where a woman is forced to carry an unwanted pregnancy to term, she is in effect likely to be exposed to a continuing period of emotional disturbance and, '. . . we would have to conclude that there seems to be very little therapeutic value in forcing a woman to carry an unwanted pregnancy to term.'(Brody, Meikle and Gerritse, 1970).
>
> If the number of abortions are restricted by replacing the relative risk clause, there will be increased social and emotional problems associated with the increased number of births which would overwhelm current health and welfare services.
>
> With regard to the proposal that one of the two examining doctors be a psychiatrist, there is well supported evidence to suggest that this is not only totally unnecessary but also unrealistic. It has been shown that abortion is more likely to alleviate

rather than precipitate psychiatric disorder (Potts and Diggory, 1983). Baluk and O'Neill (1980) state that some health professionals and others not closely involved in the abortion process 'apparently still perceive the post-abortion psychological risk to be far greater than actual experience documents', and literature from diverse sources has indicated that abortion is accompanied by few objective psychological sequelae.

Increasingly, the pre-abortion counsellor can be seen as the arbiter of a social situation, rather than a consultant in the diagnosis and treatment of mental illness. Unwanted pregnancy is not a disease or sickness, and Pasnau (1971), among others, has suggested that there should be no routine psychiatric consultations, unless indicated. It should be recognised that there can be the existence of emotional and psychological distress surrounding abortion, and there is the need for support [as I have already indicated]. Lazarus and Stein (1986), however, argue it is 'not sufficient to categorise it as a psychiatric problem, and that routine psychiatric consultation is unnecessary'. There is considerable doubt as to whether pre-abortion counselling is best done by doctors at all (Illsey and Hall, 1976). Tanner *et al*, Dorsey-Smith *et al*, Sutton and Steel, Aitken-Swan and others emphasise the value of counselling with social workers.

Further, once a decision to perform abortion has been made by the examining doctor, there seems little doubt that, from a strictly gynaecological point of view, the more quickly the operation is performed, the better. Many women find delay in admission to hospital very distressing. If women are forced to seek psychiatric consultation, it will inevitably mean delay which would result in an increased number of mid-trimester terminations taking place. For women living outside the metropolitan area, it would be intolerable. You have been quoted recently as saying 'there are no psychiatrists in South Australian country areas and there never have been,' (*Advertiser*, 17 March 1988). Automatically, women from country areas would be discriminated against by being forced to seek psychiatric counselling in Adelaide.

Finally, the Bill seeks to alter the statutory time of viability of the foetus from 28 weeks to 24 weeks.

The current World Health Organisation recommendation that pregnancy later than 20 weeks gestation should not be aborted except on indisputable medical grounds is recognised by the health system in South Australia, and elective abortions over 20 weeks are not performed. Therefore, the amendment does not affect women seeking abortions in this area.

However, abortions carried out for genetic reasons do occur over 20 weeks, frequently because abnormalities are not detected until later in the pregnancy. It would seem cruel in the extreme to make an abortion over 24 weeks illegal if abnormality was not confirmed until over that gestation. It would therefore serve no humane purpose to reduce the statutory time of viability from 28 to 24 weeks, except to cause untold heartbreak and suffering.

It must be emphasised that therapeutic abortion is usually a last resort. A woman's decision to proceed with an abortion should be considered in a supportive atmosphere with the maximum accurate information available to her. In such an environment, abortion is therapeutic in the best sense of the word: the woman has made a decision for herself which she can acknowledge as being her own; she feels positive about her decision and therefore functions more effectively.

Having studied the situation in Australia and overseas, Raphael (1972) concludes that 'studies of the subjective response of women to therapeutic abortion are in good agreement, reporting that more than 90 per cent to 95 per cent of patients were pleased with their decision, and felt it to be the best answer to the situation they were in, and these results were constant in many countries'.

To alter existing laws as proposed by Dr Ritson's Bill would restrict abortion to a very small group of women, causing untold hardship and distress, and definitely resulting in substantial risk, not only to a woman's physical and mental health, but also to that of her offspring.

I urge you to support the maintenance of the existing legislation.

It is obvious from the drafting of all these amendments that the intention is to severely limit the access of women to abortion. Again, I refer to a report of the South Australian Health Commission on Abortion in relation to the statements on the effects of restricting access to abortion. The report states:

The number of legal abortions will remain the same, at around 4 000 a year.

An honourable member interjecting:

The Hon. CAROLYN PICKLES: She signed it as Chairman. The report continues:

This will be achieved by excluding more women. Those most likely to be excluded will be those without sufficient money to pay for an immediate private service, that is, very young women, single women or married women on low incomes.

The number of abortions done privately will continue to increase. Delays caused by the need to procure funds or a sympathetic practitioner could lead to a disproportionate decrease in first trimester abortions compared with second trimester abortions, with a resultant increase in the risk of complications. Many women will carry to term an unwanted pregnancy.

The number of illegal abortions could increase. Restricting access to abortion has been associated with illegal abortion deaths (as in Rumania, following the introduction of legislative limitations to abortion, when the death rate due to abortion increased seven-fold from 14.3 to 97.5 per million women aged 15 to 44).

The number of unwanted children will very likely increase, and there is no indication that the social cost of unwanted children will decrease. That cost will be borne by the mothers of those children, the children themselves and by the community at large. The majority of abortions are among unmarried women (71 per cent in 1984), some of whom are teenagers unprepared for raising children, much less for raising them without assistance. Restricting access to abortion offers no solutions to the disadvantageous conditions in which unwanted children would be raised.

The mortality related to reproduction will increase among women of childbearing age. Replacing legal abortion with illegal abortion subjects women to an increased risk. Delaying abortion increases the risk of serious complication—the longer the delay, the more hazardous the procedure. The future reproductive health of women would be impaired. As women seek illegal rather than legal abortions, surgical complications, specifically infection of the reproductive tract, will be followed by infertility more frequently. Legal abortion services, however, provide an entry point for other relevant health services.

In summary, it is obvious that the Hon. Dr Ritson, the Hon. Mr Burdett and the Hon. Mr Irwin and, to some extent, which surprises me, I must say, the Hon. Mr Hill are opposed to abortion and are using this means of legislative change to disguise this fact. It is clear that with these very restrictive amendments they wish to revert to the bad old days of backyard abortions, maternal deaths and criminal charges. Time has moved on. I do not believe that the women of South Australia support this Bill. I would like to believe that the majority of men in South Australia share this view. I believe that the existing legislation, whilst not perfect, is reasonable; it has been implemented carefully, responsibly and fairly and I do not support any change. I oppose the second reading.

The Hon. M.B. CAMERON (Leader of the Opposition): In regard to this Bill, no matter what one finally decides to do, one will be damned: you are damned if you support it and you are damned if you don't. Potentially, it is a divisive subject in any community because inevitably emotions become very deeply involved and there are sincere people on each side who hold strong views. But there is no doubt that the moves outlined in this Bill, no matter how they are dressed up, are clearly designed to restrict access to abortion. They purport to decrease from 28 weeks to 24 weeks the time level at which abortions can take place. I am not sure whether Dr Ritson was aware before he introduced the Bill that generally abortions do not take place in South Australia after 20 weeks unless for very sound reasons. I believe that that was outlined by the honourable member who spoke previously.

The Hon. R.J. Ritson: It was in my second reading explanation.

The Hon. M.B. CAMERON: That's good; I accept that. That procedure is followed in South Australia based on

World Health Organisation recommendations that pregnancies later than 20 weeks gestation should not be aborted except on indisputable medical grounds. I support that, and I believe that most thinking people would support it. Obviously, some abortions occur in South Australia beyond that time. I understand (but I have no way of checking) that of the 4 000 abortions performed last year, six were over 20 weeks—four for reasons of the mother's health and two because the foetus was abnormal. In fact, South Australian doctors generally take a very responsible view of this matter.

In my short time as shadow Minister of Health I have developed a great deal of respect for the integrity and commonsense of medical practitioners in this State: they are the only ones with whom I have had contact. I am prepared to leave to their good sense and judgment the decision-making in this matter, because I have faith in them and because a time limit of 20 weeks is virtually already operating. Therefore, I do not believe it is necessary to make that change to correct a wrong because, clearly, the wrong does not exist. There is no point. If we started to legislate for every perceived wrong in the medical system, we would have a mountain of legislation on the statute book, as the Minister of Health would know.

The numbers of abortions performed have been cited. I understand that the majority, about 85 per cent, are performed at less than 12 weeks. For that reason the provision to reduce the time limit to 24 weeks seems to me to be a bit of window dressing because, in fact, there is no problem. I do not accept that we should make that change at this time. To some extent the proposition demonstrates a lack of faith in the commonsense of the medical profession in this State. Perhaps that is not so, but that is how I regard it. The Bill sets the level at four weeks above that which is already used by responsible members of the medical profession as a criteria.

I have had many discussions on this matter and I must say that a lot of varying views have been put forward, to say the very least. Much emotion has been expressed (and I understand that). I have personal views on abortion within my family system, but that does not necessarily mean that I am prepared to impose my personal views on other people. Some people who have contacted me clearly regard the matter as terribly important but I, as a responsible politician, do not believe that I should apply my personal views to legislation but instead that I should look at the whole.

When the law was changed in 1971 I asked a gynaecologist friend, 'What happened? Why were psychiatrists not used as was intended?' He said, 'The problem was that not one psychiatrist was prepared to say "No". They just agreed.' In fact, he said that one psychiatrist sent a patient to him with the opinion that the woman was old enough and responsible enough to know her own mind and to make her own decision. That is a psychiatric opinion that really says it all. The gynaecologist said that the psychiatrist sent patients along with that explanation as the reason for the abortion. He said, 'The woman was quite clearly mentally stable enough to make up her own mind.' It is important that there is a medical diagnosis of some sort and I believe that generally GPs are probably the most appropriate people to do that because, often, they are closer to the family, the woman and the situation. In most cases the psychiatrist would be an inappropriate person to diagnose because they would not have enough knowledge of the family.

The other problem is that, frankly, there are not enough psychiatrists to go around. The Minister of Health would be well aware of the shortages in the psychiatric field. As a country member I know that it is absolutely impossible to get near a psychiatrist. A number of people have approached me recently regarding serious matters but they have not been able to obtain any psychiatric help whatsoever for serious problems and in difficult circumstances. I do not believe we can impose this requirement without first ensuring that that assistance is available. On looking through the several letters that I have received from psychiatrists on this matter I find that there are sharply divided opinions. It would appear that some psychiatrists are clearly opposed to abortion on religious grounds. They have made that quite clear in what they have said to me in correspondence. I did not intend to cite their names or what they have said. There would be absolutely no point in anyone going to those psychiatrists for assistance because, to start with, there would be an inbuilt bias.

One of the criticisms from this gynaecologist was that too often people are seen by social welfare workers within hospitals and by the time they get to see a doctor the decision has already been made, and in this person's opinion there is not adequate consultation before the person reaches a doctor. I think that that is an area that perhaps the Health Commission or the hospital—whichever is responsible for the system—should have a good look at.

While accepting that people opposed to abortion are very genuine, unfortunately it is very easy to be blinded by the emotions of the arguments. It would be very easy, even in my case, to get to that point, because the arguments are quite emotional and they are put very forcefully. It is often very easy to forget that it is women who pay the largest price in unwanted pregnancies while men, on the whole, tend to disappear from the scene. I cannot and will not accept, as some people have put to me, that women are some sort of baby factory—and I use that term in an unemotional context—in order to overcome the lack of children for adoption. That argument does not wash with me because, if we respect women, we cannot say that they must have the babies resulting from unwanted pregnancies because someone else wants them. I cannot accept a Bill that I fear will, because of a lack of access to psychiatric assistance, result in an increase in the time that it takes in order to seek an abortion.

Only an hour ago I telephoned a psychiatrist and asked him how long it would be before one could have an appointment with him. He told me that it would be July at the earliest. I then asked him what was the general waiting time before one could obtain psychiatric assistance, and he told me that it was about the same level in most cases, and you would certainly have to be an urgent case to obtain assistance any earlier than that.

I strongly believe that the Government, and the community through the Government—and I do not reflect entirely on the present Government, because it is not something new—should substantially increase the availability of family planning. For some time now I have been concerned, as have many people, that we have so many unwanted pregnancies. There is something wrong with a society where that situation continues to exist; and 71 per cent of those unwanted pregnancies involve young people. I agree that that number is unacceptable, and no-one can deny that. It is a very high cost to the medical system, apart from anything else. Rather than forcing women to continue with an unwanted pregnancy, in my opinion we should be extending education in the community on the prevention of unwanted pregnancies. I refer particularly to men because sexual intercourse is not one-sided—it is two-sided. Too often the men concerned do not take a responsible attitude. Men in this community must be better informed and better educated to a point where they accept some responsibility.

Family planning, in my view, has never been properly funded not only by this Government but also by previous Governments. It is ridiculous that we do not place sufficient or proper emphasis on its role in relation to this problem. It is time that we as a community—and I suggest a bipartisan approach to this matter—really started looking at what is necessary in terms of resources to ensure that people are properly educated in respect to how to prevent—not cure—unwanted pregnancies. Until we do that, you cannot simply blame the women and make them bear all the responsibility. Three or four weeks ago I contacted the Family Planning Clinic—not at senior level but at another level—and I was told that a new building was being provided but, in order to fund it, it has had to borrow money. It has had to sell some property to fund a third of the money required; a third is coming from savings; and it is seeking the other third in the form of assistance from the Health Commission. I do not believe that the clinic should be so restricted in its resources to a point where it is extremely worried (which it was then) about the borrowing of funds.

I believe that the Family Planning Clinic should have services available much more widely in the community. Perhaps then all of us would be a little less troubled by the number of abortions and the fact that there are so many unplanned and unwanted pregnancies in this State. I do not intend to support the Bill, but I fully understand the motivation behind it and the concern expressed. I suggest that we are starting at the wrong end: we should start with prevention rather than at the other end.

The Hon. DIANA LAIDLAW: This private member's Bill has been introduced by the Hon. Dr Ritson. I am not sure whether I should indicate that I am sorry that he is not present to hear my remarks.

The Hon. M.B. Cameron: He's coming.

The Hon. DIANA LAIDLAW: I am pleased, because I believed that he would be interested to hear what I had to say. The private members Bill introduced by the Hon. Dr Ritson to amend the Criminal Law Consolidation Act seeks to establish more stringent criteria for women in South Australia who wish to obtain a legal abortion. While I intend to oppose the Bill at the second reading, I do not deny that I share the mover's concern about the number of pregnancy terminations performed in South Australia each year. Like Dr Ritson, I, too, would like to see a decrease in the number. However, I am unable to accept that we should be tackling this matter by restricting a woman's access to legal abortion services and compounding her immediate anxieties by placing time delaying mechanisms in her path. Rather, I believe that we should be addressing, as the Hon. Martin Cameron highlighted, the reasons for the high incidence of unplanned, unwanted pregnancies.

In the year ended 1985, the latest available figures that I have, there were 4 077 abortions notified in South Australia. This figure has remained stable over the past six years. It has not escalated, as the Hon. Dr Ritson would have us believe in comments that he made in yesterday's *Advertiser*. To put this matter into perspective for people who may read *Hansard* later, I seek leave to incorporate in *Hansard* a table listing the annual number of terminations in South Australia between 1970 and 1985.

Leave granted.

ANNUAL NUMBER OF TERMINATIONS (CORRECTED DATA)

1970	1 440
1971	2 409
1972	2 692
1973	2 847
1974	2 867
1975	3 000
1976	3 289
1977	3 494
1978	3 895
1979	3 880
1980	4 081
1981	4 096
1982	4 061
1983	4 036
1984	4 091
1985	4 077

In relation to the number of terminations, people should also be aware of a comprehensive review of trends in respect to abortions undertaken between 1984 and 1985 conducted by the Pregnancy Outcome Unit of the Epidemiology Branch of the Public Health Service, South Australian Health Commission.

One of the important findings of this report was that in South Australia both our abortion rate, and ratios to population groups, are among the lowest of countries which report these figures. I am not necessarily suggesting that they are satisfactory, and I made that clear earlier. However, they are certainly lower than other countries in the Western world that do report such figures. I fear that many who address the subject of abortion perceive women who have abortions as a separate population, united in their attitudes to the prevention of unwanted pregnancy. However, this is not so. Extensive research in this country and internationally confirms that women who seek abortions differ little from all other women who experience an unplanned, unwanted pregnancy—and this number of women is far from insignificant. In fact, evidence suggests that greater than two in three of the total number of pregnancies in Australia and elsewhere in the Western world are unplanned pregnancies and that 50 per cent of all pregnancies are unwanted. Also, a consistent finding in studies undertaken of women's pregnancy decisions is that half the women who decide to terminate their pregnancy had previously had a full-term pregnancy and approximately half who decide to deliver had previously had an abortion.

References for all the studies to which I have referred can be found in the 1984 report of the 'Working Party to Examine the Adequacy of Existing Services for the Termination of Pregnancy in South Australia', established by the Minister of Health. Each study highlighted that over the course of their reproductive lives, where choice exists, women will choose both to deliver and to terminate pregnancies. This is so because for women the consequences of motherhood change over the course of their reproductive years. For most women, abortion is not a phenomenon which is separate from all other aspects of their sexuality and reproduction. It is one of a range of choices which they confront when an unplanned, unwanted pregnancy occurs. As I said earlier, that happens in 50 per cent of pregnancies in this country.

At such a time, most women contemplate abortion as a last resort when other methods of fertility regulation have, for whatever reason, failed. The Bill introduced by the Hon. Dr Ritson seeks to tighten the current provisions for obtaining a legal abortion in three ways: first, by replacing the 'relative risk' clause with a provision requiring 'a substantive risk to maternal, physical and mental health'; secondly, by ensuring that one of the two examining medical practitioners is a psychiatrist; and, thirdly, by altering the statutory time for viability of the foetus from 28 weeks to 24 weeks.

The Hon. Dr Ritson introduced his second reading speech with the statement that the Bill is a 'modest' one. Later he explained he was motivated solely on the basis of sound medical practice. In passing such judgments on his Bill I do not doubt that the Hon. Dr Ritson is other than most sincere. For my part, however, I perceive the Bill to be neither modest nor sound in terms of medical practice. I am most concerned also that it is based on the unfounded premise that abortion is always a negative experience for women, and I regret that precious little effort has been made to assess the ramifications of the changes proposed.

Ms President, I have grave reservations about the consequences of the amendment to substitute a 'substantial risk' for the current provision which allows termination if two legally qualified medical practitioners are of the opinion, formed in good faith, after both have personally examined the woman, that:

> . . . continuation of the pregnancy would involve greater risk to the life of the pregnant woman or greater risk of injury to the physical or mental health of the pregnant woman, than if the pregnancy was terminated.

Beyond the fact that the amendment casts an unfortunate slur upon the professional judgment of legally qualified medical practitioners in this State—and I believe most sincerely that that is so—I am troubled by the principal argument of all honourable members who have spoken earlier in support of the amendment. Essentially, they have argued that the amendment is desirable because current adoption practices do not reflect Parliament's intention of 1969—some 19 years ago. That this should be so—that practices should have changed over this 19 year interval—surely should not come as a surprise to the worldly members of this Chamber. Life in South Australia has not stood still over this time. The past 20 years, in fact, have been marked by very rapid change.

One only has to look at the composition of Australian families, where today only 20 per cent comprise a male breadwinner and dependent wife at home caring for one or more dependent children. They should recognise also that when women choose to marry they are doing so at an older age—at 22.1 years compared to 1957 when nearly a quarter of 18 and 19 year old women were married. Today the average age of women having their first child is 25.3 years, yet 30 years ago the teenage birth rate was much higher than it is at present, and that child bearing has become concentrated into a shorter period of a woman's life cycle, with most women completing childbearing by 31 years.

In part, these changes in family structure have led women to enter the paid work force in ever geater numbers. I just want to look at that aspect for a moment. I know that the UTLC has come out in opposition to this Bill—a fact for which I applaud it. I want to look briefly at this participation in the paid work force because I believe that it is very important to this whole debate on reproduction and women's decision-making in these matters. Today, one in two women participate in paid employment, whereas in the mid-1960s the rate was only 36 per cent. Married women with dependent children account for most of the increase in the participation rate. Meanwhile, the majority of women working at home for no remuneration aspire to re-enter the paid work force at some later date.

The point I emphasise, therefore, is that, no matter the reason a woman is in the paid labour force, an unplanned, unwanted pregnancy can cause her and her family considerable anguish. The loss of her income may mean the loss of the family home and therefore her family's security and peace of mind. I am not saying that in a flippant sense. I know of one woman most members of Parliament would come in contact with daily whose daughter was in that situation just a few months ago, and they have now had to sell their family home because of an unwanted and unplanned pregnancy which she, in fact, decided to proceed with. However, it was an agonising decision all round for all members of the family. For families already dependent on one income only—whether it is earned by a male breadwinner or a sole supporting mother—an unwanted, unplanned pregnancy can unleash exactly the same trauma upon a family.

In either scenario, it must be remembered also that very few Federal and State awards applying in this State incorporate provision for paid or unpaid maternity leave, let alone parental leave, while all affordable, quality child care options have long waiting lists. If, in any of the circumstances which I have outlined above, a woman presented herself today to two medical practitioners arguing that 'the continuation of her pregnancy presented a greater risk to her physical and mental health than termination of the pregnancy', I would not be surprised if they approved the termination—and certainly I would not presume to contradict their assessment in this instance. This situation does not constitute abortion on demand nor does it tolerate terminations when either risk is trivial—yet both statements were made by the Hon. Dr Ritson when introducing his Bill.

Physical and mental health cannot be seen in blissful isolation from other factors that have an impact on a woman's well-being. The reality is that a woman's confidence in her ability to realise financial security for herself and her family, or her confidence in her ability to nurture a child, does have an important bearing on a woman's mental and physical well-being—and I suggest if any members wish to confirm this statement, they should speak with women trying to raise children when they are dependent solely on a pension or benefit, or they should speak to families who have relations who are unemployed.

Under the Act at present, a medical practitioner can take into account the broad factors that may impact on a woman's mental and physical outlook when he or she is determining 'the relative risk' to a woman, if the woman continues to full term with a pregnancy that is unplanned and unwanted. It is highly doubtful, however, if such factors could or would qualify as a 'substantial risk'—the only basis upon which a woman would be able to obtain a legal abortion in South Australia if the Hon. Dr Ritson's amendments became law.

Perhaps I should interpose at this time in response to remarks made by the Hon. Carolyn Pickles: the fact is that 'substantial risk' is already in the Act as one factor in which one medical practitioner can recommend abortion. Therefore, it is already established in the Act that the difficulty with the amendment being proposed by the Hon. Dr Ritson is that he would wish that no other reason but 'substantial risk' apply in all cases where women would be seeking an abortion.

If, as I foresee, women would be denied the option of abortion if this Bill passes, their only alternatives would be to continue with the pregnancy—a course earlier rejected; to seek an illegal abortion in South Australia; or, to travel interstate for a legal abortion—presuming they had sufficient money to do so. I consider that none of these alternatives is an attractive, positive option for the women concerned. In fact, nor do I believe they are attractive to her family. Also, I have considerable sympathy for the position we would be imposing on the unfortunate medical practitioner—I have spoken to quite a number of them in this regard—when either he or she is required to advise the woman that these are her only choices.

The Chairperson of the Queen Victoria Hospital, Mrs Judith Roberts, wrote to me on 26 March on this subject of 'relative risk' versus 'substantial risk'. It is not my intention to read all of her letter, but I am very pleased that the Hon. Ms Pickles chose to do so because the letter is an extremely important one in this debate.

In relation to relative risk, Mrs Roberts quotes from a study undertaken by Osofsky in 1971. That study showed that:

> Babies born to mothers who have been denied therapeutic abortions have a worsened developmental and social prognosis than do children in the population at large. Further results suggest that where the woman is forced to carry an unwanted pregnancy to term, she is, in effect, likely to be exposed to a continuing period of emotional disturbance.

Mrs Roberts also quotes from a 1970 report by Brody, Meikle and Gerritse:

> We would have to conclude that there seems to be very little therapeutic value in forcing a woman to carry an unwanted pregnancy to term.

Mrs Roberts goes on to say:

> If the number of abortions are restricted by replacing the relative risk clause, there will be increased social and emotional problems associated with the increased number of births which would overwhelm the current health and welfare services.

The second of the Hon. Dr Ritson's amendments seeks to provide that one of the two examining medical practitioners be a psychiatrist. The proposal arises from the Hon. Dr Ritson's concern that for a large number of women abortion constitutes a loss, which is instinctive and which cannot easily be rationalised out of existence.

Such a sense of loss, where it is experienced, should come as little surprise to honourable members. To give him credit, the Hon. Dr Ritson did make passing reference to this. Indeed, why should it be considered unnatural or exceptional for a woman to grieve in such circumstances. Women grieve also when they experience miscarriage or give birth to a child that suffers from any form of disability, or give a child up for adoption.

For so many women, at any number of stages during pregnancy or birth, reproduction is accompanied by a sense of loss or grief in the short term and sometimes in the long-term. Studies undertaken in South Australia and elsewhere of women a year after having decided to have an abortion confirm that for the vast majority the results were positive.

These facts were also highlighted in letters from Mrs Roberts of the Queen Victoria Hospital and elsewhere. Other studies showed that women felt stronger, more in charge of their lives and generally would make the same decision if replaying that part of their lives. Where this is not so in a relatively few cases, the reason has been found to be that the women did not make an informed decision. A sense of loss or guilt in such situations is commonsense and I would suggest understandable. To redress this matter in the future—and it is necessary that we do so—does not necessitate the services of a psychiatrist.

In his second reading speech, the Hon. Dr Ritson identified that there are presently 176 psychiatrists on the medical register in South Australia, suggesting that this number could cope with the increased workload that would arise if this Bill passed. It is unsound, however, to assume that each and every one of the 176 is both willing and able to undertake the added responsibilities which this Bill proposes. Of the 176, over a dozen are not resident in South Australia; others are employed in research work, academic positions, the forensic section or specialise in child psychiatry or psychiatry and the ageing. They would not be available—while others may choose not to make themselves available—for consultation for moral or religious reasons, and those grounds should be respected.

This practical problem with the amendment is reinforced by the fact that no psychiatrists practise outside the Adelaide metropolitan area. Women and girls in rural areas and provincial towns would be forced to come to Adelaide to plead their case to a psychiatrist. Nor has the mover or others who have supported this amendment taken account of the fact that, even with their present workload, the current waiting time to see a psychiatrist in private practice is six weeks, although I did note that the Hon. Ms Pickles, in her contribution, suggested that the waiting time was longer. This waiting time must be considered together with the current waiting time of three weeks at all public hospitals where terminations are conducted.

Currently, many women find the delay in admission to a hospital to be a very distressing experience. However, the current minimum delay of six weeks to see a psychiatrist and three weeks thereafter before a woman can be admitted to hospital will needlessly increase their anxiety and many, if not most, women will enter into the second or mid-trimester of their pregnancy—14 to 28 weeks. This will be so particularly for women below the age of 20 years, for generally they delay for as long as possible their initial visit to a medical practitioner to seek permission for a legal abortion.

The Hon. Dr Ritson knows full well that mid-trimester abortions are accompanied by greater risks of complication for the woman seeking a termination. The lowest major complication rate for abortion occurs at seven to eight weeks (.3 per 100 abortions), after which it increases progressively to a maximum of 2.26 per 100 abortions at 21 to 24 weeks.

Because of the increased risk associated with abortion as gestational age advances, medical practitioners traditionally are more reluctant to give permission for an abortion to proceed, and for good reason. Although I would like to have given the member the benefit of the doubt, in the final analysis this is the mover's hidden agenda, albeit that the Bill is being advanced in terms of sound medical practice for the ultimate best interest of a woman facing an unplanned, unwanted pregnancy.

For my part, I fail to see that it is sound medical practice to force a woman against her wishes to proceed to full term pregnancy or to tempt her to undergo an illegal abortion by placing further obstacles of delay in her way, especially when the restrictions envisaged are of dubious practical, psychological or psychiatric value. They are not my opinions alone, but are the opinions of a wide cross-section of professional people in South Australia.

I have been contacted by a number of psychiatrists who are firmly opposed to this Bill, not on moral or religious grounds but on the basis of sound practical reasons. Dr Frank Weston, a psychiatrist, has given me permission to name him in this place and also to read his letter. I asked him whether I could do so, because he presents the case forcefully but very eloquently and concisely. His letter states:

> Dear Ms Laidlaw,
>
> As a psychiatrist, I am very concerned about the proposed changes to the Act. Such changes would constitute a considerable threat to the women of South Australia.
>
> No doubt a few women regret having abortions and suffer from grief or distress—but that is not a good reason to make it difficult or impossible for the vast majority to obtain the abortions they need for their physical and emotional wellbeing. Deprived of needed abortions, their suffering would vastly outweigh that of the few with regrets. Some of those refused will die from self-inductions as they did before 1969. Requiring that psychiatrists be involved is unwise.
>
> Very few psychiatrists will want to be involved since most recognise that abortion does not, in general, cause or prevent substantial psychiatric problems. Some object to being placed in the invidious position of having to detect which women are genuine and which are acting a part. Some believe it is impossible to counsel or select rationally in such a situation and will refuse

to be involved in what they regard as purely a social issue. Some psychiatrists on moral or religious grounds will refuse to countenance abortion at all.

When I spoke to Dr Weston again this morning, he said that those mixed attitudes of psychiatrists in South Australia were not pure supposition on his part, and that he had made a telephone ring around to gain the views of about 30 to 40 psychiatrists in the field. The letter continues:

A few psychiatrists will make genuine efforts to counsel and make the decisions the law would demand. I did this myself in the first few years when the present Act became operative. I found the burden onerous. Under the proposed wording 'substantial risk', I would not wish to be involved at all since a real assessment would be impossible.

Only a limited number of psychiatrists would be available to serve an additional 4 000 consultations each year, and their waiting time for appointments would increase. This would mean that most women who did get abortions would be getting them well into the second trimester rather than in the first as they do now. Some refused late would flee interstate for even later abortions.

There is added risk physically and emotionally—just what Dr Ritson claims he wishes to reduce. The later an abortion is to be done the less any doctor wishes to recommend it, however strong the grounds. Many women will not be recommended, however great their need and at whatever cost to them. Those refused will be the more needy or deprived, as the well informed or affluent will have gone interstate long before.

Less than one in 2 000 abortions are carried out after 24 weeks in South Australia and then on strong grounds. Advances in medical diagnosis of serious foetal abnormalities are improving all the time. To restrict abortions to before 24 weeks would have severe consequences.

The present law has served the women of this State well. Any change would be to their detriment. Any change would be unwise. I urge you to reject all the proposals.

It would be a great pity if one of the consequences of this Bill was an increase in the number of women seeking abortions much later in their term—up to 20 weeks and beyond, or even 18 weeks and beyond, and even in the 12 to 18 weeks—because there has been a very noticeable decline, in recent years in particular, in the number of abortions in that range in South Australia. That is a very positive advance in relation to the health of women, and I doubt whether that advance could be maintained if this Bill was passed.

Lastly, I wish to address the third major amendment that is proposed in this Bill, that is, that the statutory time for viability of the foetus be lowered from 28 to 24 weeks. This amendment has been proposed because over the past 19 years medical technologies have improved so greatly that today a foetus of less than 28 weeks' gestation can survive outside the womb. This is true, as the Hon. Dr Ritson stated, and it is also correct, as he pointed out in his second reading speech, that very few terminations are carried out after 24 weeks. Indeed, in South Australia no elective abortions over 20 weeks are performed, and very few terminations are carried out after 21 weeks.

This practice reflects current World Health Organisation recommendations that pregnancy later than 20 weeks' gestation should not be accepted unless on indisputable medical grounds. In all cases where abortion has been performed after 20 weeks the decision has been made because of foetal abnormality. I understand that the last case in South Australia was because the foetus had only half a brain, and that is a major defect that doctors assessed could not have been corrected by surgery, and rightly so, after birth. Foetal abnormalities frequently are not detected until later in the pregnancy, and often this is the case between 22 and 24 weeks. I accept and support strongly the arguments which suggest that it would not be humane to pull back the period from 28 to 24 weeks.

The Hon. R.J. Ritson interjecting:

The Hon. DIANA LAIDLAW: The Hon. Dr Ritson in his second reading speech said what would happen if his amendment was accepted, namely, that these babies would not be aborted, as is possible now, and would be delivered. That is quite a difference.

The Hon. R.J. Ritson: It would remove a *prima facie* presumption that they were viable.

The Hon. DIANA LAIDLAW: The Hon. Dr Ritson can explain that further when he sums up the debate. Certainly, reading his second reading speech, I was extremely concerned that he was pulling the provision back to 24 weeks when it was assessed to be in the best medical and clinical interests of the women concerned, so that a doctor would not, for humane reasons, for reasons of risk to women's health, and for all the other reasons stated in the Act, be able to perform an abortion. From what the honourable member just said, I cannot see that he countered what I have said. I do admit that for some time I considered that there would be merit in seeking to amend the Bill so that it reflected current practice in respect of abortions of later than 20 weeks' gestation.

The amendment would have provided that, if abortions were to be performed between 24 and 28 weeks, they should be performed only in instances of severe foetal abnormality. However, I have decided not to move the amendment because, I suppose, I have already made a subsequent decision to vote against the second reading. Even earlier than that I had decided not to do so because I did not believe it would have achieved very much. It simply would have endorsed current established practice and, in common with the Hon. Martin Cameron, I believe it is a practice which is humane and which has been handled with caution and compassion by all associated with the high risk unit at Queen Victoria Hospital.

Certainly, I am unable as I mentioned to accept the proposition advanced by the Hon. Dr Ritson, that severely deformed foetuses with gestation over 24 weeks must be either delivered prematurely for medical reasons or carried by a woman to full-term. Currently the costs are about $1 000 a day to keep alive a premature baby in the level three intensive—

The Hon. R.J. Ritson interjecting:

The Hon. DIANA LAIDLAW: I am not sure why the Hon. Dr Ritson makes that interjection or why he introduced the Bill if there is no obligation to treat a deformed baby. Is the honourable member suggesting euthanasia or that the baby should be allowed to die? What is he suggesting? Perhaps I did not understand the interjection. I thought the Hon. Dr Ritson said that there was no obligation to treat the baby. I would have thought that, if we were insisting that there were no abortions after 24 weeks and that a baby then had to be delivered, as a society we had an obligation to keep that baby alive for as long as was medically humanly possible.

In those circumstances it costs $1 000 a day to keep alive a premature baby in the level three intensive care unit at the Queen Victoria Hospital, and a baby of 24 weeks' gestation would usually stay in that unit until about full term, if it survived. However, the success rate of babies less than 26 weeks is only 3 per cent and, in all such cases, there have been long-term problems with the child. Babies of 28 weeks or 34 weeks or longer have a much better chance of survival. I know from having visited the hospital from time to time purely for inspection purposes that this matter of keeping babies alive at increasingly younger ages is of grave concern to the health budgets of the hospital and the Health Commission, and to the Minister himself.

Finally, the Hon. Dr Ritson must be commended, and I do so commend him, for bringing to the public attention concern about the high incidence of abortion in this State and the inadequacy of current abortion services. As I said

at the outset, I do not accept that the Bill is addressing these concerns in an acceptable way. In my view, it would be more logical, and certainly of greater emotional and practical assistance to women and their families when women do experience unwanted and unplanned pregnancies, if we as a community addressed the reasons for the high incidence of unwanted and unplanned pregnancies in the first place—not by restricting 'after the event' women's access to legal abortion.

There are far more constructive and positive approaches. The Hon. Martin Cameron suggested that we should be moving to strengthen the Family Planning Association and its capacity to conduct education courses within schools and the community at large. Certainly, the Liberal Party has called, in policy and on other occasions, for improved counselling services to be made available to women who have been approved for termination of pregnancy, so that there are before and after counselling services. We would like to see those counselling services available to a woman at least a year after the abortion, just to check that she is coping with the situation.

I would suggest that most would not need to avail themselves of such a service, but at least if there was a check one year afterwards we could be reassured that that was the case. Certainly, the Liberal Party would like to see the Government augmenting some of the 44 recommendations of the working party that reported to the Minister of Health in 1985 after it examined the adequacy of existing services for the termination of pregnancy in South Australia.

Regarding those who argue that we should restrict abortion so that more women continue to full term and are then encouraged to give up their baby for adoption, I believe that a far more humane and sensible approach (as I said in relation to the Reproductive Technology Bill recently) would be for us to invest money and resources in research and education aimed at identifying and altering the conditions that undermine women's reproduction. There should be more research and education into preventing infertility in the first place. A lot of work could be done in that area and it is not being done at present.

From our community welfare perspective (for which I have shadow responsibility) I note that those who want to restrict women and girls from having abortions are those who argue that there are too many teenage mothers. There is a contradiction in that argument, and I would like to explore it further with some of these people, because I find it difficult to follow. I certainly know, as the Minister of Health and Community Welfare knows, that there are child abuse problems in this State as well as problems with people who prove to be inadequate parents. Insight into human relationships and education at school are certainly insufficient, and those areas should be addressed, and with some real effort and commitment. I would endorse any action in any of those areas. However, I do not accept that this method of restricting women's legal access to abortion is the right way to address this vexed problem, but I thank the Hon. Dr Ritson for bringing the matter to the attention of Parliament and the community.

The Hon. M.S. FELEPPA: I have decided to speak in this debate because of the undenied relevance of the Bill to our society and to each individual. The rights and wrongs of abortion and the type of legislation that we pass in this Parliament will undoubtedly affect not only the unborn foetus, the pregnant mother and the responsible physiological father but also society as a whole. Abortion, like birth, is the base of the survival of our society. It deals with the ultimate goal of any society to ensure its own continuity. The legislation that we pass affects our society economically and psychologically. It can reflect and affect a well balanced and healthy society or an ill and sick community. History bears witness to the impact that the wrong legal decision can have on society as a whole; history also bears witness to the positive outcome of a correct legal decision in relation to the society it affects. People on both sides of the argument claim that the consequences of a wrong decision in this vital matter can have a negative and deep effect on the individual and on society.

The argument forming the background to the Bill before us is of particular importance to me as an individual member of the community. The original Act was introduced by the Hon. Mr Millhouse in 1969 when I was not a member of this Council, and thus this is the first opportunity I have had to make a contribution as an elected member of our society on this most important issue. It is important for me personally as well as for the community I was elected to represent. My argument, therefore, will also present the point of view of a large section of our society, people who have the right to have their views represented in this Council this afternoon.

Finally by way of introduction I wish to make use of the freedom of conscience that my democratic Party allows me; I will express my personal point of view in this important matter. In presenting my position, first, I will outline my understanding of the Bill; I will then endeavour to examine the arguments in terms of the outcomes of the pro-abortion and anti-abortion position; I will also endeavour to examine the philosophical and ethical questions in this case; and, finally, I will conclude by making my position clear in regard to this Bill. From the outset, however, I point out that I do not intend to present either a legal or a medical argument, because it would be presumptuous of me to do so as I am neither a lawyer nor a doctor. In this argument I am happy to abide by those members who have a medical or legal background. Incidentally, with great respect, I do not believe that either of these two professions is sufficiently equipped to give us the answer to the question of abortion.

My argument on this issue will be straightforward and based on my personal persuasion—and perhaps even a little bit logical. If abortion is legitimate, like having a tooth pulled or donating a kidney, it should be available on demand and a publicity campaign should be mounted to ease what would be an erroneous conscience in our society when people feel guilty. If, instead, abortion is wrong, it should not be allowed unless there are causes stronger than abortion itself. Laws must be based on a legitimate legal precedent and be demonstrably in keeping with the ethics and technology of the medical profession. They must also reflect the principles and moral absolutes that form the basis of any society, be it 1988 in South Australia or 500 BC in Sparta.

As I interpret the Bill, we are asked to vote so that the current Criminal Law Consolidation Act is amended to replace 82a (1) in respect of abortion with a provision requiring that there be substantial risk to maternal, physical or mental health. Secondly, the time limit in which a legal abortion can be performed will be reduced from 28 weeks to 24 weeks of gestation. Thirdly, the Bill provides for physical and psychiatric intervention where women seek an abortion. Perhaps it would be fair to say that issues such as this are brought forward as a result of a practical problem that is identified in the community. The issues of pregnancy, birth and abortion are as old as humanity, and it is therefore not a matter of surprise that they have been controlled by society under a code of law, whether written (as was the case in the Jewish and Roman societies) or unwritten (as

was the case in the Aboriginal community). Each society reacted to its own perception of what it observed. The issue of abortion surged into prominence in our Western culture as a result of increased knowledge of the biological and medical aspects of conception and birth, as a result of increased awareness of individual rights and freedoms and increased analysis of the relationship between the society as a community and the single individual in it.

Research and statistical evidence popularised some of the crucial elements which in the past were conveniently kept hidden or simply ignored by a system which had institutionalised the domination of one sex over another to the ultimate detriment of both. In the more graphic description of the process of procreation, stories come to the surface where women were considered acceptable partners in intercourse but then made totally responsible for the resulting pregnancy. Their responsibility was extended not only to having to look after their own state of pregnancy, and perhaps the subsequent birth of a child, but also to be made to feel guilty or ashamed. I do not wish to expand on this description because the historical reality of the abuse of women and children by men is well documented and well known.

Another argument which has advanced the cause of the abortion option is women taking ownership of their bodies. Women perhaps say, 'It is my body and I, and only I, have the right to decide what happens to it, and the life which is growing in me is my responsibility because no-one else can physically take responsibility for it, irrespective of who else has been involved at the moment of conception.' This argument is couched on the principle of personal liberties.

Although nature has assigned women to the role of gestating new human beings, they do not lose their personal freedom of choice about their life and their body. Other arguments abound: for example, the argument of the unjust aggressor, whereby the foetus which threatens the life of the mother can be considered an unjust aggressor and therefore automatically capable of being destroyed; and the argument that the foetus at least for some portion of its initial existence has no consciousness and therefore is not a 'moral person' in its own right. The argument goes on to say that nobody has been able to prove that the foetus has feelings and human awareness and, consequently, can be presumed not to be human. Finally, there is the argument from nature whereby, if abortion were morally wrong (particularly in respect to those who argue against abortion on religious grounds), surely nature has ill provided us with an example. Natural abortions are at least as frequent as abortions which are induced by direct human intervention.

With your indulgence, Madam President, and that of members, I wish to mention, even if only briefly, some of the arguments that have been in the background of the abortion debate for so long. In taking my position today I wish it to be known that I am particularly aware of the sometimes difficult and tragic conditions in which mothers are placed by unwanted pregnancies which are painful and dangerous to their physical and mental health. I deliberately refer to unwanted pregnancies and those situations of violent and brutal force and unacceptable emotional blackmail, and this is known to all of us. Indeed, it describes a condition which is not unique to the abortion debate. Almost every aspect of the human condition has an explainable reality factor. At this point therefore it seems to me that one must resort to logic to sustain an argument from first principles.

By the way, I have noticed that the Hon. Dr Ritson, deliberately I suppose, has avoided the philosophical and moral argument on this issue. As I said at the outset, I want to broach this argument. Members in this Chamber will certainly acknowledge that in my previous contributions I have often spoken on matters of welfare and human rights, arguing from a moral and philosophical point of view, as well as from a pragmatic angle. Today I must confess that for me the most cogent argument against abortion is a negative one, that is, the lack of demonstrable evidence that what is generated by human beings at the point of procreation is not human. I can accept that there is no human presence in the two components—the egg and the sperm—but I cannot find conclusive evidence that once that union has taken place the new reality—the foetus—is not human. The supporting medical evidence seems to support my position.

If I understand correctly, the medical science of procreation is that the foetus has dependent life but independent identity from the creating parents, including the mother. Of course, it can be argued that the foetus could not exist without the supporting role of the mother. But this same argument could be advanced for the newly-born child: that he or she simply could not survive without parental intervention, which includes almost 100 per cent of every life function. So, if we are not prepared to deny that the act of procreation produces something which is human, then we are left to argue for those who sustain the legitimacy of abortion that there is a period of time when the foetus is not totally human. One would expect therefore to have some evidence of this process of humanisation. Indeed, one would expect that we have identified those elements, the presence of which clearly determines the humanness of a being.

Some have argued that physical independence of existence is one such requirement (and by 'physical independence' I mean the actual existence outside the body of the mother). Others have argued that a being is not a creature until he or she is capable of social interaction, and that he or she is not human until after birth. The argument appears to be enticing and formed by modern society's push towards personal liberties, which emphasises the rights of the individual in relation to wider society.

The argument was not put in these terms in ancient times, but it can have outcomes similar to those practised in, say, Ancient Rome, where the father had the right of life and death over a child at the moment of birth; or those practised by most societies, including our own modern society, where for reasons of convenience we used to expose unwanted or sickly children so that they would die. The practice has been well documented in other societies: for example, among the Chinese of this century unwanted or sickly children were exposed to tetanus after birth by cutting their umbilical cords with unclean instruments; and in my own country of origin, Italy, midwives used to suffocate children who were born with notable defects.

So, going back to my original statement, I cannot find evidence anywhere that the foetus is not human and that it has not an independent moral right as a person. The fact that we may identify a set of criteria which conveniently defines the human person to the detriment of the foetus is not proof.

Reality is that medical science and the philosophical argument do not support this contention, therefore we cannot simply come to such a conclusion on the principle of probability that the foetus is not human. Even if the argument were sustainable, one is left to decide at which particular point in the existence of the foetus the human condition is completed. Is it in the first week, the second, the eighteenth, the twenty-fourth, the twenty-eighth or the thirty-ninth? Members will recognise that each of these periods has been subject to legal and moral scrutiny.

Does this mean that we do not have a cut-off point and, if we do not have such a time, is it not obvious that we are arguing from a principle of probability, as I have already said, and that it is probable that the foetus is not human at 1, 2, 18, 24, 28 or 39 weeks? We seem to be a little bit inconsistent on this issue. Our South Australian law would never, under any circumstances, allow us such latitude of operation in any other area of probability or possibility if human life were at stake. Let us take the example of our laws on protecting properties.

We are not allowed to use means which may injure or kill even a malicious interloper such as a thief, and if one is out hunting one is not allowed to shoot where there is some doubt as to the identity of the target. In other words, if there is a doubt as to whether the target may be a human being, we are not justified in shooting, yet we allow this intervention in regard to the foetus, but (I repeat) there is no conclusive medical, scientific or philosophical evidence that the foetus is anything but human with the full rights of existence.

Of course, I am well aware that my argument this evening has not and will not easily dissipate or alleviate the painful consequences of some pregnancies. As I have indicated previously, I am deeply conscious of the condition of some women. Their argument tugs at my mind and my heart. I simply wish I was not compelled by the irresistible evidence of logic, science and morality to conclude as I must. Mine is not a taking of a position on a presumption. I hope that I have proven that I have subjected my belief to analysis and the test of the arguments put by those who believe otherwise.

I know that much more could be said about this issue. Indeed, as a male, I find it highly offensive when the argument is brought forward that the participation of the male in procreation is momentary and almost mechanical. This is a strange reversal of an historical position which was precisely the opposite. Prior to the discovery of eggs as a contribution element by women in the procreation of human life, it was felt that total creative power rested with the male. Now that we are much wiser scientifically, I find it incomprehensible that some people may adduce the argument which totally excludes the male beyond the momentary point of conception.

I refer now to that section of the law and the amendment where abortion is permissible on the grounds of substantial risk to the mental health of the woman. Indeed, I cannot see how abortion would not be seen as a grave concern by any woman. The amendment suggests that abortion be allowed on the grounds of substantial risk to the mental health of the woman, so it is the ability of the profession to diagnose this substantial risk to the mental health which is in question. The amendment, by suggesting the intervention of a psychiatrist, at least recognises that medical practitioners without psychiatric specialisation are insufficient by virtue of their training to make such a decision.

Unfortunately, in our society we have tended to load our medical practitioners with much greater responsibilities than they have been trained to cope with. Some medical practitioners have often taken upon themselves—mostly in good faith—an enlargement of their field of expertise. There is an increasing amount of medical literature which alerts the medical profession to the dangers of this assumption and these practices. As recently as this month, the *Australian Medical Journal* published an article by Dr C.J. Magarey on aspects of the psychological management of breast cancer (pages 239 to 242 of volume 148, 7 March 1988), in which the doctor makes the point very clearly that psychological factors influence the survival of patients with breast cancer.

I have of set purpose selected an article about a medical condition which, traditionally, was believed to have a single physical explanation in terms of cause and cure of the disease to point out that psychological factors are one part of and affect every aspect of human physical illness or well-being. Both cancer and abortion are emotionally charged conditions. The medical profession is being told in the article that single chemical or traditional means of attacking cancer are not enough. The article also points to the need for the medical profession to acknowledge this fact and respond to it. The article states:

> A more recent study of surgeons' attitudes found that only about 10 per cent of surgeons considered that key features of their role were to discuss the patient's feelings with her and talk with her about her treatment alternatives. Medical schools are responding slowly to this challenge through the provision of a basic training in counselling skills, but a high level of skill is required in the management of patients with cancer. A substantial change is needed in the training of doctors if they are to be comfortable with the difficult issues that face patients with cancer, most especially the expression of hostility and maladjustment.
>
> Perhaps it is this lack of awareness by doctors of patients' psychological problems which has caused patients to turn to each other for help, through increasing numbers of cancer patient support groups.

Let me go back to the discussion of the need for a reliable analysis of the mental health of women. It is not primarily a question of the competence of a doctor; it is a question of the competence of professionals whose area of specialisation is the human mind. Apart from psychiatry, there is a sister profession which performs diagnosis, treatment and prevention of emotional problems. That profession is clinical psychology.

Therefore I wish to indicate that in Committee I will move that such a provision be inserted in the Bill. I emphasise that, for the purpose of the proposed amendment, what is required is a professional who can make a judgment on the current or potential state of mind of the woman. I am referring not to the therapy needed, that will come later, but to the analysis of the problem. Clinical psychologists are ideally situated, by virtue of their training, to perform such functions.

The amendment that I intend to move would represent no more than a recognition of the fact that competence and specialisation in the medical and paramedical field have reached such refinement as to allow us to apportion responsibility much more widely among the different experts than in the past.

In widening the network of the competent professionals involved, there are also other benefits. For example, migrant women are more likely to have access to professionals who speak their language and understand their culture. For many of these women the problem of abortion is even more traumatic, because it is likely to involve the partner, or family, in a much more traumatic way.

Finally, there is the question of the consequences of such a momentous decision. The fact that the option of abortion is even considered usually leaves an emotional scar. It indicates that, at the very least, the woman, the partner, or the family are facing a situation which is grave enough to induce such consideration. Therefore, it seems obvious that we are dealing with a human situation which is charged with emotion, easily leading to psychological disturbance and a potential source of much mental anguish.

However, there is a matter of practicality and the perception about the role of the psychiatrist which needs to be addressed. It is likely that some women at least, especially in the emotionally charged situation of having to make such a momentous decision, may see the participation of a psychiatrist as an indication—or potential judgment—of the clinical state of their mind. Some women may also fear that

their apprehension may be judged as unusual, erratic or sick, that it is not normal. One must be sensitive to such impressions at a time of grave concern by the woman.

It is with this in mind that I am inclined to oppose the participation of a psychiatrist in the decision. In some cases the participation of a psychiatrist may be detrimental as well as beneficial. My amendment proposes that the psychiatrist be replaced by a clinical psychologist whose field of expertise is precisely those 'normal deviations' from the usual behaviour which are common to everyday life, to everyday experience, even if of intense emotional import such as a death or abortion.

The spirit of my amendment is designed to ensure that the services are actually available and accessible in the real life situation of women who are particularly affected by the decisions they must make. Perhaps the amendment will impose the responsibility for provision of these services on the Government. While this may be seen as yet another demand on the financial resources of our community, in fact the expense may be cost effective because of the preventive nature of the service. Early therapeutic intervention following diagnosis has been proven to benefit the recipient and the society.

Where do I go from here? How should someone like me vote in the face of an amendment which, in spite of good intentions, does not really deal with the real issue but only with the periphery? I am confronted with a difficult problem. I cannot alter the main thrust of the current law; instead I must vote on an amendment that is intended to make the current law less bad.

Faced with this dilemma, and against my own conscience, I must make a decision between the lesser of two evils to improve where possible what I consider to be law. Therefore, my decision takes into account principles and practicality. In principle and in response to my conscience I must support the amendment to reduce the period in which abortion is allowed from 28 to 24 weeks. For the same reasons, my amendment seeks to substitute the presence of a psychiatrist with that of a clinical psychologist.

It has been a difficult task for me to contribute to this debate, even within my own conscience. I repeat: I am fully aware of the heavy responsibility carried by mothers and mothers-to-be, the principles involved and the responsibility that I shoulder. I know that my own position is shared by a large number of people in our community. Finally, I express my gratitude to all those people who have phoned, spoken, and written to me. Certainly, they have been of great assistance to my contribution to this debate.

The Hon. I. GILFILLAN: I oppose the Bill and indicate that I will vote against the second reading. It is unfortunate that this Bill was introduced with the avowed statement that it was not to deal with the question of whether or not there ought to be abortion but to improve the original Act of 1969. It is obvious that the issue of abortion cannot be raised in virtually any context without opening up the debate and, of course, that is what has happened here. Unfortunately, it has unnecessarily reactivated those who feel strongly on either side of the debate.

If one takes the Hon. Dr Ritson at word value, this was not his intention—but I find that hard to believe. However, I do not question the sincerity of the Hon. Dr Ritson and those people who have approached me and many other members urging support for the Bill. I can see that there is—and will continue to be—an enormous dilemma in the minds of many people in relation to the moral rights and wrongs of abortion and the varying circumstances in which abortion is induced.

I will address my remarks specifically to the Bill. I do not believe that the three propositions offer any improvement to the current situation. I will deliberately avoid discussing the issue of abortion *per se* except to observe that, from time to time, it is appropriate that there be an independent assessment of the incidence and effect of abortion in our community. I think it is an area where all people, both within and outside Parliament, need to be unemotionally and properly informed of the statistical, psychological and medical aspects of abortion in South Australia. It seems to me to be a rather wry and sorry incongruity that select committees on which I have been involved have dealt with (in some anguish) the problems of *in vitro* fertilisation and childless couples who seek babies for adoption yet, almost at the same time, we are dealing with the issue of large numbers of abortions that have been brought to public notice by this Bill.

I think it stands as an indictment on our community that we still have very profound unsolved problems in this area. It is not right for us to stand back and say that these problems can resolve themselves without ongoing surveillance and assessment by those who care about the way in which our community develops. Therefore, I reject the argument in its purest form that the issue of abortion is purely a matter for the woman involved. I do not believe that that is correct. I think that all members of the community at large are involved in all their individual circumstances. There are freedoms, and those freedoms are to be exercised responsibly by individuals. That should not absolve the community from the responsibility of caring and nurturing certain aspects of its members; and I consider that pregnancy is in that category.

Because the issues, as I understand them, offer no improvement to the current situation, it is my intention to oppose the second reading, and I hope that the Bill will not go to the Committee stage. Clause 2 attempts to modify abortion by amending the Act to include the words 'involve substantial risk'. However, I believe that that does no more than add another imponderable series of words to the dilemma. I would not expect there to be any direct consequence as a result of that change in wording.

I believe that to have a psychiatrist as one of the two medicos is a most impractical suggestion and is probably no more desirable for the end result of counselling than the Hon. Mr Feleppa's proposed amendment for that person to be a trained and skilled psychologist or a general social worker/counsellor.

Most members would have received, as I did, a letter from Frank Weston, who is a psychiatrist, in which he outlined the impracticality of the suggestion. In relation to the logistics, he states:

> Only a limited number of psychiatrists would be available to serve an additional 4 000 consultations each year, and their waiting time for appointments would increase. This would mean that most women who did get abortions would be getting them well into the second trimester rather than in the first as they do now. Some refused late would flee interstate for even later abortions.

The Bill seeks to reduce from 28 to 24 weeks the time within which an abortion can be performed. If one is to avoid—and the Hon. Dr Ritson has urged us to do this—the implications of a full debate on abortion, the time reduction I suggest will have no significant effect on the number of abortions performed and would make it more complicated for the very few that, according to medical opinion, are justified in that four week period. However, I respect Dr Ritson's view. I have had the benefit of a private conversation with him and I believe that his integrity and sincerity are beyond question. However, I feel that this Bill has unfortunately stirred up a debate in a form that I think

is non-productive. It would be better if an entirely independent assessment were available to the South Australian community. For that and the reasons I have outlined previously I indicate my opposition to the second reading.

[*Sitting suspended from 6.1 to 7.45 p.m.*]

The Hon. R.I. LUCAS: I support the second reading and in doing so congratulate members on the general manner and tenor in which the debate thus far has been conducted in the Council. I hope that in the next hour or so, as the second reading debate is completed, it will continue. This debate easily could have degenerated to an emotional slanging match between members with differing views in this Council. There is no doubt that the community is divided on this issue, and on both sides of the fence there are extremes of views. Certainly, it is not limited to one side or the other.

The Hon. M.B. Cameron: I have heard a few recently.

The Hon. R.I. LUCAS: I balance you on the other side, do I? I respect the views of those members who have spoken in the debate and who have taken a view different from the one that I am putting this evening, and I respect those members who have been prepared to stand up and describe their position. In particular, I congratulate the Hon. Mario Feleppa for what must have been a difficult situation for him personally. Although it is a conscience vote, often on these matters there is a collective conscience on one side of the Council and an almost collective conscience on the other side. It is not so unusual for Liberal members to occasionally wander across to the other side of the Chamber or to express a different view.

An honourable member: Like potatoes.

The Hon. R.I. LUCAS: Potatoes, equal opportunity, electoral matters, tobacco, smoking—there is a whole range of matters where Liberals take a differing view to the majority view of the Party. However, it is unusual for a Labor member to be prepared to argue in a cogent and logical way in support of his or her own view on a matter. I have enormous respect for the Hon. Mr Feleppa for being prepared to do so.

The Hon. G.L. Bruce: What about the Hon. Carolyn Pickles?

The Hon. R.I. LUCAS: I am putting the position in respect to the Hon. Mr Feleppa. I presume the Hon. Ms Pickles expressed the majority view of members on the other side of the Chamber, like the Hon. Mr Bruce.

Members interjecting:

The Hon. R.I. LUCAS: I am not putting the Liberal Party view.

The Hon. Barbara Wiese interjecting:

The Hon. R.I. LUCAS: We are waiting for consciences. If you have a view I will be interested to hear it and I look forward with interest to your presentation.

The Hon. Barbara Wiese interjecting:

The Hon. R.I. LUCAS: Exactly. That is what I am saying. The Hon. Ms Wiese has not been here all afternoon and has not heard the debate.

The Hon. Barbara Wiese interjecting:

The Hon. R.I. LUCAS: You have not been here. You have a thing in your room; I have a thing in my room, too.

The PRESIDENT: Order!

The Hon. R.I. LUCAS: I am saying, irrespective of the interjections from the Hon. Ms Wiese, that I respect the position that the Hon. Mr Feleppa has taken. I certainly would not respect the position of any member who privately supported this legislation but who was not prepared to stand up and say so and who then voted against it for other reasons. I look forward with interest to the contributions from respective members in this Chamber in relation to this legislation.

I will support this legislation for three general reasons: first, I substantially accept the medical arguments that the Hon. Dr Ritson has given for the support of this Bill. I have a question mark about the amendment which refers to relative and substantial risk, but I would like to pursue that question in the Committee stage of this Bill, if we get that far. In general terms, I support the medical reasons and arguments presented by the Hon. Dr Ritson. Secondly, I accept the argument that was presented by the Hon. John Burdett in relation to the Bill reinforcing or clarifying the original intentions of the law that we have before us at the moment. Thirdly—and I say quite frankly—I support the legislation on moral grounds. I have been brought up by my parents with a respect—

The Hon. C.J. Sumner interjecting:

The Hon. R.I. LUCAS: We will be interested in your contribution, Mr Sumner—

The Hon. C.J. Sumner: For you to talk about the morality—

The PRESIDENT: Order!

The Hon. G.L. Bruce interjecting:

The Hon. R.I. LUCAS: That is not it at all. I am saying that we each have our own respective moral and ethical codes.

The Hon. Barbara Wiese: Well, respect that.

The Hon. R.I. LUCAS: Exactly. All I say is that we must each vote according to our own moral and ethical codes as a result of the way that we have been brought up. If you have a different ethical code, then I respect the position—

The Hon. C.J. Sumner: What ethics have you got?

The PRESIDENT: Order!

The Hon. R.I. LUCAS: What ethics does the Hon. Chris Sumner have—the man who stood up in this Chamber, defamed the Deputy Leader of the Opposition and accused him of all sorts of things—

Members interjecting:

The PRESIDENT: Order!

The Hon. R.I. LUCAS: —and was too cowardly to do it outside the Chamber?

Members interjecting:

The PRESIDENT: Order! I call the Council to order.

The Hon. C.J. Sumner: No ethics whatsoever.

The PRESIDENT: Order! There will be no further interjections, and comments about what the Hon. Mr Sumner may or may not have said about the Leader of the Opposition—

The Hon. R.I. Lucas: Deputy.

The PRESIDENT: —the Deputy Leader of the Opposition are irrelevant to the matter under discussion, which is the Criminal Law Consolidation Act Amendment Bill. I ask that all interjections cease and that the speaker limits his remarks to those which are pertinent to the Bill before the Council.

The Hon. R.I. LUCAS: Thank you, Ms President. As those remarks were defamatory, I could well argue that they do have something to do with the Criminal Law Consolidation Act. However, I will not pursue that particular line of argument.

The Hon. C.J. Sumner: Don't talk about morality.

The Hon. R.I. LUCAS: If the Hon. Chris Sumner wants to talk about morality in the context of his behaviour in this Chamber, I am more than happy to debate it at any time—.

The PRESIDENT: Not at the moment, you will not; it is not relevant to the Bill before the Council.

The Hon. R.I. LUCAS: As long as you rule his interjections out of order, I will be happy, Ms President.

The PRESIDENT: I have ruled his interjections out of order, and I have already ruled your remarks out of order. You will limit your remarks to the question before the Council.

The Hon. R.I. LUCAS: Thank you for your protection, Ms President. As I indicated, we each have our moral codes by which we have to live and make our own decisions. As an adult, I have considered the moral code under which I was raised in my family, and I believe it to be appropriate for my circumstance. In relation to these sorts of matters, over five years in Parliament I have endeavoured to be consistent in my attitude.

First, I instance my private member's Bill on the *in vitro* fertilisation program that I introduced approximately four years ago. Secondly, I instance my attitude in this Chamber—

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: It was a conservative position. I am happy to admit that it was a conservative position.

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: It was not anti woman; but I am happy to admit that it was a conservative position, as some people might argue that my position on this particular piece of legislation is conservative. The second piece of legislation that I instance was the Reproductive Technology Bill. My attitude and the amendments I moved were consistent with the view I expressed on my own private member's Bill some two or three years earlier, and, indeed, it is the view that I express on this piece of legislation.

For the sake of the Hon. Mr Bruce, I repeat that I am not suggesting and I have not suggested in my contribution that, because I have a particular code that I have to live with, anyone else who takes a different view is immoral. I am not suggesting that at all. We each have our own codes and have to live with them in legislation such as this Bill. For those three reasons, I support the second reading of this Bill, noting that I will explore in the Committee stage a question relating to the arguments for and against the substantial and relative risk clauses.

While supporting the second reading, I place on record one concern that has been raised with me by a number of correspondents and by a number of members of this Chamber who take a view different from mine on this legislation. That is the question that has been raised in relation to the paucity of psychiatrists able to consider these cases and the possible delays that might be involved in the termination of an unwanted pregnancy. I accept at least part of what has been put before me and to the Council. What I do not accept is that, in my view, that is sufficient reason for opposing the changes that are envisaged in this legislation. If this Bill were to become law, we should be looking at encompassing in the legislation or seeking from the Minister of Health a guarantee that a psychiatrist could be seen within one week. At the moment, that cannot be done.

Members interjecting:

The Hon. R.I. LUCAS: At the moment that cannot be done.

Members interjecting:

The Hon. R.I. LUCAS: Will you just listen? We all listened to your contribution, Ms Pickles, and there was not one interjection.

The Hon. Carolyn Pickles interjecting:

The Hon. R.I. LUCAS: You might think it was sensible; it is different from mine. We listened to it. This matter must be considered. If the Bill is to become law, the matter must be addressed by the legislators and by the Government. There are a number of ways of addressing it. In the amendment that he has circulated, the Hon. Mario Feleppa has looked at one way. His amendment will seek to add clinical psychologists to the Bill in addition to psychiatrists, and that alternative should be considered. I offer no view one way or another. We should consider that matter in the Committee stage, and it may well be that providing an option of psychiatrists and/or clinical psychologists will increase the number of persons who can do the sort of work that is envisaged by this amending Bill. If the Bill was to become law, another alternative that the Government should look at is the allocation of additional funding for extra psychiatrists.

Funding would also have to be found from somewhere to attract and provide psychiatrists in order to give the sort of counselling that would obviously be needed under this legislation.

The Hon. C.J. Sumner interjecting:

The Hon. R.I. LUCAS: We might have to look at that. If the Parliament as a whole wants this (and it is a decision for the Parliament as a whole: this is a conscience vote), then obviously I do not believe that it should go ahead if people must wait until July to see a psychiatrist. However, I do not think that that is the real situation. I believe that in an emergency at present one can get into a psychiatrist much earlier than July.

Members interjecting:

The Hon. R.I. LUCAS: Whether there have or there have not been psychiatrists or clinical psychologists living outside the metropolitan area is beside the point. My point is that one must accept the validity of the provision of this service.

Many people in country towns will not have the abortion in the local community because they want to come to the city for reasons of anonymity. Anyone who has lived in the country would know that very well. Even if it is only 5 per cent or even 2 per cent, the question must still be addressed. If it means, first, Hon. Mario Feleppa's solution, which would add an additional professional wing of person (the clinical psychologist in addition to the psychiatrist, thus increasing the pool of people who could do this work), the question which Parliament would have to address would be that of providing additional funding for psychiatrists in order to ensure that a guarantee is given that within one week a psychiatrist would see a person seeking an abortion.

Members interjecting:

The Hon. R.I. LUCAS: That is what we need to debate in Committee. One can make up all sorts of figures at this stage. That is why I say, 'Let us support the Bill on second reading and discuss these things in Committee.' If $10 million is involved, clearly the Parliament and the Government would not support it and the Bill would not be supported on third reading. However, if, as has been suggested to me, the sum of only $100 000 or $200 000 is involved, together with the Hon. Mario Feleppa's amendment, the Parliament and the Government might support that if this Bill became law.

However, we will never know that unless and until we get into Committee and can consider amendments such as that foreshadowed by the Hon. Mario Feleppa and suggestions such as the one to which I have referred. Having got into Committee, I should not be happy to go forward until we had been able to sort out the access problem in relation to this issue, and I am sure that most sensible members would agree with that.

The position is simple. As we have done in many other pieces of legislation, the Bill would not be proclaimed, even if it went through the Parliament, until these sorts of provisions had been worked out. So, the essence of my argu-

ment in relation to that matter is that many members have given this as a reason, albeit not the only reason, for not supporting this legislation, and I do not believe that it is a sufficient ground for rejecting it. It is a sufficient ground for saying, 'Hold on. Let's look at it and let's see whether we can support it and get around that problem by considering amendments such as that foreshadowed by the Hon. Mario Feleppa as well as the other suggestions.'

Then, if we cannot solve the problem, it might be fair enough to say that the access problem is a sufficient problem to mean that the legislation cannot be made effective. I want to address two other matters. First, the argument I have had from some correspondents that those who support this Bill are blinkered and are leaving all responsibility for contraception and the effects of sexual activity to the female. Secondly, some correspondents have suggested that those who support the Bill are only concentrating on abortion and they are not looking at the range of other matters such as family planning, etc that we ought to be addressing as part of the problem.

First, let me say I reject the view that anyone who supports the legislation is blinkered and is only concentrating on abortion and is rejecting the whole range of other things that need to be done to address the problem, a problem very capably addressed by the Hon. Diana Laidlaw in her contribution. The Hon. Martin Cameron has talked about his personal support for increased funding for the Family Planning Association and family planning in general. I would have thought that was something that most members in this Chamber would support. It is certainly something I have spoken on with representatives of the Family Planning Association some years ago and with others who have raised the matter with me. As a Parliament, and as a community, we ought to be supporting organisations such as St Josephs at Fullarton which helps those who make the difficult decision to go ahead with the birth of the child and, for whatever reasons, may be removed from their family support situation and have to rely on themselves to cope with the difficulties that confront them. Certainly we need to support benefits such as the single supporting benefit that is part of the Federal social security legislation.

There are many in the community who have argued about what they see as the rorts under the single supporting parent legislation. I have not been one on the record for putting that particular view. Whilst I accept that there are obviously some, the vast majority are genuine and it is a genuine benefit that has to be provided in my view by government to the community to help those who make the decision that they want to go ahead with what might have been an unplanned pregnancy.

The greater emphasis on sex and health education programs in schools has been something that I, personally, and my Party have supported, even though there are some who would argue that the sex programs in schools are too explicit and that teachers should not show condoms to students, and a whole range of things like that that come across my desk every other month from people who complain about the programs that we have in schools. Certainly, a number of my colleagues and I have supported the greater availability of condoms for all, especially for those who are sexually active. Certainly in the debate we had last year at the Adelaide University when there was some controversy about condom machines, there was support from me and others for the particular stance of the Adelaide University Council. I argue that it is not inconsistent for anyone who decides to support the Bill to also hold the view that there is joint responsibility for sexual activity, and it is not solely something that has been left for the female to determine.

The second matter, which is a corollary of the first, is that I reject the argument that males cannot understand and therefore should not be involved in debates over matters like this. That has been an argument that some correspondents have put to me, too. I reject the argument that I know is held by some that a debate such as this can be reduced to the statement that it is a woman's body and it is her decision as to what occurs in relation to that. That may well be part of the decision, but it is not as simple as that. There are rights and responsibilities for all involved in the problems that might confront the woman at the time.

In my view the male in the relationship has equal responsibility before and after conception for the difficulties that might confront the female. I suspect, although I do not know, that most of the female members of Parliament both in this Chamber and possibly in another Chamber will take a view opposing this legislation. I am not sure of that because not all members have spoken, but I guess that that would be the case.

I think it ought to be noted that it is not correct to say that women throughout the community are of one mind on this legislation. There are among women, as there are among men, strongly held views on both sides of the argument and, just because Parliament at this stage appears not to have a woman who takes a supportive view of the legislation of the Hon. Dr Ritson, it should not be interpreted as saying that there are not a considerable number of women in the community who support the legislation. I believe that probably 70 or 80 per cent of the letters that I have received on this legislation, both for and against, are from women, only a very small proportion being from men, and the overwhelming majority of women who have corresponded with me have indicated support for the legislation.

I do not extrapolate that to say that most women in the community support the legislation. It is very easy to organise write-in campaigns to members of Parliament. Both sides have been doing that and it may well be that one side is more organised and got away earlier than the other. What I think it indicates is that women in the community are divided on the issue, and the fact that women in the Parliament are taking a consistent line on this legislation is not necessarily indicative of the division of opinion that occurs among women in the community on this legislation.

I spoke for a little longer than I thought because of the earlier interjections. I hope I have clarified what might have inadvertently offended the Hon. Gordon Bruce and others, and I indicate that I am not casting aspersions on others who might have a different view from mine and I am not calling them immoral in that respect.

The Hon. G.L. Bruce interjecting:

The Hon. R.I. LUCAS: I hope that you do get into it, and I look forward to the Hon. Chris Sumner's contribution as well, because I will be interested to hear the explanation of his position on this legislation before we have to vote on the second reading. He gave that indication by way of interjection and I look forward to his contribution. I indicate my support for the second reading of this Bill so that we can discuss some of the amendments before us and some of the guarantees that need to be given before we see the legislation become law.

The Hon. J.R. CORNWALL (Minister of Health): My contribution will be relatively short. I want to make it very clear at the outset that I make this contribution as an individual member of Parliament. I am exercising my unfettered right as a member of the Labor Party—endorsed, and only in this Parliament because I am endorsed by the Labor Party—to exercise my conscience freely on this issue.

Having said that, I also want to make the point to those who have been active in exerting pressure on members on both sides of the Parliament—or all three Parties—that they should never confuse lobbying with bullying. Bullying can be quite counter-productive. Whether you come from the pro-life spectrum or from the opposite end of the debate, it is quite wrong for anybody to believe that they can stalk the corridors of this Parliament and try to stand over members of Parliament to tell them how they should vote.

Having said that, I want to make it clear that I intend to oppose the second reading. My position with regard to abortion services is not one I have arrived at lightly. Had this been something I had to consider 20 years ago, it is entirely possible that the position I would have taken would have been quite different. However, regardless of what my personal views may or may not be—and I do not intend to canvass them—I want to make it perfectly clear that the position I have arrived at, and which I have held firmly now for a long time, is that we live in a pluralistic society and there are a significant number—indeed, I believe, a significant majority—of people in that society who believe quite passionately that abortion is a right.

A significant number of people believe that abortion services should be available on demand. A number at the other end of the spectrum, of course, are violently opposed to abortion in almost any circumstances. In fact, it seems that a small number are opposed to abortion in any circumstances. I can respect in a pluralistic society and in a democracy the rights of individuals to hold those conscientious views. However, it is not my right as a member of the South Australian Parliament, as I perceive it, to force on society at large my views (whatever they might be) which are conscientiously held. Therefore, through that process we arrive at a situation where, within the law and with what I believe now at least to be majority support, we provide abortion services.

If we are to do that—and we most certainly will continue to do that—it is important that those services are safe and that women who believe that they need those services not only should feel safe but should feel supported by the system. It is also important, once an individual has arrived at a supported decision to have a pregnancy terminated, that termination of pregnancy ought to be done at the earliest possible stage.

Let me turn then to the three proposals of the Bill. First, the Ritson Bill proposes that the current situation of 'greater risk' should be changed to 'substantial risk'. Quite clearly, 'greater risk' is a phrase which legally, clinically and practically is workable. It is something which we should not give up as a legal definition unless it is to be replaced by something better. I have taken advice on the question of 'substantial risk' and, in essence, my advice is that it is wrong in law and impossible in practice. I do not, therefore, intend to support it and would urge all right thinking members of this place to oppose it on those grounds.

Secondly, with regard to the provision that a psychiatrist must certify, I want to take the Council back, if I could, to the position when a provision similar to this applied when the law was first reformed in the late 1960s. In fact, on 8 January 1970, when section 82a of the Criminal Law Consolidation Act 1935 was proclaimed, it immediately became apparent to gynaecologists practising in the major hospitals at the time that there were few psychiatrists willing to see women requesting termination of pregnancy.

This was in marked contrast to the number of psychiatrists who were prepared to vocally support the original abortion reform legislation when it was mooted, debated and passed by the Parliament. In practice, although they were prepared to support it with varying degrees of enthusiasm, as legislation, in practice they were not prepared to participate. In addition, a number of psychiatrists precluded themselves under section 82a (5) on the basis of a conscientious or religious objection to participate. In the Queen Elizabeth Hospital special arrangements were made for one psychiatric outpatient clinic to accept women specifically referred for a termination of pregnancy opinion. This clinic, I am told by someone actively involved in it at the time, quickly became overloaded and there was a delay on average of three weeks and sometimes longer before an opinion could be obtained.

So, we have been there and done that and know what the result was. If Dr Ritson had done his homework and research, I am sure that many of his peers or colleagues in medicine at least would have been able to tell him exactly what did happen in the system in 1970. Some women were referred to private practitioners (and we are told that the private practitioners are there and available) as an alternative, but in fact these doctors also rapidly developed a waiting list of some weeks duration for women requesting termination of pregnancy opinions. The Queen Victoria Hospital appointed two psychiatrists for the specific purpose of providing a service to the Family Advisory Clinic. Despite this arrangement, a waiting list did develop, although in practice it tended to be a little more manageable than at the Queen Elizabeth Hospital. Nevertheless, a waiting list developed.

An analysis of the data provided to the Parliament by the committee appointed to report and examine on abortions notified in South Australia highlights the dangers of requiring a psychiatric opinion with the inevitable delays that will occur. In 1970, 1 440 abortions were carried out in South Australia and no less than 25.1 per cent of these women (that is, one in four who had a pregnancy termination in that year) required an abdominal operation to terminate the pregnancy. They were so advanced by the time they had been processed through the requirements of the law as it then existed that one in four in fact had a hysterotomy—an abdominal operation for the termination of pregnancy. This was an intolerable situation.

Meetings were held between fellows and members of the Royal College of Obstetricians and Gynaecologists (there was, of course, no Australian college at that time), and meetings between them and psychiatrists associated with the British, Australian and New Zealand colleges of psychiatry at which implementation difficulties and preliminary data were discussed. It was agreed that a qualification in psychiatry was not required for an experienced medical practitioner to be able to identify risk to the mental health of a pregnant woman. That was agreed by these very senior clinicians in both psychiatry and gynaecology.

Following such an acceptance by the gynaecologists in South Australia (and the statistics are quite dramatic), the abdominal method of abortion rate fell from 25 per cent to 10.1 per cent in 1971 (that is, the following year), to 7.6 per cent in 1972 and to 3.9 per cent in 1973.

The Hon. R.J. Ritson interjecting:

The Hon. J.R. CORNWALL: In 1986, Dr Ritson, the abdominal abortion rate was .02 per cent, or two in 1 000. It went from 25 per cent (one in every four) to one in every 500. This change—

The Hon. R.J. Ritson interjecting:

The Hon. J.R. CORNWALL: You will have your right of reply. This change in the clinical decision-making process allowed women to have a termination of pregnancy carried out within a matter of days following a certified opinion by two doctors that termination should be carried out under section 82a. That, in anybody's language, if you are talking

about a responsible abortion service which is safe and supportive and which involves an element of humanity, is dramatic by any circumstance. Yet Dr Ritson, by this legislation, attempts to turn back the clock.

Let me now turn briefly to the third alleged reform that Dr Ritson has put forward. This one, unlike the other two, on clinical grounds at least, superficially, has some merit. Dr Ritson proposes that the period during which an abortion may be performed legally in South Australia should be reduced from 28 weeks to 24 weeks. The basis of this is that we now have the technology to save foetuses through neonatal intensive care services from as young as 25 weeks.

In fact, and in practice of course, the number of foetuses that are successfully supported through neonatal intensive care starts at around 27 to 28 weeks. There have been a small number of exceptions to this where foetuses of weights as low as 500 grams have been salvaged, and a high percentage of those foetuses, of course, have an intellectual disability, severe spasticity and other problems related to the central nervous system. Nevertheless, it is not contested that a number have been salvaged, although the quality of life for many of them is very dubious and very limited.

If we leave that aside, even if we were to accept 24 weeks, the fact is that if there are adequate and well conducted abortion services, it is very uncommon—in fact one might almost say rare—for terminations of pregnancy to be carried out after 20 weeks gestation. In fact, as I said at the outset, once a decision has been made, and advice has been taken to assist with that decision—and this should be available in the shortest possible time once a woman has sought the service—the earlier an abortion is done, the safer that abortion is and the less likely are the sequelae, be they mental, physical or medical.

In the event that there still needs to be some flexibility beyond 20 weeks, whether the law says 28, 24 or 20 weeks, provided that there is some provision made for termination in cases of gross foetal abnormality which are detected at a relatively late stage of the pregnancy, and that over 20 to 22 weeks is still poor clinical practice, nevertheless we should not be moving to deny that woman the possibility in those very uncommon circumstances of a termination on the grounds of that gross foetal abnormality; nor should we be moving—and this has not been mentioned at any point in this debate—down the very dangerous path of making it illegal for a woman to have a termination on the very good clinical grounds that she has fulminating eclampsia. Dr Ritson, for whatever reason, has not canvassed that at all.

We are not only talking about gross foetal abnormalities and the desirability in that very uncommon or exceptional case—there must be provision in the law, if one is running a humane abortion service—but also the question of the wellbeing of the pregnant woman has not been canvassed at any stage.

That, I submit, is a fatal flaw in the arguments that have been put forward by the Hon. Dr Ritson. I conclude by saying that as Minister of Health I am responsible for the provision of abortion services in the public sector of this State. It is difficult enough under the existing law to provide an adequate, humane, supportive and caring service which takes account of the various needs in order to provide counselling where it is required, both pre and post abortion, and which is able to provide early and safe termination where it is required.

For a number of reasons we still encounter an undesirable number of second trimester terminations. We continually run into difficulties in finding doctors and nurses who are prepared to participate in second trimester abortions, which is quite understandable. The Hon. Dr Ritson's amendments—both the substantial risk amendment and the requirement for psychiatric certification—would greatly increase the number of second trimester abortions, and I submit would be, on balance, clinically disastrous and also a disservice to the large number of women in South Australia who believe conscientiously in this pluralistic society that they do have in a variety of circumstances a reasonable right to effective abortion services. For those reasons, as I said at the outset, I intend to oppose the Bill at the second reading.

The Hon. G.L. BRUCE: I wish to enter the debate briefly. Most of what I would like to say has already been said. The only reason I rise is that I do not think any member in this Chamber has a moral right any greater than any other member to make a decision in this matter, whether it is for or against it. I think we all try to act in the best interests according to how we see things. I do not think that any political point scoring or anything else is to be gained in this Council on this Bill.

I am concerned because 4 000 abortions a year in South Australia seems a shocking indictment on family planning. I abhor every one of those abortions. Nevertheless, I also respect the right of a woman to control her own body and functioning, including the birth of a child in regard to circumstances in which she finds herself, whether it be mental stress or anything else.

I oppose abortion completely and wholeheartedly, yet I respect the right of a woman, if she wants an abortion—for the reasons that she cannot cope with life, the child or whatever—to make that choice. I am in a quandry. I have a moral conscience on this matter and I do not believe that the Hon. Mr Lucas or any other member in this Chamber has any greater right or moral conscience than any other member. Certainly, I have received more letters on this Bill than any other since I have been in Parliament—even the Hon. Ms Pickles' Prostitution Bill.

I have a folder of letters both for and against the issue. I was attracted by the proposition to reduce the abortion period from 28 to 24 weeks as raised by the Hon. Dr Ritson but, on hearing him on the wireless the other day, after reviewing some of the correspondence that came to me and from studying the Bill, I do not believe at this stage there is anything to be gained. I now refer to one of the letters that I received, because I believe it is relevant, and I refer to the following paragraph:

> My final concern relates to amendment of section 82a (8). Here, I believe that the proposed amendment has unintended effects. On my reading of the present legislation it would now be possible to prosecute a doctor who performed an abortion at 25 weeks, although it would be necessary to prove affirmatively that the child was viable. Subsection (8) only establishes a presumption of viability after 28 weeks. Hence Ritson's amendment is not necessary.

Evidently, it boils down to the fact that only two abortions have been performed between that range of 24 and 28 weeks and they related to cases of gross abnormalities or, for some reason, the non-viability of the baby. At this time I am not prepared to support that amendment and, for the reasons I stated before, I am not prepared to support any of the other amendments presented by Dr Ritson. It is a very vexed question. I would like to see better family planning. I do not believe that any young girl should have to undergo an unwanted pregnancy. Her life and her career, if she has just started employment and is very young, may be destroyed. I believe that they should have the right to seek an abortion if they want it. I deplore, as I believe any reasonable person does, the fact that so many abortions are performed.

This legislation has operated for some years now and there has been no outcry but, once the Hon. Dr Ritson

opened up the Bill, there was an outcry. It is only natural that people want to express their points of view. I have letters expressing views which I can understand and respect. One letter states:

> I write in reference to the Criminal Law Consolidation Act Amendment Bill introduced into the Legislative Council by the Hon. R.J. Ritson, MLC. As you would be aware, the Catholic Church believes human life is a fundamental value and abortion a great crime. In 1980 the Australian Catholic bishops taught that:
>
> > Every human being has an inviolable right to life—rich or poor, strong or weak, young or old, born or unborn; every human life is sacred. The directly intended killing of any innocent human being whatsoever is always wrong; nothing can ever justify it.
>
> The destruction of so many human lives through the abortions carried out legally in South Australia is a cause of great concern.

I understand and respect that viewpoint, but I also feel that the woman who has an abortion has to go through the traumas of making that decision, which is her decision. Unfortunately, it takes two to tango and a man is also involved in a pregnancy. Perhaps the other partner should accept some of the responsibility involved in a pregnancy, but unfortunately in many cases the woman is left to her own resources. In her state of mind, if she feels that she cannot have that child, that is her decision and I suppose she has to go through the traumas associated with that. I can understand the traumas attached to that decision. I would not contribute in any way to a decision which denied a woman the right to have an abortion, but I deplore and abhor the fact that each year in South Australia 4 000 abortions are performed.

The Hon. M.J. ELLIOTT: I oppose the second reading of this Bill. A couple of days ago, on radio the Hon. Dr Ritson referred to this Bill as a Clayton's Bill—and in many cases, I think he might be right. I do not think that in the long run this Bill will achieve anything. In fact, if anything, in the final analysis it could be positively dangerous. I do not think it would do what either the supporters or the opponents of the Bill thought it would do.

I was disappointed by the large number of roneoed letters that have been received, and I doubt whether many people really explored the issue before they placed their signatures at the bottom of the letters. Some were handwritten, but they were written in exactly the same form using exactly the same words—people had been induced by others to write them. When it is obvious that a person has put a great deal of thought into the sentiments expressed in a letter, I read them very carefully, but I do not read each identical letter. I suggest to people that, if they write to members of Parliament, they should explore very carefully the topic about which they write; they should put their points very carefully; and they should think them through. I appreciated such letters that I received from both supporters and opponents of the Bill, but many letters did not seem to display that level of thought. However, that is an aside.

I think that many of the important points have already been made. The reduction from 28 to 24 weeks will achieve nothing in real terms. I suppose that, if we reduce the time by four weeks, some people may feel that the next time another Bill is introduced the limit will be reduced by another four weeks and so on, until eventually this abomination is wiped out. The reality is that, in the past year, the reduction from 28 to 24 weeks would have affected two or three grossly deformed foetuses.

I will now discuss the suggestion of the necessity to see both a doctor and a psychiatrist. There has been some argument today whether psychiatrists are readily available. Whether they are or not, the Bill is either a fraud or dangerous. The Hon. Mr Cameron gave an example of one psychiatrist who said that, if a woman believed in her own mind that it was dangerous to her, he concurred. That leads to the capacity for a woman to shop around. If psychiatrists were readily available, people could shop around, and Dr Ritson would not achieve what he seeks to achieve. Psychiatrists are not readily available, particularly in country areas, and some women will be denied access to them. Their pregnancy will proceed and they may seek backyard methods of abortion, which is very dangerous. It also raises all the other problems that existed before the present law came into being. By putting in the Bill a provision such as the necessity to see a psychiatrist, it would be extremely dangerous and a fraud.

I must pick up the point made by the Hon. Mr Lucas. If we want to solve these problems and do not want abortions—I would like to see as few as possible—the only real solution is by way of attitudes to sex through sex education, both within the family and, of necessity, in the education system. Unfortunately, many of the people who support this Bill are the very people who have been stifling sex education and a generally healthy attitude to sex in our society. In part, they are responsible for many of the problems about which they now complain.

I speak with wide knowledge in this area because I taught health education in schools for six years. I was very fortunate in that I taught mostly in schools in which sex education was part of the curriculum, and the parents agreed with it. I believe that it was highly successful. In fact, I knew of very few pregnancies emanating from those schools, and that is unusual.

The Hon. Diana Laidlaw interjecting:

The Hon. M.J. ELLIOTT: I do not know. I am sure that there are many other capable health education teachers up there. For the abortion rate to drop off, proper methods of contraception must be used. People will argue that healthy lifestyles are the answer, but I will not judge for other people what is or what is not a healthy lifestyle. There are many ways by which conception will not occur. One is the avoidance of sex outside marriage, and people who believe that should strongly inculcate such an attitude in their family. Even in very conservative families daughters will sometime fall pregnant. That is not a new problem; it did not evolve in the latter half of this century, in the decadence of modern times. It has been with us since the year dot, and we must face up to the realities of the world and humanity. I oppose this Bill because it is a fraud; it could be dangerous; and it is not the proper solution to what I believe is the problem.

The Hon. C.J. SUMNER (Attorney-General): I wish to make only two quick points which generally endorse the remarks of the Hon. Dr Cornwall in opposing the second reading of the Bill. The issue that has concerned me most in this matter is the reduction from 28 weeks to 24 weeks in the presumption of viability. On the information that I have been given, I do not think that a change to the law in that respect would achieve anything, except to deprive some women of the opportunity to have an abortion up to 28 weeks in the case of foetal abnormality.

The reality is that the Hon. Dr Ritson's Bill does not delete the grounds for abortion which exist at present in the Millhouse legislation, on the grounds of a substantial risk that, if the pregnancy were not terminated and the child were born to the pregnant woman, the child would suffer from such physical or mental abnormality as to be seriously handicapped. That remains in the Act with the Hon. Dr Ritson's amending Bill. I have been given information, in particular a letter from the Chairman of the Board of Directors of the Queen Victoria Hospital (Ms Roberts), who states that the current World Health Organisation recommenda-

tion that pregnancy later than 28 weeks gestation should not be aborted except on indisputable medical grounds is recognised by the health system in South Australia and that elective abortions over 20 weeks are not performed.

That information, as well as other information that has been given to the Council, convinces me that this amendment would not achieve anything, except to deprive some women up to 28 weeks of the capacity to have an abortion in the case of what is admitted by the Hon. Dr Ritson in his Bill as being justifiable, namely, serious foetal abnormality.

The Hon. R.J. Ritson interjecting:

The Hon. C.J. SUMNER: The honourable member can respond. All I am saying is that he has tried to reduce that presumption of viability from 28 weeks to 24 weeks, whereas I am saying that the only thing that that will achieve is to deny women the chance to have an abortion in the case of a serious foetal abnormality, because over 24 weeks that has been in practice, the only ground for abortion in recent times, as I understand it; and that ground for an abortion remains in the honourable member's Bill.

This provision has given me the most concern because, as the Hon. Dr Cornwall has pointed out, it is possible now for babies from premature births to be kept alive from 25 weeks on, not, one must admit, with a great proportion of survivors. Nevertheless, it is a possibility, and that, of course, raises the issue of the reduction from 28 weeks to 24 weeks. However, even though that is really the only part of the Bill that has given me any major concerns, I believe that the reduction in that presumption from 28 weeks to 24 weeks would not in practical terms achieve anything. Therefore, I cannot support it.

The only thing that it would do would be to the detriment of women seeking abortions for severe foetal abnormalities; or indeed, as has been pointed out to me, a baby infected by the AIDS virus at 25 weeks, if the Hon. Dr Ritson's Bill was passed, would not then be able to be legally aborted. That seems to me to be a critical issue. While he continues with a criterion of foetal abnormality (and I do not suggest that he should not) as one of the grounds for an abortion on medical grounds—

The Hon. R.J. Ritson interjecting:

The Hon. C.J. SUMNER: The honourable member kept it in the Bill, and that is the fact of the matter. It remains as a ground in the honourable member's Bill for a legal abortion. Now, that is the fact. That being the case, because it does remain so, I do not see why the presumption of liability should be reduced from 28 weeks to 24 weeks, given that the category of abortion between 24 weeks and 28 weeks in practice in South Australia—

The Hon. R.J. Ritson: In practice.

The Hon. C.J. SUMNER: —in practice is for foetal abnormality. Given that that is the situation, apparently the admitted fact, even by the Hon. Dr Ritson—

The Hon. R.J. Ritson: Not entirely, but they are all grave reasons.

The Hon. C.J. SUMNER: Virtually admitted facts, all grave reasons from 24 weeks to 28 weeks; given they are admitted facts by him, and he continues to retain one of the grounds for abortion being foetal abnormality, it seems to me that that ought to remain a justifiable ground for the period from 24 weeks to 28 weeks, and his amendment would no longer permit that. That seems to me to be one of the major defects in a sense in his Bill, because there is an internal inconsistency in what he is trying to do. While this is the area that has given me the most concern, on those admitted facts as to the carrying out of abortions beyond 24 weeks—admitted by Dr Ritson being only for grave reasons, on the information I have been given, only being for foetal abnormality—given that that is the case in practice, then there is no case made out for the law to be changed.

The only other issue that I wished to comment on was the statement made by the Hon. Dr Ritson in his second reading explanation that it may even be argued that any normal pregnancy is more hazardous than an early abortion, that any early pregnancy may therefore be terminated on request. I do not believe that that is a correct statement in law. He is suggesting that the risk only needs to be greater than the risk involved in a normal pregnancy to justify an abortion. If the section is read in that way, that is, that the normal dangers of pregnancy and child birth automatically qualify a pregnant woman for an abortion, then it really makes nonsense out of the section. It makes nonsense out of the law as it stands.

Admittedly, it was an aside that he put in his speech, but if he checked, I think he would find that his statement that a normal pregnancy would be naturally more hazardous than an early abortion means that an abortion would naturally be permissable in all cases of early pregnancy is not, with respect, a correct statement of the law. If that were correct, then section 82a (3) would not have any work to do. It would make nonsense of the section when read as a whole. What would be the purpose of section 82a (3) if the interpretation argued for by the Hon. Dr Ritson were to be correct?

On the general question of relative or substantial risk, I accept that the definition of relative risk at law is a more certain test and that the test of substantial risk would introduce significant new uncertainties into the law. On balance, I do not believe that a case has been made out for supporting that change to the test, particularly when his new test would talk about substantial risk to the life of the pregnant woman. In other words, you would have to prove not just the relative risk to the life of the woman but to justify an abortion you would have to prove a substantial risk.

The Hon. R.J. Ritson: Not just to life.

The Hon. C.J. SUMNER: I understand that there are two parts to what you are saying, but you are not only changing the definition with respect to substantial risk of physical or mental injury: you are changing the definition from relative risk to substantial risk of death.

The Hon. R.J. Ritson: Or health.

The Hon. C.J. SUMNER: Or health. I agree that it has two parts.

The Hon. R.J. Ritson: You musn't puff it up too much.

The Hon. C.J. SUMNER: I am not, but with respect to the way that you have drafted the legislation—and it is in the alternative, I agree with that—you attach the substantial risk criteria both to injury and to physical and mental wellbeing, and you also attach a substantial risk to life and that seems to me to be a defect in the drafting.

In any event, my final point is that I think the relative risk provision provides greater certainty, and that we are going into quite unchartered waters with the substantial risk clause. South Australians have lived with this law since 1969 and other States in Australia have lived with a law not precisely the same but with some similarities, and I therefore do not believe that a case has been made out for a change to the law. I believe that the South Australian community considers that the law has operated reasonably well since 1969 and that there is not a case for change. The one area, as I said, that gives me most cause for concern is the question of resumption of foetal liability. For the reasons that I have outlined I am still not convinced that the law should be changed.

The Hon. BARBARA WIESE (Minister of Tourism): I will be very brief because during the course of this debate other members have expressed points of view that I wanted to express. I must say that during the afternoon and the evening, as I have listened to various contributions during the course of the debate on this Bill, I have grown more and more depressed that at this time in our history, after so many occasions when we have had to debate issues of basic rights and freedoms of women in our community, we should once again have to go through those arguments and state those cases and claims yet again. It seems to me to be totally appalling that we should have to stand here, some 20 years after legislation was enacted in this place to allow women the right to choose their own destiny and exercise some control over their own lives and bodies, once again and produce all those arguments and go through exactly the same debate. It must surely remind us all that we have to be eternally vigilant if we are to protect the rights of women and others in our community and preserve what should be considered as basic rights and freedoms in any civilised society.

I do not intend to refer to the provisions of this Bill which, I think, have been debated very well by other members in this place. I agree entirely with the points that have been made by those who will oppose this measure. I hope that members of the Council will deal with the measure swiftly and indicate very clearly that this Parliament does not wish to turn back the clock to the days when women's lives were put at enormous and grave risk. I believe that the Hon. Dr Ritson has raised a number of issues during the course of this debate which are quite spurious as reasons for changing the law. I think that even a casual observer of the law in South Australia would have to agree that it has worked very well for almost the past 20 years.

In fact, if anything, terminations are probably more difficult to acquire in South Australia than they are in other parts of Australia, because we have legislation and because the standards that were set some 20 years ago are so high. I think that it is totally unnecessary for us to look again at this legislation, since no good reasons have been produced during the course of this debate to support any changes. Once again, I hope that members in this place will treat this measure with the contempt that it deserves.

The Hon. R.J. RITSON: I thank members for their contributions to this debate, and I offer every honourable member who has spoken my respect and my understanding that they are dealing conscientiously with the matter, and their contributions have been worthwhile in discussion on this important matter. In closing the debate, I want to talk about the meaning of the Bill, as I see it, and about the question of honesty in legislation. I emphasise that I am referring not to dishonesty of any individuals but to the question as to whether a law can become mismatched with circumstance such that it proclaims an untruth. The key to that was given by the Hon. Ms Laidlaw, who pointed out that times and attitudes have changed considerably since this Bill was introduced, and I propose to put before the Council some of the various systems of abortion law that are possible in society, and demonstrate some of the problems that have arisen due to changes in attitude no longer in accord with the letter of the law, because I think that that gives rise to many of the troubles of the moment.

I also want to discuss my motivation for introducing this Bill. I have always considered the 28 to 24 weeks as being a nicety to bring some aspects of the law from the year 1929 to the year 1988, but I do not believe that it changes anything significantly. It is not all that important to me that that matter be successful in this Chamber, and it is with some surprise that I find people on the one hand claiming that it will save hundreds of lives and, on the other hand, claiming that it will place obstacles in the way of, for example, treating eclampsia, as the Hon. Dr Cornwall informed us. I will deal with some of the particular misrepresentations later in my speech. I agree entirely that the number of terminations done in the time bracket mentioned are all for grave reasons.

I argue that they can continue to be done under my suggested amendment, but that this is merely a nicety and not the heart of the matter of debate today. I will come back to the details of that later. The heart of the matter is the question of whether the abortions being currently performed are indeed entirely appropriate for people, whether they may be doing more harm than good and whether the model of medical indication for termination is any longer and honest description of what is happening and whether it ought to remain the law or be a more honest position for the matter of abortion on demand to be debated on its own merits.

My personal belief is that a number of women have pregnancies terminated inappropriately. I suppose, to epitomise the type of thing we see, it will be useful to read a letter (which I am sure all members have) from a young lady who writes as follows:

> At 21 I was an unmarried mother expecting my second child. I was not coping well with my first and, when my doctor and friends advised an abortion, I agreed. I was in a state of pure panic. I knew I could never surrender for adoption, so I took my friends' advice. Getting the abortion was the easiest thing I have ever tried to do. All it took was a chat to my doctor who in turn sent me to a social worker. He talked to me for 10 minutes and three days later it was done.

The letter further states:

> I did not need an abortion. I needed time to get over the panic and some counselling and emotional support. After the operation I had to be sedated because I refused to believe the baby was gone and was terrified about the harm an unsuccessful abortion might have done.

The letter goes on in that vein. It is not an isolated instance, but something that a large number of general practitioners and caring professionals experience from time to time. Of course, we do not see the people who are resilient and shrug off the matter without too much trauma or emotional reaction. I am not saying that half, three-quarters or all abortions done are inappropriate. I am saying that the position taken by the working party that reported to the Minister on this matter is rather extraordinary.

We find addressed in that report the question of the distinction between whether you want or do not want something on the one hand and whether you think you ought or ought not to do something on the other. It is my contention that there are many women—like the lady who wrote the letter I have just read—who present with an apparent unwanted pregnancy that is actually wanted and the abortion is actually sought because of pressure from other people—pressure which makes her believe that it is something she ought to do, whether or not she wants to.

What do we find when we examine the advice of the working party to the Minister? We find on page 7, under 'Unwanted pregnancy', the proposition that of course all apparently unwanted pregnancies are indeed unwanted and there is no such thing as an apparently unwanted pregnancy that is wanted. On the other hand, there would be apparently wanted pregnancies that if one investigates further one can discover they are unwanted and persuade the person to have an abortion. It is a clear recognition of the distinction between wants and oughts, but it is quite biased in the fact

that it recognises that this distinction occurs only in one direction. To quote the precise words:

> All aborted pregnancies fall within the category of unwanted pregnancies.

What intellectual arrogance that is. What a bold statement, unsupported by evidence. What a wilful blind ignorance, a refusal to accept the fact that sometimes things like this happen. My desire is to get this right. The Bill does not seek to prevent the appropriate termination of a pregnancy; it seeks to provide a better framework and service to people who need the time—as this girl and many others did—the counselling and perhaps some love (if they are not getting it from their boyfriend or husband). The role of men in pressuring women into abortions of this type is quite significant in our society.

I want to see some increased recognition of the loneliness, fear, sometimes the lack of love, and sometimes the inability to see any real future for themselves—these problems with which women in this situation have to cope. I am motivated by a great deal of sympathy for their position.

The problem which arises at the heart of this debate and which causes so much dispute is that my Bill restates in clear language that abortions should be available only on medical indications. The Bill does not require grave or serious indications. I will deal with the word 'substantial' later when I deal with a number of the misrepresentations that have been made about the Bill, and I will deal with the relative risk clause. The heart of the matter is that I have restated that the present indications for termination, according to law, are medical, that they ought to remain medical. That restatement collides head-on with the consciously held view of caring people who believe that abortions should be available on demand.

In analysing this conflict we really ought to have a look at the various options. This was done very well during the debates in 1969 and 1970 by Dr John Finnis (who is a lawyer of some great note and an Oxford don now). He wrote a paper in the *Adelaide Law Review*, volume 3, on the subject of abortion and legal rationality, and pointed out that there could be three possible models. The first model would be the 'born rule' situation, where statute law prohibits absolutely the termination of pregnancy, doing so to defend almost to the last breath, as it were, the rights of the foetus (the child). That law, ameliorated by exceptions in grave circumstances, represents the state of the law before the Millhouse amendments came in.

The second model which I will call the 'doctor-knows-best' model—although they are not Dr Finnis's words—accepts that there are rights of the foetus. It recognises the needs, fears, distresses, the physical and emotional illnesses that can beset women in difficult circumstances, and it hands this over to the medical profession with legislation empowering the medical profession to make those judgments and to proportion those rights. Indeed, it was the doctor-knows-best model (model No. 2) which was introduced by Mr Millhouse nearly 20 years ago.

The third model is one which ascribes no intrinsic rights to the foetus and does not address itself to the rights of the community as a whole in terms of the benefits of natural population growth or any other matters like that but simply recognises the rights of a woman to seek relief from distress. Of course because in that model there is no counterbalancing set of values to be weighed up against the needs of the woman, one does indeed have a declaration that abortion is a woman's right for no reason other than that she requests it. Of course, that is a natural consequence of ascribing no rights to the foetus.

As I say, at the moment the problem we have is that we have model No. 2 as a matter of law: as a matter of law it is clearly a situation of medical indication for termination. Medical indications are not particularly onerous, the qualifications are not particularly onerous, but the psycho-social clause which allows one to anticipate the future environment of the patient is there not because the psycho-social environmental factors are the diagnosis but because the doctor is entitled once he has made a medical diagnosis to consider how those factors may adversely or otherwise aggravate the condition which he has diagnosed.

As the Hon. Ms Laidlaw says, times have changed, attitudes have changed, and what has happened is that, while the law remains a law requiring a medical indication which is then placed in the hands of the medical profession who adjudge the relative rights of the foetus and the mother according to the medical condition, most of the people who are opposing this amendment are arguing from the point of view of model No. 3. That is the situation where no intrinsic value is ascribed to the foetus and, since there is nothing to counterbalance, the question of a woman's rights is the only question to consider and becomes paramount. What has happened is that with the cultural change from model No. 2 to model No. 3 we are left with a disparity between what the law says, what actually happens and the reasons people give these days for not changing the law.

Madam President, I have one of the forms which are required to be signed by the medical profession in whose hands these judgments have been placed, in whose hands the medical model, the doctor-knows-best model, has been placed. The form is interesting and has the prominent heading 'Medical termination of pregnancy'. It does not say 'social termination' or 'economic termination': it states 'medical termination'.

The middle part is to be filled out by the doctor and states 'Diagnosis (primary condition) *must* be specified.' Of the some 4 300 terminations of pregnancies performed in 1986, over 4 000 had a specified psychiatric condition as the diagnosis. That is either true or it is not. If it is true, and all those women had a psychiatric illness which perhaps was largely diagnosed (whether or not treated) by gynaecologists, then there must be an awful lot of psychiatric illness aggravated by pregnancy which would be relieved by abortion. In general, women's groups deeply resent the suggestion that that is true. They refer to liberal attitudes to the law and to women's rights to have pregnancies terminated for quite different reasons other than the medically indicated diagnoses. So, this is where we must decide questions of honesty in legislation because, if the truth is that every one of those 4 000 women had specified psychiatric disorders instead of hopes, fears, social needs and poverty, there is a very strong argument for investing a good deal of money in the improvement of psychiatric services for these people.

If that is not so, we have a huge public lie. If the indications for these terminations were economic, it would make more sense to have someone other than medical practitioners (perhaps without being too facetious, even the bank manager) to sign the form on the basis that the person could not afford a pregnancy, or perhaps the Housing Trust could certify that low cost housing could not be provided under three years; in other words, let the social problem be seen for what it is and let us not force well meaning doctors, who are handed model 2, to administer model 3 in disguise. There are three possible positions in relation to this situation, two of which are honest and one of which is dishonest. I am not referring in any way to the blameworthiness of people taking an argument: rather, I am referring philosophically to the intrinsic integrity of the argument.

The first position of restating the medical basis for termination of pregnancy is an honest position. The position taken by the Hon. Ms Wiese just recently—where she based all her arguments on rights and did not attempt to balance them against duties to the foetus or the community—is honest, and that is model 3. A dishonest position for the legislature to take relates to the situation where the legislation is preserved in its present form as *de jure* medical abortion, but those people who would really like model 3 (abortion on demand based on rights) do not arrange abortion on demand on its merits, and bask in the convenience of the change in interpretation *de facto* of the existing indications for medical termination.

It is a case of having one's cake and eating it, too. It is a case of saying, 'I want the present law, but not because of what the present law is. I thoroughly disagree that we should have to have a medical indication for termination but, since the medical profession has been culturally pressured and changed out of sympathy for model 3 into stretching its diagnoses and, since we have model 3 in practice, I support the *de jure* retention of model 2, because it is really model 3 in disguise. I am not sure that that is an honest position for a legislature to adopt. It would be more honest if somebody in this Chamber stood up and moved an amendment to delete everything and insert:

> Notwithstanding section 82, it shall not be an offence for a medical practitioner to terminate a pregnancy acting in good faith in the belief that it is in the interests of the woman terminated and was requested by her.

That would be a more honest approach by the legislature than if we were to have on the statute book model 2—medical grounds for indication—but be privately delighted that it had become *de facto* model 3—abortion on demand ascribing no rights to the foetus. That is the nub of the argument, and that is when I raise the issue and start to talk about matters medical.

First of all there is the very emotional argument in model 3 about women's rights; then the waters are muddied with a lot of misrepresentation about various peripheral and practical aspects of the Bill. I have a personal belief, which I cannot justify (except to say that it is a personal belief), that we should have medically indicated terminology only. My personal belief does accord with the law as it actually stands on the statute book, but it does not accord with the belief of those who seek much wider abortion and argue that the present law should be left alone because it is working all right; meaning that it has been distorted to a point where it has slipped into model 3. I recognise that other people with different sets of values will make different value judgments, but that is my opinion and that is why I introduced this amending Bill.

I make a few remarks now about what I consider to be the misrepresentation of some of the peripheral aspects of the Bill. I will start with the word 'substantial' and its relationship to the relative risk clause which it replaces. The Hon. Mr Sumner stated in the Chamber a few moments ago that the relative risk clause clearly meant identified risks in the particular patient rather than a reliance on a global proposition that, in general, early termination by suction curettage is statistically safer than a normal pregnancy.

The Attorney-General has reassured us that that was not a valid interpretation and that the relative risk clause was meant to be a guide to assessing any actual identifiable medical risks in the patient under consideration. I am not entirely convinced of that. When this matter was debated in 1969 I recall that the senior lecturer in criminal law at Adelaide University expressed concern that the relative risk clause was capable of being interpreted as a global statistical justification for aborting normal pregnancies because they were there. I do not know whether his opinion is more reliable than that of Mr Sumner. I am not competent to know how Mr Sumner's legal opinion stands against the then senior lecturer in criminal law at the Adelaide University.

I raise the point that there are different opinions. Indeed, only a few days ago in a radio talk-back debate one very pleasant and highly intelligent person who was arguing the opposite point of view to myself actually explained to the public that the relative risk clause worked in that general way rather than the particular way. So, I am concerned that we have a problem with that clause. I do not think we have as much problem with 'substantial' as people say. It has been said, I think, in a way which severely misrepresents the situation, that 'substantial' means probable, likely, serious or grave. It was put in a letter to me by a constituent that 'substantial' would mean that in terms of risk to mental health, one would have to be psychotic to qualify, and that just is not so.

Like the Hon. Dr Cornwall, I sought advice from a senior Queen's Counsel, and that advice was that 'substantial' has a legal meaning. 'Substantial' is nothing like as forceful as 'likely' or 'probable', but it would generally be taken to mean 'of some substance' as distinct from 'of no substance'. It surprises me that the word 'substantial' has been in the Bill for 19 years without its causing any problem in interpretation. It has not, in fact, been in the Bill in relation to the conditions for a practitioner terminating on his own opinion, without a second opinion, as Ms Laidlaw inadvertently mentioned. That latter circumstance requires a grave, serious and immediate threat where termination is by one practitioner alone.

As the Hon. Mr Sumner read out a few moments ago, the provision for terminating on the grounds of foetal abnormality requires a substantial risk. There has been not one jot of complaint about that word 'substantial' for 19 years. If the Attorney wants to see what the interpretation has been for those 19 years, he can look up the figures in the various editions of the Cox report—statistics that that very worthwhile committee correlates—and he will see listed for each year the number of terminations on the grounds of possible foetal abnormality. So, the word 'substantial' has not meant grave, probable or very likely, but has been interpreted as 'possible' for 19 years without a peep.

Quite suddenly, when I use it in a draft amending clause that a lot of people do not like, the word is misrepresented as if it means 'grave', 'serious', 'proven', and that sort of thing. The Attorney-General would be more aware than I that words which in their common meaning are imprecise acquire a degree of legal meaning which becomes justiciable should there be a dispute. We have, for example, offences such as grievous bodily harm. The lay person, like myself, would say, 'Hell, what does "grievous" mean? It could mean anything.' In fact, in practice, before the courts, the set of precedents and rules are such that by and large the lawyers know what it means, and it does not mean anything: it has the legal meaning that it has acquired.

I think that in the context of this Bill the word 'substantial' means 'possible' as opposed to 'of no substance' and that the word has been interpreted in that way for 19 years without any fuss. It is a pity that some of the very sincere women who have been lobbying for model 3, abortion on demand, have not simply lobbied or argued the lack of intrinsic value of the foetus and the unfettered exercise of their rights with it. It is a pity that they have sought to raise some of these peripheral, negative and obstructive issues in a way that misrepresents the Bill.

The question of accessibility of psychiatric services to the rural community is another matter that has been raised as a huge obstacle to doing anything for the people in the country. But, when we look at the statistics which indicate where abortions occur and where the people who have them live, we find, first, that two-thirds of them are carried out in metropolitan public hospitals: half of them are performed in the Queen Victoria Hospital and the other fraction in other metropolitan public hospitals; 17 per cent are carried out in metropolitan private hospitals; and, on the 1986 figures, that leaves approximately 340 terminations out of 4 300 that are performed outside the metropolitan area.

When one looks at where those 340 terminations are performed, one finds that between 50 and 60 per cent are carried out in one or other of the provincial centres of the Iron Triangle or the South-East. The reason for that is that by and large self-employed general practitioners do not carry out abortions. Something less than 4 per cent of the terminations carried out on the latest figures are performed by self-employed general practitioners. A few are carried out by general practitioners working for health services, and 90 per cent plus are carried out by specialist obstetricians.

What happens is that country people, except for those who are geographically placed to go to Mount Gambier or Whyalla, most come to the city because their doctors refer them for specialist treatment by a gynaecologist and obstretician and hopefully to have an anaesthetic from an experienced anaesthetist. So, it is not a case of people having to come to town or go to a provincial hospital if we require psychiatric content. By and large they are already doing that, and it is a mere fragment—something of the order of 100 out of 4 000—that are terminated by private general practitioners in remote areas.

The Hon. Mr Feleppa has foreshadowed an amendment which he will seek to move should this Bill be read a second time. The Bill is looking decreasingly as if it will be read a second time, but I understand Mr Feleppa's desire, should the Bill become law, to provide for people in remote areas something by way of counselling if psychiatric services cannot be provided. As I say, it would be a small number of people relative to the total amount of work done. I have sympathy with his intention, but I am not sure that the exact wording of the amendment is the ideal solution. If this Bill is read a second time, there will be an opportunity for the Hon. Mr Feleppa and myself to discuss what can be done to provide peri-abortion services to those people in the country who could not reasonably, and do not, go to the city or to the provincial specialist centres.

The availability of psychiatrists has been raised. Certainly, psychiatrists, like gynaecologists and obstetricians, will give a person an appointment several weeks hence if there is simply a request for a routine appointment. I have never had any trouble in having people seen quickly if I have contacted the psychiatrist and indicated that the matter was of some importance. I understand the Hon. Dr Cornwall's point when he talks about the different sorts of beliefs amongst psychiatrists, the different attitudes to termination amongst psychiatrists, the different specialties of psychiatrists and the different modes of employment.

Of course, not all psychiatrists would want or be suitable for this work. At present, given that the Queen Victoria Hospital performs half of the abortions in South Australia, and given that it has a system of gateway social workers who do counselling, it would only require some will, some funding for salaries and advertising, and I do not think that it is at all beyond the bounds of possibility that a handful of psychiatrists—perhaps slightly more than the two provided previously—would take jobs providing abortion services. My guesstimate was about 4.5 full-time salary equivalents for that job. Of course, there would be allied health professionals to do a lot of the social work and—

The Hon. J.R. Cornwall interjecting:

The Hon. R.J. RITSON: The Hon. Dr Cornwall questions why someone would take a full-time job doing that work when they could have a variety of work outside. There are a number of alternatives. It would be possible, for instance, to have the clinic staffed sessionally. There may not be four or five psychiatrists willing to work full time in the public sector in this regard, but there might be a larger number who would do a session or two a week. Where there is a will, there is a way, and if we really wanted to improve the psychiatric services, the counselling, follow-up and bereavement side of it so that we had fewer letters like the one I have here, we would do it. On the other hand, if we believed that we ought to have abortion on demand and that it was very nice that a *de jure* medical abortion had become abortion on demand and we could just bask in that and not change anything—if we believed that the big public lie ought to be perpetuated, we would find every little reason we could for doing so. We could refer to the thousands of people in the country who could not get services when, in fact, they nearly all go to the city or to a big regional specialist hospital. We would say that the word 'substantial' means 'grave' or 'proven' when in fact it merely means 'possible'.

We would do all of these things, and it seems to me that what has happened tonight is that a number of people believing in model three (the rights of the woman unfettered by any balanced consideration of the rights of the foetus) have not, perhaps, quite honestly argued their own case on its merits but have used these peripheral and overstated objections to my Bill to ensure that the big public lie continues, because it is more comfortable than changing the law to have, in fact, abortion on demand.

I come back to the question of the 28 to 24 weeks. There is in my mind no real problem with this and little benefit from it. I agree with the Hon. Mr Sumner that in 1985 there were 13 terminations later than 21 weeks and in 1986 there were six later than 21 weeks—all for grave reasons. I simply dispute that my amendment would in fact prevent either premature delivery in the treatment of toxaemia of pregnancy, which the Hon. Dr Cornwall ignorantly raised. He knows, or should know very well, that toxaemia of pregnancy is a condition that develops in later pregnancy and is treated conservatively, if possible, until the baby is mature enough to have a reasonable chance.

The Hon. J.R. Cornwall interjecting:

The Hon. R.J. RITSON: The Minister keeps interrupting me with red herrings. Of course you do not. It is a matter of emergency caesarean section and acute medical treatment. It is a life threatening situation—you know that and I know that. A caesarean section occurs with a premature baby which, hopefully, survives although it may not. It is not an abortion.

To say that to reduce from 28 weeks to 24 weeks the stage at which one can perform an abortion is a nonsense. To say that that prevents the treatment of eclampsia is a nonsense. Just as people did not look at the principal Act to see the word 'substantial' operating quite successfully for 19 years, so people appear not to have looked at section 82a (7) because that deals with the question of viability. It deals with it in a rather strange way because it refers to the 28 weeks as a statutory presumption that the child can be born alive. It continues to refer to a child being born alive. That is a very ancient piece of drafting because children can be born alive, whether or not they are viable. The

question is whether they can remain alive for any significant time after they have been born.

In a situation where a child perhaps has a gross abnormality such as an encephalic child (and it needs to be gross to warrant interference at that stage), I cannot see that if the presumption of viability is reduced from 28 to 24 weeks that that prevents one from delivering that child for good reasons. If the child is found either not to be viable or to be grossly deformed, it is dealt with in terms of good medical practice. It certainly would not be good medical practice to assist to survive an encephalic child or a child with gross spina bifida.

Had this Bill been read a second time, rather than argue about the meaning of the amendment in terms of subsection (7) of the principal Act, I would happily have cooperated with an amendment to make it clear that in relation to severe congenital abnormalities there would be no such presumption of viability.

One does not really have to address one's mind to the question of saving life. Subsection (7) provides an offence in relation to a person who, with intent to destroy the life of a child capable of being born alive, by any wilful act, and so on, so one can see that it is really the intent to cause the child's death, rather than the intent to relieve the mother of the burden of a blighted child that may in fact be not viable even if it is beyond a viable age, that is the essence of the offence. I would not believe in a million years that there would be a complaint or any litigation about that.

As I say, I would have willingly accepted an amendment to put beyond doubt the delivery pre-term of grossly abnormal children, and a decision not to sustain those children should they be born alive would not constitute an offence. Little more can be said. I am sad that the speeches indicate that the second reading may not succeed, because I am of the personal view that termination ought to be based on a real medical reason but not necessarily on a grave, serious or life saving medical reason. I would have thought it more honest, if the *de facto* termination on demand persists, if it had actually been moved and argued on its own merits than that we be left with what amounts to a legislative lie whereby we have model 3—abortion on demand—but the statute books say that it is medically based abortion. I commend the Bill to the Council and thank members for their conscientious application to this matter.

The Council divided on the second reading:

Ayes (9)—The Hons J.C. Burdett, L.H. Davis, Peter Dunn, M.S. Feleppa, K.T. Griffin, C.M. Hill, J.C. Irwin, R.I. Lucas, and R.J. Ritson (teller).

Noes (12)—The Hons G.L. Bruce, M.B. Cameron, J.R. Cornwall, T. Crothers, M.J. Elliott, I. Gilfillan, Diana Laidlaw, Carolyn Pickles (teller), T.G. Roberts, C.J. Sumner, G. Weatherill, and Barbara Wiese.

The PRESIDENT: There are 9 Ayes and 12 Noes. I may add that I personally agree with the decision of the Council.

Second reading thus negatived.

PUBLIC WORKS COMMITTEE REGULATIONS: TRAVELLING EXPENSES

Order of the Day: Private Business, No. 13.

The Hon. C.M. HILL: I move:

That this Order of the Day be discharged.

Order of the Day discharged.

MEDICAL PRACTITIONERS ACT AMENDMENT BILL

The Hon. J.R. CORNWALL (Minister of Health) obtained leave and introduced a Bill for an Act to amend the Medical Practitioners Act 1983. Read a first time.

The Hon. J.R. CORNWALL: I move:

That this Bill be now read a second time.

This is a short Bill with a short explanation but, in view of the circumstances, I ask the indulgence of the Council and seek leave to have the second reading explanation inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Bill

The purpose of this short Bill is to assist the Medical Board in carrying out its functions. A review of the Medical Practitioners Act 1983 is currently being undertaken in conjunction with the Medical Board. The review may result in further proposals to amend the Act. However, pending the completion of that review, the Medical Board has requested two amendments to allow board members to complete their term of office having reached the age of 65 years and to facilitate the investigation of potential complaints against practitioners.

The Act provides for a Medical Board of eight members appointed by the Governor for terms not exceeding three years. Under section 7 the office of a member becomes vacant if, *inter alia,* he attains the age of 65 years. The Bill before members today enables board members, who turn 65 during their term of office, to complete that term. This provision overcomes the concern that expertise and experience is lost unnecessarily when a member reaches 65 years of age.

Turning to complaints, the Act currently provides that upon a formal complaint being laid, the board must inquire into it (unless it is frivolous or vexatious). Where the complaint is one of unprofessional conduct, the board commences an inquiry and, if it considers the matter sufficiently serious, it may terminate the proceedings and itself lay a complaint to the Medical Practitioners Professional Conduct Tribunal.

When a member of the public brings a matter of potential complaint to the notice of the board, it is put before a subcommittee of the board. The subcommittee sorts out which matters warrant investigation from those which patently have no substance. If the subcommittee is of the view that a matter may have some substance, an investigation takes place. At the conclusion of the investigation the Registrar either lays a formal complaint before the board or advises the member of the public that he does not intend doing so. Where the Registrar does not lay a complaint and the matter is one relating to alleged unprofessional conduct, the Registrar invites the member of the public to lay a formal complaint himself if he so wishes.

During the investigation stage, neither the board nor its subcommittee has power to require a person to answer questions or to produce records. The board has this power only when a formal complaint is laid. The very circumstances of complaints against medical practitioners make it desirable that a power exist in the investigation stage to have access to documents such as patient records which may have a bearing on the matter and to be able to require practitioners, amongst others, to answer questions.

At the moment the Registrar of the board is frequently faced with an allegation made by a member of the public matched against a denial of any wrong-doing by a practi-

tioner. It makes it very difficult for the Registrar to conscientiously lay proper charges against a practitioner if there is no more than that.

The Bill seeks to overcome this problem by giving the Registrar or other person authorised by the board the power during the investigation stage to require persons to produce records and to answer questions provided they do not lead to or tend towards self-incrimination.

Having completed the investigation in this manner, the Registrar will be in a position to either lay a formal complaint or to advise the member of the public that in his view a formal complaint is not warranted. The member of the public then has the option of laying a complaint himself where the matter is an allegation of unprofessional conduct.

The Bill further provides that upon a formal complaint of unprofessional conduct being laid before the board, the board may refer the complaint directly to the Medical Practitioners Professional Conduct Tribunal without commencing a hearing itself. With the new powers, formal complaints will be able to be properly investigated before being laid, making it unnecessary for the board to commence hearing them before determining that the allegations are sufficiently serious to be referred to the tribunal. It was always intended that the tribunal would be the body to deal with matters of unprofessional conduct. The amendments should assist in having complaints dealt with more expeditiously. I commend the Bill to the Council.

Clause 1 is formal.

Clause 2 amends section 7 of the principal Act which provides for the appointment of members of the Medical Board. Under the section a member of the board ceases to hold office as such when the person attains the age of 65 years. The amendment removes this provision and provides instead that a person may not be appointed or reappointed as a member if the person has attained the age of 65 years.

Clause 3 inserts a new section 20a which provides for investigation of matters that are or might become the subject of proceedings before the Medical Board or the Medical Practitioners Professional Conduct Tribunal. The section provides that the Registrar or another person authorised by the board may conduct such an investigation and shall do so at the direction of the board. A person may as reasonably necessary for such an investigation be required to answer questions or to produce books or equipment. Failure to comply with such a requirement or delay or obstruction of a person exercising such powers is made an offence. The section provides that a person is not required to answer a question that would result in or tend towards self-incrimination.

Clause 4 amends section 54 of the principal Act which deals with inquiries by the board following complaints alleging unprofessional conduct on the part of medical practitioners. Under the present provisions where such a complaint is made to the board, the board must conduct an inquiry in the nature of a full hearing unless it decides that the complaint is frivolous or vexatious. The amendment would allow the board to proceed to make a complaint directly to the tribunal without conducting such a preliminary hearing if it so decides.

The Hon. L.H. DAVIS secured the adjournment of the debate.

STATUTES AMENDMENT (CONSENT TO MEDICAL AND DENTAL PROCEDURES AND MENTAL HEALTH) BILL

The Hon. J.R. CORNWALL (Minister of Health) obtained leave and introduced a Bill for an Act to amend the Consent to Medical and Dental Procedures Act 1985 and the Mental Health Act 1977. Read a first time.

The Hon. J.R. CORNWALL: I move:

That this Bill be now read a second time.

Again, this is a relatively short Bill with a relatively simple explanation and I seek the indulgence of the Council to have the second reading explanation inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Bill

The Consent to Medical and Dental Procedures Act 1985 and the Mental Health Act Amendment Act 1985 were passed to clarify the law on consent to medical and dental procedures. Having worked with both pieces of legislation, the Australian Dental Association (South Australian Branch) has requested amendments to clarify the circumstances in which emergency dental procedures may be undertaken.

The legislation currently provides that emergency medical procedures may be undertaken on children under the age of 16 years if:

- the child is incapable of consenting;
- a parent of the child is either not available to consent or refuses to consent;
- the practitioner is of the opinion that the procedure is necessary to meet an imminent risk to the minor's life or health; and
- where reasonably practicable, a second practitioner supports that opinion in writing.

The legislation also provides that where the patient is 16 years of age or over, emergency medical procedures may be carried out if:

- the patient is incapable of consenting;
- the practitioner has no knowledge (communicated by another medical practitioner) of any refusal by the patient to consent which was given at a time at which the patient was capable of consenting;
- the practitioner is of the opinion that the procedure is necessary to meet an imminent risk to the patient's life or health; and
- where reasonably practicable, a second practitioner supports that opinion in writing.

Both pieces of legislation are silent on the circumstances in which emergency dental procedures may be carried out.

Dental emergencies may arise where a child is under the age of 16 years and not accompanied by a parent or person *in loco parentis*. For example, a child may fall and break a tooth which needs immediate attention. Although in many instances the child would be able to give an effective consent himself, he may not always have the necessary understanding to do so.

Greater difficulties arise, however, under the Mental Health Act where a mentally ill or mentally handicapped person is incapable of consenting. If such a person is under 16 years the child's parents may consent, but where the person is over 16 years the Guardianship Board or its delegate must consent. If emergency dental treatment is necessary, it may not be possible to gain consent from the board or to quickly discover who holds a delegation from the board in order that consent may be gained from them. The Bill before members today overcomes these difficulties by providing that emergency dental procedures may be undertaken subject to the same provisions under which emergency medical procedures may be carried out. I commend the Bill to the Council.

Clause 1 is formal.

Clause 2 amends section 6 of the Consent to Medical and Dental Procedures Act 1985. Section 6, at subsections (5) and (6), provides that a person under 16 years of age is deemed to have consented to a medical procedure conducted by a medical practitioner in an emergency where the person is unable to consent, no parent is reasonably available and (unless it is not reasonably practicable in the circumstances) the medical practitioner performing the procedure has obtained a supporting opinion from another medical practitioner as to the necessity for the procedure to meet imminent risk to the person's life or health. The clause amends this section so that it would apply in the same way to the conduct of a dental procedure by a dentist in an emergency.

Clause 3 makes a corresponding amendment to section 7 of the Consent to Medical and Dental Procedures Act 1985, in relation to emergency dental procedures carried out on persons aged 16 years or more.

Clause 4 makes a corresponding amendment to section 28g of the Mental Health Act 1977 in relation to emergency dental procedures carried out on persons who are by reason of mental illness or handicap incapable of giving an effective consent.

The Hon. L.H. DAVIS secured the adjournment of the debate.

TRADE STANDARDS ACT AMENDMENT BILL

Bill read a third time and passed.

TOBACCO PRODUCTS CONTROL ACT AMENDMENT BILL

Adjourned debate on second reading.

(Continued from 29 March. Page 3583.)

The Hon. R.I. LUCAS: I rise to oppose this legislation. In doing so, I indicate that on two previous occasions, in 1983 and 1986, the Parliament had to address similar legislation, and on both occasions I placed on record at some length my particular reasons for opposing those Bills. In 1983, I said of the member who introduced the legislation, our good friend the Hon. Lance Milne, that I believed his intentions were good but, simply, the legislation would not work. In this respect I compare the Hon. John Cornwall with the Hon. Lance Milne; I have no doubt that, like Lance Milne, his intentions are good but, quite simply, the legislation cannot and will not work. As a number of members have indicated already and as I intend to indicate in my contribution, it is bad legislation in a number of significant respects. Before outlining my reasons for opposing the second reading of this Bill, I want to outline a personal alternative position for members to consider.

At the outset, I say that I accept the argument that has been put by the proponents of the legislation that we should do all that we can to reduce the level of smoking in the community in general and, in particular, we should discourage and seek to reduce the level of smoking amongst young people in South Australia; so between the proponents and the opponents, there is an agreed goal. The parting of the ways comes in relation to how one sets about achieving what is an agreed goal. The opponents would say, and I would agree, that the plan now before us in the form of this legislation is not workable. Any plan or alternative ought to be more workable with a greater chance of success in achieving the agreed goal. I do not believe that we ought to support bad legislation as some have suggested on the grounds that it is better than nothing, that the intentions are good. I would support legislation if I was convinced that it would achieve what are the agreed goals between its proponents and opponents.

Some of the alternatives that we ought to consider as a Parliament and which might have a greater likelihood of success would hinge on a much greater attempt to mount comprehensive anti-smoking campaigns in the media and in the schools. I certainly think that the programs that we have, using good and effective role models like Pat Cash and Robert de Castella—readily identifiable Australians who have achieved great success in their own personal endeavours in the sporting arena—are more likely to achieve success, albeit in a small way, than some of the other anti-smoking campaigns that we have seen in the past, such as a black lung squeezing out a litre of tar into a bottle, and similar assorted scare campaigns. In my view, we should continue to use positive role models—with acceptable people like Pat Cash and Robert de Castella—but I hope that we look beyond the sporting arena to the business arena and—

The Hon. J.R. Cornwall: Maybe John Elliott!

The Hon. R.I. LUCAS: Yes. I am sure he would do it, as long as he could have a Fosters in his other hand. Even the political community, the academic community and the media. The stars of *Neighbours* and assorted commercial—I was going to say tripe, but I will not—contributions that many young people watch could be used as role models. I am convinced that people such as de Castella, Cash and even Kylie Minogue are more likely to provide what we all want to achieve in relation to young people.

We could divert $2 million to $3 million per year from the significant sum, that the Government collects in tobacco excise to entice people such as Kylie Minogue and other fitting role models to become involved in anti-smoking campaigns. I understand that Cash and de Castella have donated their time to these campaigns, and I am sure that others would, also, but, if they did not, and they were fitting role models, we should buy their time. However, we would not want a smoker involved in an anti-smoking campaign. One of the problems with the Cash and de Castella advertisements is that, as I understand it, we rely on the good graces of the television stations to run them at their convenience. In my view, we need to be able to buy prime time, when the kids are watching, and not when I see these advertisements sometimes at 10.30 or 11.30 at night. We need to buy prime time to put across the anti-smoking message in the media.

In the schools, as the Hon. Dr Cornwall would know, progress in the past few years is much improved compared with the progress of 10 or 15 years ago. A number of good programs are available but, as with many things within education at the moment, even with the influx of money through the Central Mission, the National Drug Offensive and other areas money is tight and a lot more could be spent effectively on anti-smoking campaigns within schools.

In particular, I think that money ought to be diverted into professional development programs for teachers. In my view, a lot of the money spent thus far in education has tended to concentrate on the development of programs and the employment of full-time staff, such as the Central Mission, which has two or three full-time staff who travel around with the program. That is a good start and I support it, but in the end, as the Hon. Michael Elliott would testify, it will fall on barren ground if there is not the appropriate professional development and training for the hundreds of

teachers, particularly in primary schools in the upper grades, to absorb the information that is provided through these programs and, more importantly, to transmit those messages in a continuing way through the Education Department.

When we talked about AIDS and drug education programs about a year ago we discovered that the Education Department was unable to tell us how many classes and how many children were being exposed to AIDS or drug education programs. That is a fundamental flaw in the department's recording system. It is not a matter that this Minister can resolve, but it is of importance to all members in this Chamber if we want effective anti-smoking campaigns in schools. That is the first suggestion: a set amount. Let us look at a sum of $2 million a year, geared or earmarked—not in a one-off fashion, but in a continuing fashion—for comprehensive anti-smoking campaigns in the media and schools.

The second general area is the question of some form of restriction on advertising without banning or abolishing it. I will address this question later. I am attracted to some aspects of the voluntary code undertaken by tobacco companies in the United Kingdom, but at this stage I do not want to go through all the details of that voluntary code. Recently I noted an offer from the tobacco industry in South Australia and Victoria to only use models over the age of 35 as opposed to 25. My personal view is that, if advertising is permitted to continue, in the end tobacco companies would be prepared to completely remove the human form from advertisements in South Australia, and hopefully in Australia.

There are a number of other restrictions that the United Kingdom voluntary code incorporates, and I think that that is fertile ground for us to explore as a Parliament and as a community if we want to look at an alternative which will be more effective than that which is before us. Tobacco companies have offered to limit cigarette vending machines to premises licensed to sell tobacco and liquor products; the removal of advertising within 200 metres or some other distance of schools; increased penalties for offences under the Act; and I understand that the industry has made a range of other suggestions.

I think that in good faith the industry realises, perhaps a little late, that the writing is on the wall and its position must change. Unfortunately, given the likely result of this legislation in South Australia, the offers may have come a little too late. However, I know that through the shadow Minister of Health, the Hon. Martin Cameron, my Party will be developing a policy. I hope that in part it is based on some of the suggestions that I have raised this evening. I know that the Hon. Mr Cameron is already looking at some aspects of those proposals.

We have already indicated that when we are in Government the legislation will be repealed. We would then not go back—in my view, anyway—to the present position but would move to a more workable alternative, which would better set about achieving the agreed goal of reducing the incidence of smoking in the community and, in particular, amongst young people.

I want now to return to the reasons why I feel the Bill will not work. Quite simply, I believe that the considerable weight of evidence that has been provided to members in this Chamber now and on previous occasions indicates that legislation of this type has not been successful in most of the countries where it has been introduced over the past 10 to 20 years.

Back in 1983 and 1986 I quoted from an October 1983 study of Professor Boddewyn headed 'Tobacco advertising bans and consumption in 16 countries'. Without going through the detail of that, the summary was that there was no evidence that advertising bans had had a significant effect on reducing consumption below pre-ban trend lines. I want to explain that phrase 'pre-ban trend lines'. Many of the supporters of the Minister's legislation, and indeed the Australian Democrats' legislation on previous occasions, have cited evidence from some Scandinavian countries (Norway in particular, but also Finland) and indicated that, after the introduction of an advertising ban (in Norway, for example, a draconian ban was introduced in 1975), there were decreases in tobacco consumption per adult or per adult smoker, depending on whatever measure one wants to look at.

When one is trying to judge the effectiveness or otherwise of an advertising ban, one needs first to understand a consumer product market and, in particular, to understand tobacco as a consumer product, as well as the particular aspects of the tobacco market. If one looks at the tobacco market one can see that the market will follow, after the introduction of a product, a strong growth pattern. After some years, depending on the product, it will then move into a plateau phase, and after that it can show, in the jargon, signs of maturity; and the market then enters a slight decline. In judging the effectiveness of a ban such as the 1975 Norway ban, one needs to look not just at what occurred after the ban but at what pre-existed, that is, a pre-ban trend line—what was happening in the tobacco market in Norway prior to 1975.

Indeed, the evidence from the Boddewyn study, which is in the 1983 *Hansard*, shows that the tobacco market in Norway had entered what one would call the mature stage. It had peaked and plateaued, was starting a slow decline. Indeed, one sees in the period from 1970 to 1975, if one looks at the per capita consumption per adult, that the decline was of .1 per cent. Straight after the introduction of

The order was slightly greater at .3 per cent for the five year period from 1975 to 1980. If one looks at the figures for consumption per adult smoker as opposed to per adult, one sees that they are slightly different. Indeed, there is a growth rather than a decline; nevertheless the arguments remain the same. In 1980, and soon after, the Government in Norway introduced significant price increases for tobacco products. By 'significant', we are talking in terms of over twice the rate of the consumer price index for Norway in those years. So, when talking in Australian terms at the moment, with a CPI increase of around 6 to 7 per cent, we are looking, in the short term, at a tobacco price increase of some 15 per cent. Indeed, there is some evidence in the figures that after 1980—some seven or eight years after the introduction of the ban—Norway saw an increase in the trend for the decline in its tobacco market.

In November 1987 Professor Boddewyn, in a publication entitled 'Why do juveniles start smoking?', which he edited and introduced, gave further evidence on why juveniles begin smoking. Other members have quoted at length, but I do not intend to do so. However, there are two or three quotes in the introduction, as follows:

> The 10 country comparison reported here provides strong evidence that advertising plays a minuscule role in the initiation of smoking by the young. Instead, parents, siblings and friends appear to be determining factors when children start to smoke.

It further states:

> It [the study] establishes that family and peer influences appear to be determining factors, irrespective of whether the young are exposed to cigarette advertising or not, with all nine countries reporting a similar overwhelming impact of social and cultural influences on juvenile smoking initiation.

Finally, it states:

The findings would seem to challenge the validity of fairly common assertions that the young start to smoke because they have been exposed to cigarette advertising. They also raise questions about the effectiveness of tobacco advertising bans.

That is all I want to quote from that research study. Others again have quoted from the World Health Organisation cross-national survey entitled 'Health behaviour in schoolchildren'. The Hon. Mr Cameron also quoted from this study. One paragraph states:

The lack of clear differences in smoking habits between countries—

we are talking about Norway, Finland, England and Austria—

probably reflects the selection of countries involved in the study in 1983-84. However, since Norway and Finland are countries with a restrictive legislation on advertising of tobacco products, and the other two countries are not, a difference might have been expected. No such systematic differences are found. Obviously, comparisons of trends over time represent a more solid empirical basis for further elaboration of this phenomenon.

I do not want to go on quoting from other studies and further aspects of those studies. Suffice to say that there is a consistent line amongst the majority of available evidence which is provided to us from countries that have introduced tobacco advertising bans that they have not proved to be effective. My view, as I indicated at the outset, is that no evidence has been presented to us about the effectiveness of such bans. If on some future occasion overwhelming evidence is presented to me as a legislator and to the Parliament, I will quite readily reconsider my views.

I now want to move on to the Hon. Dr Cornwall's second reading contribution and to some of the other publicity that he has undertaken in relation to this legislation. When the Hon. Dr Cornwall, in his inimitable fashion, introduced the legislation, his second reading explanation cited a range of figures justifying the need for the legislation. For example, he said that there are 23 000 deaths throughout Australia every year because of tobacco smoking; that in South Australia Professor Tony McMichael estimated that 4 300 deaths were related to tobacco products in the past two years—an average of 2 150 per annum; that 21 per cent of deaths amongst voting aged people were due to smoking; that there are 324 000 children in South Australia under 16; and that 60 000 of today's young people would die prematurely because of preventable diseases.

The inference in all that, the Hon. Dr Cornwall said, is that the opponents of the legislation are condemning to death 60 000 young South Australians. To anyone with any intellectual rigor at all that is a fatuous argument. I would hope that even the Hon. Dr Cornwall would not have the gall to argue that this legislation will save 60 000 young South Australians. I would imagine that his argument will be, 'We are going to go down the path in this particular legislation towards saving 60 000 young South Australians.'

Let me say, as I have said on two previous occasions—before the Hon. Dr Cornwall gets up and into me—that I am not arguing that we ought to be accepting or quibbling about any particular level of deaths; what I am arguing is for some intellectual honesty in the debate, not hyperbole and emotional outpourings to try to convince legislators and the community to support this legislation. If the correct figure in Australia is only 16 000 or whatever then it is too much and we ought to do, as I said at the outset, all that we can in relation to it.

I want to trace Dr Cornwall's consistency, or lack of it, in relation to this figure. I want to go back to 1983 when first we debated this matter. At that time the proponents of the legislation, the daily double of the Hon. Lance Milne and the Hon. John Cornwall, who indicated support, said that there were 16 000 tobacco related deaths throughout Australia and that the figure for South Australia was 1 400. Therefore, we were condemning to death 1 400 people in South Australia and 16 000 throughout Australia. I have traced the history of that estimate which was done by a bloke called Drew. As I have indicated previously, it was based on 20 year old survey information which had been held up to disrepute in America and had been based on American information in part and not on the Australian circumstance.

We had a long and healthy debate about that at that time. When we came to debate the legislation in 1986—some three years later—the Hon. Dr Cornwall, without actually saying so, conceded some of the validity of the argument that I had developed in 1983. On 25 September 1986, the Hon. Dr Cornwall stated:

I have news for the Hon. Mr Lucas. As I am sure members would know in South Australia we have the best epidemiology branch in the country.

I am surprised that he is so modest; I would have thought that the world would have been his claim

The Hon. J.R. Cornwall: One of the best in the world.

The Hon. R.I. LUCAS: One of the best in the world, right—as are many aspects of his claims in health administration in South Australia. He continues:

Recently it took out the figures for—

The Hon. J.R. Cornwall: Put on the record what you think of the epidemiology branch.

The Hon. R.I. LUCAS: I will argue that if it is one of the best epidemiology branches in the country perhaps we ought to place more weight on it than on Professor Tony McMichael. Let us pursue that.

The Hon. J.R. Cornwall: They are virtually synonymous.

The Hon. R.I. LUCAS: If they are virtually synonymous, let us pursue that. In 1986, the Minister said:

Recently, it took out the figures for 1984, which is the last year for which full figures were available, I have a document entitled 'The South Australian smoking epidemic, deaths and hospital separations attributable to smoking (by local government area)—working papers in health promotion No. 4'. As yet, this has not been published, but is in the process of preparation, . . .

That was the Hon. Dr Cornwall in 1986 and, although I will not go through all the detail, he went on to state:

We estimate that every year 1 242 residents die solely because they smoked.

That is 1 240, and not 1 400 as he indicated in 1983. If one takes that figure through to the Australian experience one gets the figure of 14 000 tobacco related deaths throughout Australia. In the mere space of applying the South Australian Branch of the Epidemiology Branch to it we manage to save, as I said on that occasion, 2 000 tobacco related deaths because of the work of the Epidemilogy Branch of the Health Commission. In 1986 after the Hon. Dr Cornwall had proudly waved the figures of the best Epidemiology Branch in the country in front of us and said that there were about 1 200 deaths in South Australia and, therefore, 14 000 in the country, suddenly in the space of two years to back his argument he has decided that that was not enough to win the argument, and what we needed were a few more deaths. What we do is look for someone else who has looked at this question and quote their figures.

From the Hon. Dr Cornwall, instead of 1 200 deaths from the best Epidemiology Branch in the country, we now have 2 150 deaths because someone else has done an estimate and we have an extra 9 000 deaths throughout Australia from 14 000 to 23 000 because it backs the argument of the Hon. Dr Cornwall. I have said before when I traced the history of the Drew estimates of 1983—and they were the estimates of 16 000 in Australia—that one needs to check

the assumptions made. If one looks at where this 23 000 figure has come from or where the 2 150 a year in South Australia comes from, as quoted by Prof. Tony McMichael, we find that they come substantially from a study done in Western Australia by officers either within or attached to or employed by the Epidemiology Branch of the Health Department of Western Australia and involving Mr D'Arcy Holman, who is the Director of the Australian Council of Smoking and Health (ACOSH)

The Hon. L.H. Davis: They might be the second best in Australia.

The Hon. R.I. LUCAS: They may be the best now because they have put up the figures for the Hon. Dr Cornwall. D'Arcy Holman and Ruth Shean are the co-authors of the study 'Premature adult mortality and short-stay hospitalisation in Western Australia attributable to the smoking of tobacco, 1979-1983' published in the *Medical Journal of Australia,* Volume 145, 7 July 1986.

I do not want to go through the survey in a rigorous statistical manner. I just want to highlight how these two authors from the Western Australian Health Department and ACOSH came to their figure of 23 000 or 2 150. I want to cite two examples. What they did was to look at the number of deaths due to fire in Western Australia. They looked at the evidence, made a few assumptions and decided that 17 per cent of deaths due to fire in Western Australia were as a result of tobacco related products. Seventeen per cent of all the deaths in Western Australia were due to people smoking, so those figures have been churned into the equation.

They then looked at infants who died as a result of low birth weight and came up with the assumption that 32 per cent of those infants died because of an association with tobacco products. That is how, in at least a couple of respects, they managed to wind their figures out using things like fires and low birth weight death figures, with percentages of 17 per cent in the first instance and 32 per cent in the second.

I think that, when most people hear the Hon. Dr Cornwall talking about tobacco related deaths, they probably think of people who die because they smoke and contract cancer some time down the track. I do not know whether they really think that when he quotes these figures he is talking about a percentage of fire related deaths which are attributable to tobacco smoking, or whether they think that, in the figures he has used quoting a percentage of infants who die because of low birth weight, they should be included in the deaths figure because a few assumptions are made by some interested persons in the field.

The Hon. J.R. Cornwall: I am certainly talking about emphysema and coronary heart disease.

The Hon. R.I. LUCAS: At least they are more intellectually honest and rigorous. I accept that argument as being—

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: As I said, you can have your go later on. Whatever figure we come to, as I said at the outset, we ought to be doing all we can to reduce it and, irrespective of what the Minister may allege I said, nothing I have said argues that the figure of 16 000 or 14 000 is acceptable. All I am saying is that we ought to have some intellectual honesty from those who seek to lead the debate in South Australia and in this case that is you. When we hear the emotional outpourings on the radio about how the Hon. Dr Cornwall is fighting to save these 60 000 young people in South Australia from premature death—

The Hon. J.R. Cornwall: That's dead right.

The Hon. R.I. LUCAS: Dead right, he says. As I indicated before, I would have thought that even the Hon. Dr Cornwall would not argue that this legislation will save 60 000 young South Australians from premature death. As I have outlined, there is a better and more effective alternative.

The Hon. J.R. Cornwall: You really are amoral. Chris Sumner is right: you have no moral base from which to work—

The ACTING PRESIDENT (Hon. G. Weatherill): Order!

The Hon. J.R. Cornwall: And you're dishonest.

The ACTING PRESIDENT: Order!

The Hon. R.I. LUCAS: Thank you for your protection, Mr Acting President. We will not get into the respective moralities of the Hon. Dr Cornwall and me. We could take quite a long time. We could talk about a lot of things in Mount Gambier, and I know quite a number of other places, but we will not do that on this occasion.

The Hon. J.R. Cornwall: What a scungy thing you are—a traitor to the working class. You're a born scumbag.

The Hon. M.B. CAMERON: On a point of order!

The Hon. G.L. Bruce: You're asleep—go back to sleep.

The Hon. M.B. CAMERON: No, I am not asleep. You would be surprised at what I can hear.

The Hon. J.R. Cornwall: Dishonest scumbag.

The Hon. M.B. CAMERON: In his usual way, the Hon. Dr Cornwall has used an expression which is totally unacceptable and unnecessary, and I ask him to withdraw and apologise.

The Hon. J.R. CORNWALL: I do not know that the phrase 'traitor to the working class', dreadful though it is, is unparliamentary, but I will withdraw and apologise for referring to Mr Lucas as being a traitor to the working class.

The Hon. M.B. CAMERON: The honourable Minister knows that that is not what I referred to. We all know that is untrue. I was referring to the words 'dishonest scumbag'. He really does understand that that is unparliamentary, and I ask him to withdraw and apologise.

The Hon. J.R. CORNWALL: Yes, Mr Acting President, I withdraw and apologise.

The Hon. R.I. LUCAS: Thank you, Mr Acting President. I am delighted to have yet another apology from the Minister.

The Hon. M.B. Cameron interjecting:

The ACTING PRESIDENT: Order!

The Hon. R.I. LUCAS: I will notch them up. I now want to turn to the whole question of hypocrisy, the Bill and the Minister of Health. I will not go into it in the detail that the Hon. Mr Cameron did, and did so effectively, in his second reading contribution.

The Hon. M.B. Cameron: It wasn't difficult.

The Hon. R.I. LUCAS: No, it was not difficult; it jumps out and grabs you. There is no doubting that this Bill is a hypocritical piece of legislation. When one looks at the exemptions under this legislation in South Australia, the mind boggles. First, the Grand Prix is specifically exempted. Secondly, I understand from some press reports that a specific exemption may be included for test cricket.

The Hon. J.R. Cornwall: The amendment is on file. Can't you read?

The Hon. R.I. LUCAS: I have not seen the amendments. I presume that they would also include one day international cricket matches, but I have not had a chance to look at the drafting. The Minister has also referred in debate to the Winfield pacing series as being exempted. On reading the legislation, in my view it is quite clear that touring car races will be exempted, as will the Virginia Slims tennis tournaments. Events such as the bicentennial football carnival that was recently held in South Australia could be proudly sponsored by Escort or Benson and Hedges.

The Hon. J.R. Cornwall: Maybe; not necessarily.

The Hon. R.I. LUCAS: Under the legislation, as a national or international event, it would be quite evident that, if the Winfield pacing series were exempted, that he would exempt—

The Hon. M.B. Cameron interjecting:

The Hon. R.I. LUCAS: Yes, he would clearly be offering to exempt—

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: Football carnivals are, too.

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: That one, yes. But, if you follow football, you would know that every year South Australia plays a round robin series with Western Australia and Victoria. That is an interstate or national series.

Members interjecting:

The ACTING PRESIDENT (Hon. G. Weatherill): Order! The Hon. Mr Lucas has the floor.

The Hon. R.I. LUCAS: Thank you, Mr Acting President. We have recently seen publicity with regard to problems that the Government will have with Skychannel and the possibility of racing and local or State football being broadcast and the legislation being circumvented in that way. There would be nothing to prevent Adelaide City in the National Soccer League from being sponsored by Winfield, and the Winfield Socceroos could be exempted. In the National Basketball League, there would be nothing to prevent the West End 36ers becoming the Winfield 36ers or the Benson and Hedges 36ers, if they so desired. With the growth of basketball in Australia, the hypocrisy of this legislation is evident. Indeed, before Hungry Jacks recently took over the sponsorship of the National Basketball League, discussions were held with tobacco companies about possible sponsorship. Under the legislation, the National Basketball League and local clubs could be exempted.

Although I have not been able to check this (and the Hon. Mario Feleppa might know), I understand that a national bocce competition may be held, and that event could be exempted under this legislation. Through the loopholes that the Minister has left in the legislation, the Grand Prix, cricket, pacing, touring cars, tennis, football, racing, soccer, basketball and bocce—a whole range of national competitions—could be exempted. All the Minister wants is a shell so that he can talk to the health professionals who are coming here next week and say at other conferences that he attends that this piece of legislation is tough, real and will save 60 000 young South Australians.

It does not worry the Minister of Health whether or not it does that. All he wants to be able to do is proudly trumpet something as a possible achievement. He is not interested in real success. He just wants to sugar coat the legislation and leave loopholes in it that he knows one could drive a truck, or all these sports, through. He is prepared to roll over because he wants his kudos from the health related professionals. Equally, the Government does not want to suffer the odium of the sporting community. Let us look at this hypocrisy in relation to the exemption for the Grand Prix.

For the most recent Grand Prix in 1987, the information provided to me indicates that the maximum viewing audience in Adelaide was 50.5 per cent of the potential viewing audience in 187 000 homes.

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: Yes, they will take alcohol but they will not take tobacco. If you think that that is a strong moral stand, that they will take alcohol and not tobacco, have a look at the findings of Drew back in the early 1980s when he indicated that the number of lost years due to alcohol-related deaths was as great as the number of lost years due to tobacco-related deaths—approximately 45 per cent of the totals in both cases from tobacco and alcohol. Drew and others who have a real understanding of the figures argue that the number of lost years as a result of alcohol-related deaths is as significant as is the number of lost years through tobacco related deaths. The simple reason for that is that, whilst there are fewer deaths, alcohol kills more young people, but anyone who contracts illnesses and diseases associated with smoking generally do so at a later age.

The Hon. M.J. Elliott: That is a very ageist remark.

The Hon. R.I. LUCAS: No, it is not ageist, it is factual. We deal with fact in debate, Mr Elliott, as you would well know. So people in 187 000 homes, 50.5 per cent of the viewing audience, viewed the Grand Prix. I am told that the minimum was 183 000 homes or 48.5 per cent. So, on average, people in 185 000 homes in Adelaide were watching the Grand Prix. The normal viewing audience at that time on a Sunday afternoon for Channel 9 in South Australia is from 27 000 homes, or 7.3 per cent of the potential viewing audience. During the Grand Prix, there was a six fold increase in the number of televisions tuned into the station as opposed to what normally occurs on that particular afternoon. One could assume a six fold increase in the number of young people who will be watching the Grand Prix as compared with the normal Sunday afternoon movie or whatever. Yet, this is the event that the Hon. Mr Cornwall would exempt.

I am advised that the recent cricket season was a low interest one if one considers the fact that the visiting team was Sri Lanka as opposed to, say, the West Indies or England. I am told that on a typical weekend, the viewing audience for the ratings varied from a minimum of 46 000 to a maximum of 52 000 homes, or 11.6 per cent to 13 per cent of the potential homes. A normal figure at that time is 14 000 homes or only 3.6 per cent. Again, that is three or four times the normal rating for television at that time. Again, Hon. Mr Cornwall has included that exemption in the legislation.

So, there is no doubt from those rating figures that a significant viewing audience is watching these sporting programs. Let me conclude by saying that I am bemused that the Minister did not refer to a recent study on young people's smoking habits conducted in New South Wales. That was a very extensive survey.

The Minister of Health in New South Wales, Peter Anderson, said that the reason for the significant downturn in the number of children taking up smoking in that State was not advertising bans or anything like that but the fact that the Government attacked the real reasons. It undertook a widespread community and school education program in New South Wales and there has been a significant drop in the number of young people taking up smoking in that State. We would be interested to hear the Minister's response to that survey, but we are not surprised not to hear it because it does not back the argument that the Minister wants to proffer.

There are many other matters in the legislation, the patronage of the foundation and a range of other things, that we will no doubt explore in the Committee stage at much greater length, as they are important matters and further reasons for opposing the legislation. I indicate again, as I have done consistently since 1983, my opposition to this legislation. However, in doing so I indicate that there is an alternative, a better alternative, and one which a Liberal Party in Government would certainly be looking to introduce to have some real effect in relation to young people taking up smoking.

The Hon. J.R. CORNWALL (Minister of Health): It is my normal practice to thank members for their contributions when I wind up the second reading debate. Perhaps what I should do on this occasion is thank them for showing their true colours. It is all there; it is on the record for everyone to see. One wonders if it was not all scripted by the tobacco industry. At this stage the only thing that seems to be missing is the punchline 'Proudly sponsored by'.

They talk about hypocrisy, this lot. Let me say that from this side—and as far as the wider community is concerned—we believe that we have not seen such a hypocritical stance in a very long time. The members of the Opposition come in here pretending to care about the health of our young people but, in practice, if one asks them to put their mouth where their money is, they disappear in a cloud of smoke. They trot out various studies in an attempt to justify their stance. If they want to play 'show and tell', I can accommodate them.

We heard about the Hon. Mr Cameron's exploits as a school prefect; the more he penalised his schoolmates for smoking, he told us, the more they did it. Perhaps it was the spectre of the Hon. Mr Cameron in those days with a full head of hair and short pants that had some effect upon their behaviour. I find it very hard to take the Opposition seriously. Are members opposite really suggesting that such luminaries as Mr Irwin, Mr Lucas and Mr Cameron know more about our young people's health, prospects and well-being than the 50 or so organisations that were co-signatories to a message from the Anti Cancer Foundation published in the *Advertiser* on 4 March, bodies ranging from the learned colleges and other health and medical bodies to education bodies, sporting bodies, and arts and community organisations. It is obvious that they are not as well informed as their colleague, the member for Coles, a former Minister of Health. They are, in fact, the original flat earthers; they are flying totally in the face of all the scientific data—the overwhelming amount of scientific data—that is now available.

Let me briefly restate—and I stress briefly since Mr Lucas has filibustered for an hour—the simple facts. Tobacco is a highly addictive poison. It is overwhelmingly (and nobody seriously contests this) the greatest cause of preventable death in this State and in this country. It is beyond question the greatest single detriment to the quality of life of South Australians at large.

It is established fact that one-third of South Australian children are addicted tobacco smokers by the age of 16. They are just a few facts. The Hon. Mr Lucas, the Opposition spokesman on youth and, for the past three years at least, the official Opposition spokesman for and on behalf of the tobacco companies, has tried to make great play about whether tobacco is prematurely killing 14 000, 16 000 or 23 000 Australians a year. He referred to the Drew study, which concluded that 16 000 Australians were dying prematurely from tobacco related diseases which were entirely preventable.

It is now acknowledged by everyone in the field that those figures were very conservative. Work done in late 1986 by Shean and Holman in Western Australia was far more sophisticated, and the figure of about 23 000 deaths per year is more likely to be accurate. I might add that those figures are accepted by the Commonwealth Department of Health. The Hon. Mr Lucas said that the West End 36ers were on the verge of accepting tobacco sponsorship, as I recall, and that the National Basketball Association—

The Hon. R.I. LUCAS: On a point of order, Mr Acting President, the Minister just alleged that I said that the West End 36ers National Basketball League team was going to take on tobacco sponsorship. I deny that. It would be outrageous for me to say that. I said that within the legislation it could if it wanted to.

The ACTING PRESIDENT (Hon. G.L. Bruce): That is not a point of order; it is simply a misunderstanding.

The Hon. J.R. CORNWALL: Sit down sonny, and listen and learn, you arrogant, amoral and dishonest person. I have here a letter—

The Hon. M.B. CAMERON: On a point of order, Mr Acting President. I do not quite know where we are going with this debate, but the Minister used words then which are totally unacceptable in terms of this Chamber, and the Minister knows it. He used the word 'amoral' and various other words. I ask him to withdraw and apologise, and cease acting like a child.

The Hon. J.R. CORNWALL: I wait on your ruling, Sir, but 'amoral' is a very apt description of the Hon. Mr Lucas.

The ACTING PRESIDENT: It adds nothing to the tenor of the debate. It would be in the best interests of everyone if it was withdrawn.

The Hon. J.R. CORNWALL: I withdraw the word 'amoral'. I have before me a letter—

The Hon. M.B. CAMERON: On a point of order, Sir, I ask the Minister to apologise.

The Hon. J.R. CORNWALL: I withdraw and apologise. I have a letter before me from Barry Richardson, General Manager, Basketball Association of South Australia Incorporated, addressed to the Hon. Kym Mayes, Minister of Recreation and Sport, G.P.O. Box 1865, Adelaide 5001: copies Dr J. Cornwall, Minister of Health, 52 Pirie Street, Adelaide 5000. I intend to read it into *Hansard* in full. It states:

> Dear Mr Mayes, the Basketball Association of South Australia Incorporated and the West End 36ers appreciate you sending a copy of the Tobacco Products Control Act Amendment Bill for our comments. Both the organisations I represent support in principle the concept behind the Bill. We made a conscious decision some six years ago, at a time when we had tobacco sponsorship, not to accept further sponsorship from tobacco companies. Since that tiime we have not pursued such sponsorship. The National Basketball League, of which the 36ers is a member, recently rejected in excess of $1 million from a tobacco company. The *Advertiser* earlier this week, reporting on a meeting of sporting organisations, stated that all major sports were represented at the meeting and pledged support to fight the Bill. We now consider ourselves a major sport and we were not present at the meeting. The only difficulty we have in full acceptance of the Bill is the amendments regarding the Grand Prix and Test Cricket.
>
> However, having listened to Dr Cornwall on 5DN on Thursday 3 March, we now understand more fully the rationale behind those amendments. The BASA and the West End 36ers support the move to combat smoking, particularly amongst teenagers. We are fortunate in that none of the 36ers players or committee members smoke.

So much for the Hon. Mr Lucas and for his credibility and honesty. In the matter of whether the Hon. Mr Lucas finds 14 000, 16 000 or 23 000 preventable deaths acceptable, perhaps he is like Mr Ron Berryman, who said recently at a press conference in this city that we all have to die some time. Presumably Mr Lucas—the Opposition spokesman for and on behalf of the tobacco companies—like Mr Berryman does not mind killing 14 000, 16 000 or 23 000 Australians prematurely.

The Hon. Mr Lucas said that we should have more anti-smoking campaigns. Of course we will have more anti-smoking campaigns because the whole spirit and intent of the legislation is to establish a trust which, amongst other things, will redirect a significant amount of money into buying back sponsored sport and the arts from the tobacco companies. That will be replaced by healthy lifestyles and anti-smoking messages. For a start, they will also have

considerable money, some of which (once they have drawn up the guidelines) may well be used for anti-smoking commercials in cinemas, and certainly a significant amount will be used in various ways to conduct ongoing and effective anti-smoking campaigns.

Mr Lucas said that the Liberal Party, once it had repealed the legislation and paid its very large debt to the tobacco companies—financial and otherwise—would move into health education. Let me tell the Hon. Mr Lucas and his pro-tobacco colleagues in the Opposition that we are already doing a great deal in the education system, and we are continuing to develop new programs. I will go through various propositions in the programs to be developed during the remainder of this year, as follows:

Year level R-3—Primary Heart Health Manual—A resource kit of teaching ideas and activities produced by the National Heart Foundation. It is designed to help teachers teach about the risk factors of heart disease and general health issues.

Year level 4-5—Learning to Choose—A primary drug education package, produced by the Education Department and Drug and Alcohol Services Council, consisting of five units of teacher information, suggested activities and student worksheets about:

- Choosing a Health Lifestyle
- Drug Awareness
- Peer influences
- Media
- Family and Community.

Butt it Out—A program teaching about the risk factors of smoking tobacco put together by the Education Department and Drug and Alcohol Services Council and consisting of a teachers manual and video.

What If—A video and an accompanying teachers handbook produced by the Alcohol and Drug Foundation of Victoria. It aims to help primary children develop self awareness and interpersonal skills such as decision making, conflict, resolution, assertiveness, dealing with peer pressure, communication and friendship building. Contains 8 open ended story segments which provides opportunities for discussion.

Learning for Life Caravan—Two mobile classrooms sponsored by The Mission and staffed by three seconded teachers. The caravan visits metropolitan primary schools and children visit the van for one 40-50 minute lesson on drug awareness. A resource to supplement health education programs.

It is not a resource on its own but an integrated resource with the Education Department. Funds are in hand to purchase a third caravan in the near future. Further programs are as follows:

Year level 6-7—Learning to Choose—This program continues the work started in years 4-5 through to years 6-7.

Primary Heart Health—The activities in this program follow on from lessons taught in years 4-5 on risk factors in Heart disease and general health issues.

Go the Non-Smoking Way—A smoking prevention resource. This resource promotes the message that non smoking is the way to go. It focusses on the positive aspects of non smoking.

Year level 8-9—Free to Choose—A secondary schools drug education package produced for the Education Department Drug and Alcohol Services Council consisting of teaching information, suggested activities and student worksheets about:

- images
- responsible use of medicines
- alcohol and partying
- rights of smokers and non smokers.

The Hon. R.I. Lucas: You missed the point.

The Hon. J.R. CORNWALL: It continues:

PAL—An active learning approach to attitudes, ideas and life skills related to smoking. A peer assisted learning resource.

I do not miss any point at all. The simple fact is that education alone is not enough. One cannot, simply because one wishes to be a harlot to the tobacco industry, wallpaper across those very big cracks.

The Hon. R.I. LUCAS: I rise on a point of order. The Minister has just referred to me personally, I take it, as being a harlot to the tobacco industry. Besides the fact that I think that he has the sex wrong, I take objection to that description, and I ask for a withdrawal and apology.

The Hon. J.R. CORNWALL: I was referring to the Opposition generally.

The ACTING PRESIDENT (Hon. G.L. Bruce): Order! I find that this is a grey area in the context of the debate.

The Hon. J.R. CORNWALL: I am prepared to apologise. I will rephrase it. I reiterate what I said before: that Mr Lucas is the official Opposition spokesperson, it seems, for and on behalf of the tobacco companies. You simply cannot have education standing alone. This very day at lunch time I had 28 year 6 and 7 students from the Hendon Primary School here. They had done a project on sponsorship and advertising. Having been under some pressure from certain forces of darkness over the past few weeks, I had been feeling a little down until I had the great pleasure of sitting down with those 28 kids.

The Hon. R.I. Lucas: They are the same intellectual level as you. You would enjoy it.

The Hon. J.R. CORNWALL: You are a barrel of laughs. You are a real funny fellow.

The ACTING PRESIDENT: Order!

The Hon. J.R. CORNWALL: Just looking at him makes me want to throw up.

The ACTING PRESIDENT: Order! Perhaps if you look at and address the Chair it might help.

The Hon. C.M. Hill: Think of those new offices that you're going to get.

The ACTING PRESIDENT: Order!

The Hon. C.M. Hill interjecting:

The ACTING PRESIDENT: Order, the Hon. Mr Hill!

The Hon. J.R. CORNWALL: Frankly, it is hardly worth wasting time. They are so thick, stupid and intransigent, and are prepared obviously to kill young South Australians that it is really not worthwhile going any further on the matter of education, because young Mr Lucas, who of course is a tool—a mouthpiece—for the tobacco industry, simply does not want to listen.

So, let me turn to Mr Cameron. He quotes two studies that purport to show that there is no link between tobacco advertising and the incidence of smoking. That is his IQ level. The WHO study is a cross-national comparison for a number of countries. Essentially, cross-national comparisons are useless unless they are so detailed as to unravel the complex web of culture, tax, education availability and advertising operating in each country—all factors that are relevant to smoking patterns.

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: We have been in Government in this State for 20 of the past 25 years. As I have said many times previously, Mr Cameron, who has been in this place for 17 years, must be rated as the most significantly failed politician in the past 20 years. He has never been in Government.

The Hon. M.B. Cameron: What?

The Hon. J.R. CORNWALL: You have never been in Government.

The Hon. M.B. Cameron: I had three years.

The ACTING PRESIDENT: Order!

The Hon. J.R. CORNWALL: No you didn't. You were never in a Cabinet.

The Hon. M.B. Cameron: I don't have to be in a Cabinet, mate.

The ACTING PRESIDENT: Order!

The Hon. J.R. CORNWALL: I am sorry. Under the Westminster system you do have to be in a Cabinet. You sat on the back bench and supported the Tonkin interregnum. You were not a member of that Government.

The ACTING PRESIDENT: Order! I ask the Minister to come back to the Bill.

Members interjecting:

The Hon. J.R. CORNWALL: He is not. He supports the Government; of course he is not part of it.

The ACTING PRESIDENT: Order! I ask the Minister to address the Chair.

The Hon. J.R. CORNWALL: All factors that are relevant to smoking patterns. In the countries mentioned, those factors varies enormously. For example, in Austria tobacco is controlled as a Government monopoly. When attempting to do a study on the effect of advertising and tobacco and consumption, it is essential that a longitudinal study be undertaken, where other extraneous factors remain constant. This was the case of the Norway study outlined in the brochure published by the Anti Cancer Society and distributed to all members of Parliament. The Hon. Mr Cameron should have received this on 22 January this year.

I wonder (perhaps I do not wonder), given the level of his intellectual achievement, how he can dismiss this study out of hand when it has been provided by an organisation that is not committed in any political sense. Indeed, his speech repeats the discredited studies put out by the tobacco industry whence presumably he gets the majority of his information.

The second study that he quoted is the National Health Medical Research Council survey of 1979. The tobacco industry has been hawking around the results of this survey for a very long time and, characteristically, it completely distorts its findings. In this regard, I quote the NH&MRC's concerns aired at its 103rd session held in June 1987. In particular, the council noted that the report was being used by certain tobacco interests to support their contention that advertising and sponsorship play no role in causing young people to take up the smoking habit. Neither of the surveys to which the Honourable Mr Cameron referred and which led to the reports, gathered data on the influence of advertising. Council noted that the only reference to the possible influence of the media occurs in the conclusions of the 1979 report where it is stated that:

> The subcommittee does not see mass communications as an area where it is competent to undertake investigation, but there are a number of unanswered questions in this field, the most important being whether the role of mass communication with regard to smoking is one of initiation or one of reinforcement. It is also possible that mass communication could influence opinion leaders among children.

The NH&MRC considered that the tobacco industry was using those reports in a misleading way by stating implications which clearly could not be drawn from them. The NH&MRC therefore called upon the tobacco industry to cease this misrepresentation. Finally, the NH&MRC noted and agreed with the following statement of the World Health Organisation Expert Committee on Smoking Control:

> The international tobacco industry's irresponsibile behaviour and its massive advertising and promotional campaigns are in the opinion of the committee, direct causes of a substantial number of unnecessary deaths.

It is amazing to note that the Hon. Martin Cameron is still pushing the tobacco industry's line (no doubt fed to him by the industry) years after it has been descredited by the NH&MRC—the body that he is claiming to quote.

Turning again to the time when he was a prefect and how his penalising people who smoked induced them to smoke more, interestingly this is exactly the same logic as the tobacco industry employs. The tobacco industry would have the Government sharply increase penalties for sale to minors, as would the Liberal Party. It would want the Government to stress and emphasise more than ever the illegal status of children obtaining cigarettes. It knows that this would not stop children from gaining access to cigarettes, and that doing—

An honourable member: You did it.

The Hon. J.R. CORNWALL: No. The penalty in the Tobacco Products Control Act is on the vendor.

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: You tried to put the penalty on the child, as I recall. It knows that this would not stop children from gaining access to cigarettes, and that doing no more than passing laws making sale and supply to minors illegal would be likely to make cigarettes even more desirable to young persons. What the tobacco companies do not want is increased education, restrictions on advertising, and restrictions on sponsorship, because these are the types of controls that are likely to decrease the prevalence of smoking amongst young people.

I might also add that education alone would not be sufficient to prevent children from smoking if it is to compete with the considerable resources of the tobacco industry, which makes smoking a glamorous and attractive habit. That message was very clearly reinforced when I talked today to those 28 children from the Hendon Primary School. They believed that the tobacco companies were trying to project images of being cool, as they put it, being macho, sophisticated and, in the case of girls, being glamorous. They said that the only way one could be prepared to anticipate this was if you were educated, as they put it, to spot the monster.

The Government has developed a broad policy, of which the legislation is only one aspect. Later this year the Drug and Alcohol Services Council will launch a 'Life Too Good to Waste' campaign which will be targeted at drug use amongst the 15 to 25 years old. A comprehensive health education package, some of which I outlined a short time ago, will shortly go to Cabinet to develop further health education, and specifically anti-smoking education, in our schools. One program conducted by the South Australian Health Commission and the medical profession is the minimal intervention program where GPs counsel their patients on the dangers of smoking. This program, which commenced in 1986, is already showing promising results. The Opposition glibly accuses the Government of hypocrisy in drafting its legislation, but at the same time it demonstrates a dismal lack of understanding of the limitations of the State's powers. Events broadcast interstate and beamed into South Australian living rooms are clearly beyond the powers of this State to control.

The Hon. M.B. Cameron: Is that the same for the Grand Prix?

The Hon. J.R. CORNWALL: Yes.

The Hon. M.B. Cameron: Why?

The Hon. J.R. CORNWALL: Because it is televised—

The Hon. M.B. Cameron: The Grand Prix—

The Hon. J.R. CORNWALL: Be quiet!

The Hon. M.B. Cameron: —is run here.

The Hon. J.R. CORNWALL: You are the greatest goose I have ever had the misfortune to come across. You are an objectionable goose, too, which makes it doubly bad.

The ACTING PRESIDENT (Hon. G.L. Bruce): Order! We would get on quite well if the Minister addressed the Bill.

The Hon. J.R. CORNWALL: If he would only keep his silly mouth closed for 10 minutes, I would finish.

The Hon. M.B. Cameron interjecting:

The ACTING PRESIDENT: Order!

The Hon. J.R. CORNWALL: They talk about the Grand Prix as though they suddenly have fallen upon something. I have said in this Chamber for years that, as a State, we would do what a State is competent to do. We do not have the Broadcasting and Television Act. Let us look at the

practical effect if we moved to ban teams which were sponsored by international tobacco companies in the Grand Prix. The simple effect of that, devastating though it would be, would be that the Grand Prix would go interstate; it would go to Queensland where Mr Cameron's arch conservative friends are in Government and they have done nothing to discourage smoking.

The Hon. M.B. Cameron: What happens in Great Britain?

The Hon. J.R. CORNWALL: Great Britain has not got a Federal system, you foolish fellow. The simple fact is that the Grand Prix—

The Hon. M.B. Cameron: If you believed in your legislation, you would do something about it.

The Hon. J.R. CORNWALL: Could you give me some protection, Mr Acting President? You have been pretty good at pulling me up a time or two. You are letting him get away with murder.

The ACTING PRESIDENT: Order! I have just pulled him into gear. Order! The honourable Minister.

The Hon. J.R. CORNWALL: Throw him out. He is a complete goose.

The Hon. M.B. Cameron: Do that, I'm tired.

The ACTING PRESIDENT: Order!

The Hon. R.I. Lucas: Me, too.

The Hon. J.R. CORNWALL: You can go home any time you like. For all you have contributed to the debate tonight, you might as well not have been here, anyway.

The ACTING PRESIDENT: Order! If the honourable Minister addressed the Chair and if there were fewer interjections from the Opposition, we might get along a lot better.

The Hon. J.R. CORNWALL: The simple fact is that, if we did anything to jeopardise the contractual arrangements which we have with the Grand Prix people, they would go elsewhere. If the Grand Prix were held in Surfers Paradise, it would still be beamed into the living rooms of South Australians, so the effect of that would be to rob this State of an international event which each year brings in to South Australia about 40 or 50 million tourist dollars and yet it would achieve nothing. We are not the national Government and we do not have any pretensions of being the national Government. The fact is that the televising of those sorts of events is controlled under the Broadcasting and Television Act. Exactly the same thing applies with respect to the test cricket.

There is no point in banning perimeter advertising at the Adelaide Oval by the sponsoring tobacco company when the result would be no Test cricket at the Adelaide Oval; but, at the same time, it would be beamed into the living rooms of every second South Australian from Sydney, where the Greiner conservative Government is now beginning a four-year term, or from the Gabba in Brisbane. That is just a fact of life.

The Hon. M.J. Elliott: Has the cricket association threatened that?

The Hon. J.R. CORNWALL: Of course; my very word. It is very clear that the South Australian Cricket Association has a very real fear that the Australian Cricket Board, in negotiations for the ongoing allocation of national and international cricket events in Australia, would not view Adelaide or South Australia favourably unless it gets an absolute guarantee of exemption. That has been made quite clear and it is for that reason that the Government has acknowledged that it cannot do a thing about it. However, it can do a great deal about State events, whether they be the Escort Cup, sponsored galloping events, or a whole range of things.

The need to exempt national and international events from the ambit of the legislation is obvious. There is no point in disadvantaging a South Australian event if it is genuinely part of a national series. The only way that nationally broadcast events can be controlled is through the Federal Government's amending the broadcasting and television legislation. The specific exemptions for the Grand Prix and the international and Sheffield Shield cricket events take account of their paramount status as sporting events in the State. However, more particularly, the Australian Formula One Grand Prix Board, the body that has oversight of the legislation, is appointed by statute and has accountability constraints. It could thus be a measure of oversight over the way that the exemption was operating in the case of advertisements, for example. The charge of hypocrisy is easy to make by an Opposition that would do nothing in this area and would allow the tobacco companies unlimited freedom to goad young people into a lifelong addiction to a highly dangerous drug that kills 23 000 Australians every year.

Mr Cameron's points regarding Skychannel seem to be based on a misunderstanding or a deliberate misrepresentation. Skychannel is just another television channel; no more, no less. Whether one receives a telecast of a sponsored event at Rosehill, the Sydney Cricket Ground, the Gabba or Doomben on Channel 9's *Wide World of Sports* on Saturday afternoon or on Skychannel at the local pub or local racecourse, the fact is that that transmission is not controlled by the State; it is controlled under the national or Federal broadcasting and television legislation.

For the purpose of this Bill, Skychannel will be treated by the Government in exactly the same way as a television broadcast that comes within the jurisdiction of the Commonwealth. To that extent, it will be no different from any other television station. Skychannel is not a loophole in the legislation, as has been suggested, and it should not be assumed that any event that originates in this State and is broadcast via Skychannel will necessarily be subject to an exemption. Each case will be considered on its merits and measured against the criteria specified in the exemption provisions. For example, tobacco advertising on site at a country race meeting that is broadcast by Skychannel or television stations to other parts of the State would not qualify for exemption by that fact.

Mr Cameron seems to suggest that the phase out provisions for advertising are another example of hypocrisy. The Government has had a number of discussions with outdoor advertising associations and is concerned not to economically dislocate the industry by a sudden and total enforcement of its advertising provisions.

The honourable member should know that the outdoor advertising industry in this State relies heavily upon tobacco advertising, and it would be quite unreasonable not to provide a phasing out period. If the Hon. Mr Cameron had read the legislation of other jurisdictions, he would realise that this is a common practice. The Victorian legislation provides similar phase out periods. The Norwegian legislation allowed five years notice to the industries involved. Quite clearly, Mr Cameron is unaware of these precedents. They have nothing to do with elections as he so glibly suggests. Rather, they respect the needs of the small business community in this State to take account of the changes implicit in this Bill.

The honourable member further suggests that we are blaming and penalising smokers in this legislation. The Bill is not about blaming and penalising smokers. Indeed, the survey conducted by the Anti Cancer Foundation in December 1987 illustrates that smokers were not worried about the increased tax on tobacco products, provided that it was earmarked to a trust and disbursed in the manner envisaged

by this Bill. In framing this legislation, the Government has the support of the South Australian community, smokers and non-smokers. The decision to exempt the newspapers and other print media is based on the fact that they have significant national associations. Further, it would not be fair to ban State print media whilst excluding national print media.

The control of tobacco advertising in the print media is an issue that can only be effectively controlled by Federal legislation or the concerted efforts of a clear majority of the States. It would be extremely optimistic to think that by excluding the print media the Government would be able to buy support for the Bill from the local newspapers. Any reader of the *News* in recent weeks will see that this simply is not the case. There were no deals or trade-offs done with the media. In fact, the *News* has mounted one of its rather strange campaigns against the Bill.

I have outlined the ongoing education and health promotion programs that will accompany this Bill. I am also hopeful that some of the moneys available through the trust will be devoted, as I said some time ago, to programs designed to induce young persons not to take up cigarettes or to quit if they have already started. A number of sports sponsorships will also reinforce that message. Obviously, these programs must be evaluated, and I will be asking both the Epidemiology Branch of the South Australian Health Commission and the Drug and Alcohol Services Council to evaluate and monitor the programs as they are developed and put into place.

Finally, let me say that, apart from the puerile behaviour of the Opposition tonight, the filibuster of Mr Lucas and the outrageous and raucous behaviour of Mr Cameron as he sat parroting and screaming like a banshee on the front bench, I am extremely disappointed that the Liberal Party in this State has been totally opposed to the legislation. Their colleagues in Victoria were prepared to support the legislation in that State to a significant extent. Although some of their amendments did water down the provisions, they nevertheless gave general support to the legislation.

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: They had the numbers in the Upper House to defeat the legislation but they did not do that. There was in fact a significantly bipartisan approach to a number of major areas of the legislation in Victoria. In this State, for reasons which are not clear to me but which seem, among other things, perhaps to have been influenced by money, the Liberal Party has opposed this Bill from the outset. Its members have shown themselves to be incapable of taking seriously an issue which has the lives of so many South Australians at stake. I commend the Bill to the Council and hope it has an expeditious passage through the Committee stage.

The Council divided on the second reading:

Ayes (11)—The Hons G.L. Bruce, J.R. Cornwall (teller), T. Crothers, M.J. Elliott, M.S. Feleppa, I. Gilfillan, Carolyn Pickles, T.G. Roberts, C.J. Sumner, G. Weatherill, and Barbara Wiese.

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

Majority of 2 for the Ayes.

Second reading thus carried.

In Committee.

Clause 1 passed.

Clause 2—'Commencement.'

The Hon. M.B. CAMERON: This clause is clearly designed to allow the Bill to be proclaimed in parts. Will the Minister explain which parts of the Bill will be proclaimed and which will be suspended when the Bill comes into force?

The Hon. J.R. CORNWALL: This clause has obviously been designed to enable the Government to meet its commitment for phasing in. Many of the provisions of the Bill, particularly those regarding sponsorship, will be effective subject to our being able to do all that is necessary administratively. The only sponsorship provisions will be effective from 1 July 1988. The phasing in of the advertising prohibitions, on the other hand, will start from 1 July 1989 and, in varying degree, will come into place between then and 30 June 1992. I have always made it clear that, with regard to the large electronic signs, for example, where there is a very significant capital investment and where there may be up to four years of unexpired contracts to run, which were entered into before 3 March, the date of introduction of this Bill, we will treat those on their merits. Basically, however, all outdoor advertising in South Australia will disappear over a period of approximately four years.

The Hon. M.B. CAMERON: The Minister indicates that all outdoor advertising will disappear, and I will be exploring that more in relation to clause 7, but I ask the Minister to indicate what outdoor advertising will be allowed at, for instance, shopping centres. Is this part of the phasing out process, the reduction at large shopping centres of outdoor advertising?

The Hon. J.R. CORNWALL: If the advertising is at point of sale then, of course, it will be permitted. If it is specifically at a tobacconist shop, whether in a shopping centre or otherwise, then it can be displayed on the exterior of the premises, but certainly general billboard-type advertising will not be permitted on the concourse or in the mall area of a shopping centre.

The Hon. R.I. Lucas interjecting:

The Hon. J.R. CORNWALL: No—out.

The Hon. R.I. LUCAS: As I do not know whether or not this is the appropriate clause, perhaps the Minister's advisers could direct me. The question is in relation to the phasing out, in particular, of billboard advertising and things like that. Is there a more appropriate clause under which to pursue those questions and the phasing out program?

The Hon. J.R. CORNWALL: I am able to give the Committee an indication, as I have given the industry an indication, as to what sort of periods we are looking at. The second reading explanation states:

> After 1 July 1989, a phasing in period is proposed for contracts made before 3 March 1988 [the date of the Government's introduction of the legislation]. This will be achieved through use of the power of exemption. Exemptions will be specific to each case . . . No exemption at this point is proposed to go beyond 1 July 1992, one year longer than in Victoria.

That is our intention. If, of course, any segment of the industry can show undue hardship beyond that point, that would be considered on merit, but that is the general scenario. Let me give some specific examples in relation to billboards. Exemptions will be granted beyond 1989 subject to the following arrangements: of the signs existing on 1 July 1989, 50 per cent can remain until 1 July 1990; 25 per cent can remain until 1 July 1991, and the remainder, of course, disappear by 1 July 1992.

In relation to electric signs, exemptions will be granted for the period of any contract made before 3 March 1988, but the period of exemption will not extend beyond 1 July 1992. As I have already explained, large neon or electronic signs, where there is significant capital investment and a relatively long contract, will disappear sequentially, the last disappearing at least by 1 July 1992 under this proposition.

The Hon. R.I. Lucas: Was that 50 per cent of the sign board companies' contracts?

The Hon. J.R. CORNWALL: It is a total of 50 per cent. The industry negotiated with the Outdoor Advertising Association, which represents 80 per cent of the advertisers; it negotiated with us on that basis. It seemed to indicate that it would not have great difficulty complying with those guidelines. In relation to external point of sale and other signs, no exemptions are proposed once the provisions come into force on 1 July 1989, unless a demonstrated case of need can be made. People will have been on notice for the 12-month period before the commencement of the Act and the coming into force of this provision. In any other cases, applications for exemption will be considered on an individual needs basis, but the period of any exemption will not extend beyond 1 July 1992.

With regard to sponsorship, the legislation will apply from 1 July 1988 unless there is some grave difficulty in doing all the administrative things necessary to proclaim from that date. Agreements made after 3 March 1988 will cease, when the provisions come into operation on 1 July 1988. Agreements made before 3 March 1988 may continue for up to 12 months after the Act comes into operation, that is, until 1 July 1989. Events specifically exempted because of their national or international character may continue after that date.

The Hon. R.I. LUCAS: I have had representations from companies involved. As outlined to me, there are 14 such companies in South Australia, five being members of the OAA. Admittedly they are the five big ones, so that is perhaps where the 80 per cent figure, to which the Minister referred, comes in. He might have been talking about 80 per cent of business rather than 80 per cent of industry members. However, nine of the 14 businesses in the industry are non-members of the association. The nine non-members are, as I understand it, South Australian based smaller companies relying on contracts in this State. The five member companies are bigger organisations, some being national companies with contracts and business in other States. I am further told that at the moment some companies have 90 per cent of their income tied up with tobacco advertising, in particular the smaller South Australian based companies. The figure for some of the bigger companies is as low as 16 per cent.

The non-members of the OAA (that is, nine out of the 14 firms in South Australia) state that they have not had any discussions with the Minister or his officers and that the discussions have all taken place with the five bigger industry representatives, with the nine smaller South Australian based companies being frozen out of the negotiations and discussions.

I understand that this is not in the legislation and that basically it is the Minister's decision to work within his guidelines—to begin in 1988 and with implementation by 1992—and that basically it is up to him and the industry to work out how best to get from 1988 to 1992. Is the Minister, or his officers, prepared to sit down with members and non-members of the OAA to see whether it is possible to come to some sort of agreement? The Minister would still get to where he wants to be in 1992 (assuming that the legislation passes), but it may assist small South Australian based companies which presently might have 90 per cent of their income tied up with tobacco advertising. If they are hit with 50 per cent across the board, it is likely to significantly cut into their income in that first year.

I am informed that one particular large company, because it has only 16 per cent of its income tied up in tobacco, will not be affected as much and, because it is a large national company, it may be better placed to ride out the storm as best it can. All companies will obviously have major problems. They will not be able to replace the advertising from tobacco companies, and we presume that there would be some corresponding reduction in the total use of billboards and assorted other signs.

I know that the Minister would argue that firms should be members of their association. I am told that it costs a five figure fee to join the association. That is a significant amount for a small South Australian based company to have to pay each year to belong to this association, and only big companies can afford the subs. It is not like the RTA, which costs $50 to join. Because a five figure fee is required nine out of 14 firms are not able to join the association. On the surface it would appear to be unfair that small South Australian based companies have so far not been included in the negotiations. Is the Minister prepared to let his officers have discussions, bearing in mind that he still needs to achieve phase out by 1992?

The Hon. J.R. CORNWALL: I would be delighted to talk to them myself, or to have my officers talk to them. I am surprised that they have not been in before. The Outdoor Advertising Association has been to see us on two occasions and our discussions have been frank, amicable and constructive. I have listened to its case and have accepted its proposition that the percentage of tobacco advertising relative to outdoor advertising in South Australia is certainly high by national standards. We have worked constructively with it. We have provided, mostly for that reason, a phasing-out period which, in some areas at least, is significantly longer than was the case in Victoria. If the other advertisers care to approach my office—and under the legislation I am the Minister with whom they must negotiate—I will be pleased to make officers available to talk to them at a mutually agreed time.

Clause passed.

Clauses 3 to 5 passed.

Clause 6—'Objects of Act.'

The Hon. M.B. CAMERON: I move:

Page 2, line 22—After 'disease' insert 'related to tobacco consumption'.

A further identical amendment is to be taken separately. This is a test vote. I have no problem with any move to do all the things proposed in these lines, but we must be careful that we do not open up the possibility of entirely replacing the health promotion unit on all matters through this fund. It is important that the money is used in relation to the prevention and detection of tobacco related illnesses. It is an obvious amendment. It is not always easy to pick which problems are involved, and a growing number of problems are arising from tobacco smoking. As far as possible we should confine it to that problem. The 5c a packet levy is to make up for the deletion of sponsorship and to promote a healthy lifestyle away from tobacco smoking, as I understand the Bill's intention. The provision ought to be brought back to that intention and not left open to the possibility of its being used by the Government in an area not directly affected by tobacco smoking.

The Hon. M.J. ELLIOTT: If there is an attempt to run a healthy lifestyle promotion along the lines of the drug offensive, where tobacco is clearly the most implicated drug involving many problems, is the amendment shutting out that possibility?

The Hon. M.B. CAMERON: I would not think so. If it is directed towards tobacco consumption and other matters are drawn into it, that is fine. It is obvious that, if you are talking about drugs in relation to that sort of promotion, you are talking about tobacco, as well. There is no doubt that tobacco is a drug—I accept that. In fact, most sensible people accept that tobacco is a drug, which is why I do not

participate in smoking. However, as I said, I do not believe that it would affect such a promotion and of course, I would not want to do that. However, I do not want to open up a situation where almost every item of health promotion away from tobacco consumption can be involved. That is because in the past I have seen funds set up for a specific purpose gradually eroded through the desire of the Government to save money in other budgets.

The Hon. J.R. CORNWALL: The Government opposes the amendment on the basis that the Hon. Mr Cameron has just admitted. It is at least arguable that it would constrict the activities of the proposed Health Advancement Trust.

[*Midnight*]

It is a sports promotion, cultural and health advancement trust. At some point in the future it may well wish to direct money into the promotion of education concerning drug and alcohol programs. I think that this would, at least arguably, remove that flexibility, and I do not think that that is desirable. I do not feel strongly enough about it to rush off to a conference of managers if I get stuck with it, because we still have to promote good health and healthy practices. I would not get too excited, but I would prefer that it remain as flexible as it appears in the original Bill.

The Hon. M.J. ELLIOTT: I expect that we will see this Bill back here after it has been to the other place. That being the case, I will support the amendment now. I support the basic idea behind what the Hon. Mr Cameron is saying, although I like the idea of having integrated programs that might go beyond—

The Hon. M.B. Cameron: Perhaps I have narrowed it down too much. Perhaps there is a form of words that will suit.

The Hon. M.J. ELLIOTT: Very well. Just to simplify matters, I expect that this Bill will come back to this Chamber. So, at this stage I will support the amendment and that will give us a chance to consider whether or not there is a better form of words.

The Hon. J.R. CORNWALL: Perhaps it would be appropriate in this context if I explained the spirit and intention which Cabinet and Caucus obviously had when they supported me in the introduction of this Bill. If they had wished to use it as some sort of shell to raise a large amount of money by increasing the tobacco franchise by 10 or 15 per cent, or whatever, then quite obviously we would have had a different scenario altogether.

Cabinet was at pains, as I was, in producing, refining and introducing this legislation, which would be funded by a 3 per cent increase in franchise, to make clear that that money would be primarily directed towards buying back sport and the arts from the tobacco companies. That will be the primary objective. At this stage we do not know what that will cost. On evidence that is starting to emerge from Victoria, I suspect that we may have overestimated how much the tobacco companies put into sport. We estimated a top range of $2.5 million, but it is beginning to emerge that the total sponsorship by tobacco companies of sporting bodies in Victoria, which has a population of around three times that of South Australia, is probably about $2.5 million. It may well be that there will be a very generous fund, but the idea has always been in the first instance to buy back sport and the arts from the tobacco companies.

The second aim, quite obviously, is (and it will remain so) to promote healthy lifestyles and anti-smoking messages through active promotion of sporting and arts bodies, which have either refused tobacco sponsorship on ethical and moral grounds in the past, or which have never received sponsorship because the tobacco companies simply did not think that they were good value. Many women's sports are classic cases. I believe that netball is one of the most popular sports in the State and that it has the largest participation rate. It is primarily (perhaps I should not say 'exclusively', because I would be in dreadful trouble with the Deputy Premier, among others) an area in which there are opportunities.

As to any residue that might remain, in consultation with the trust and in developing and from time to time reviewing guidelines and agreeing budgets, that will be looked at. However, let me be clear: in the first instance it is about buying back sport and the arts; in the second instance, promoting anti-smoking and healthy lifestyle messages; and, in the third instance, looking at the residue, if any. It is not, and has never been, intended to use it as some sort of a shell to pass money through on its way to Consolidated Revenue. All the money that goes in will be very clearly identified, and the annual financial statement will come before Parliament as part of the annual report, which the trust is required to produce under the Bill.

The Hon. M.B. CAMERON: The first words that the Minister said were the key words; that is, that this is his spirit and intention and that of his Cabinet. However, what he needs to understand is that spirits and intentions change with Ministers and Cabinets. It is important for us to make the intent as clear as possible, and that is the point of legislation.

The Hon. J.R. Cornwall interjecting:

The Hon. M.B. CAMERON: No, I am not. I am just saying that it is important that the legislation reflects the supposed spirit and intention of the people who introduced the Bill.

Amendment carried.

The Hon. J.C. BURDETT: This clause seeks to insert a new section 2a, setting out the objects of the Act. I commend the principle of setting out objects of an Act, although it refers back to the principal Act. It is essential that these objects be precise because the objects section will be taken into account by the courts in interpreting the Act when there are civil or criminal actions for a breach against it or where the terms of the Act come before court for some other reason.

Proposed new section 2a *(a)* (ii) refers to prohibiting the supply of tobacco products to children. However, proposed new section 2a *(a)* (iii) refers to encouraging non-smokers, especially young people, not to start smoking and encouraging and assisting smokers to give up smoking. Who are 'young people'? How are they defined? Subparagraph (ii) refers to children; yet subparagraph (iii) refers to young people. Are they minors? Are they persons under 16? Are they persons between 16 and 18? Who are 'young people', and should they not be defined specifically?

The Hon. J.R. CORNWALL: 'Child' is defined in the principal Act as meaning a person who has not attained the age of 16. That is clear. Young people in the context of tobacco smoking and in all of the current debate are overwhelmingly those in the age group 16 to 18. As I said in my second reading reply tonight, our surveys are showing that as many as one-third of 16 year olds in South Australia are addicted tobacco smokers, and that age group 16 to 18 therefore is one of very special concern to us. Once they become adult, and provided they have been given adequate information through health education programs and particularly anti-smoking programs as part of that health education, then since tobacco is a legal product, what they do over the age of 18 is significantly up to them, although we

will quite obviously continue our efforts to reduce the incidence of smoking among adults.

In simple terms, a child is a person who has not attained the age of 16. A 'young person' in the context of the proposed legislation is a person principally between the ages of 16 and 18, and an adult is a person over the age of 18.

The Hon. J.C. BURDETT: The interpretation clause does not define 'young person' and, if the Minister is telling us that a young person is a person between 16 and 18, would he agree to an amendment in the interpretation clause, so that 'young person' be defined as a person between 16 and 18?

The Hon. J.R. CORNWALL: With great deferential respect to my learned friend John Burdett, this is not the Income Tax Assessment Act. It does not need that precision in definition. A 'young person' in the understanding of the average reasonable person would be, might I suggest, in the widest possible interpretation, between 14 and 25 but, for the purposes of this legislation and in the context of not only the parliamentary debate but the community debate, any average reasonable person I would suggest would take it, in the restricted sense at least, to be 16 to 18. If someone wants to extend that to between 14 and 25, the sort of age group that we cater for in our adolescent health programs, so be it, although clearly someone who has reached 18 is no longer an adolescent. Whether you want to put the narrow interpretation of 16 to 18 on it, or the wider range, I do not really mind, because we will be targeting that age group in particular when we talk about young people.

In addition to that, we will be targeting children. The overwhelming thrust of this legislation is to target children to stop them from experimenting with tobacco smoking which ultimately leads a high percentage of them to become nicotine addicts, and nicotine of course is arguably the greatest addiction in the whole spectrum of drug addiction. I speak from personal experience. It is a very difficult addiction to kick once you have a well established habit.

The Hon. J.C. BURDETT: I go back to what I said in the first instance. Not many Acts express the objects of the Act. I think it is a good concept that this be done. When it is done, it is essential that the objects be precisely expressed, because when the objects are expressed, the courts will take those objects into account when interpreting the Act. The Minister is saying that 'young persons' could be people between 16 and 18 or between 14 and 25, and that is most imprecise. I strongly object to any suggestion of expressing objects without precisely saying what you are doing, what are the objects, who is caught by the objects or who is intended, whether it is children, young people, the 14 to 25 age group or whoever. I again ask the Min: does he not think that in clause 7, the interpretation provision, which refers to section 3 of the principal Act, that 'young people' ought to be defined?

The Hon. J.R. CORNWALL: I do not think that I can add any more to what I previously said.

The Hon. M.J. ELLIOTT: I do not want to drag matters out too much. In fact, I was not even sure that it was necessary to mention young people specifically. I hope that we will be encouraging any non-smoker not to take up smoking. Quite obviously the large number of people who take up smoking do it when they are young and, generally speaking, that is where the program should be aimed. I would not have thought that it was confined to 16 to 18 year olds. I thought that the Minister himself said that one third was smoking by 16. In fact, I thought the 'bag the fag' ads were aimed at younger children.

The Hon. J.R. Cornwall: They are children; 'child' is defined.

The Hon. M.J. ELLIOTT: I do not want to argue the definition. I wonder whether 'young people' is necessary. Perhaps it is worth looking at in the House of Assembly before it comes back to this place.

The Hon. J.R. CORNWALL: Quite frankly I do not think that it matters a damn. It is pedantry rampant, the way this debate is going on this particular issue.

The Hon. R.I. LUCAS: As a non-smoker, I am interested in the objects of this clause to protect non-smokers from unwarranted and unreasonable exposure to tobacco smoke. Can the Minister indicate the proposals he has in train in relation to this legislation that will seek to achieve the objects of this Act? Obviously he is not talking about further legislation because this Bill is meant to achieve that purpose. Is he talking about specific education or media programs? Exactly what is he talking about?

The Hon. M.J. Elliott interjecting:

The Hon. R.I. LUCAS: The object of this Bill is to protect non-smokers.

The Hon. M.J. Elliott: This is going into another Act.

The Hon. R.I. LUCAS: The object will be to protect non-smokers from unwarranted and unreasonable exposure. Is the Minister talking about media or education campaigns, or is there anything specific that he is talking about in relation to this matter?

The Hon. J.R. CORNWALL: Smoking in lifts and intrastate buses was banned in the 1986 Act. We will extend that to include interstate buses. We are able to do that because all States agreed at an ATAC Minister's conference recently to pass complementary legislation. So, I think that we are first cab off the rank, but all the States have agreed to pass legislation to ban smoking on interstate buses.

The Hon. K.T. Griffin interjecting:

The Hon. J.R. CORNWALL: We are not planning to do that by this legislation. We are trying to lead by example. The new premises of the Health Commission and DCW will be a smoke free building and we already have active smoke free policies in the Health Commission, but we do not need this legislation to back that up. That is a matter of practice, commonsense and policy.

The Hon. M.B. CAMERON: Does the Minister intend to extend that ban on smoking, which will occur in the Health Commission offices and which I support, to other Government buildings?

The Hon. J.R. CORNWALL: That will be a matter for the Government. There has not been any specific decision taken on that question at this stage. I understand that there were preliminary negotiations with the PSA, but my recollection is that there are no specific proposals at this time.

However, if we look at what is happening in the Commonwealth Public Service, based on its experience, I think that extension will become inevitable for a number of reasons: first, because non-smokers will demand it on health grounds and, perhaps almost as significant, I think, ultimately the question of duty of care may arise. Once someone has taken a successful action with regard to the harm that may have been caused by passive smoking and gets some sort of award through the courts, I think it will sharpen the minds of employers generally, whether they be in the public or the private sector. That will not depend on this legislation.

The CHAIRPERSON: I point out to the honourable member who asked that question that committee rooms in Parliament House are not the responsiblity of the Government but are the responsibility of the President and the Speaker.

Clause as amended passed.

Clause 7—'Interpretation.'

The Hon. M.B. CAMERON: I want to ask some questions about trademarks, although the questions can also be asked in relation to clause 12. There is some concern that the trademark or brand name can mean the actual name of the company, because many of these companies operate by the name of the tobacco product they sell. Is it the intention that when there is a prohibition it will relate to the actual name of the company if that is the brand under which it sells?

The Hon. J.R. CORNWALL: If that name is identified with a brand of cigarettes, certainly. The Benson and Hedges Company, for example, although it is a member of the W.D. & H.O. Wills group, as I understand it, has a name which is directly associated with a particular brand of cigarettes. That is possibly as good an example as I can think of.

The Hon. M.B. CAMERON: I will leave my questions on that topic until clause 12.

The Hon. R.I. LUCAS: I would also like to pursue that under clause 12, because it raises questions about companies like Philip Morris, for example; whether that company is entitled to put Philip Morris on the outside of its building. It is a company name and also a tobacco product. I will explore that with the Minister in clause 12. The definition of 'public place' further on in the legislation is important, particularly in relation to the advertising prohibitions. 'Public place' is defined as including the place to which the public ordinarily have access. I can understand that part of the definition which says that 'public place' is a place to which the public ordinarily have access, but it is drafted specifically wider than that, not only to include a place to which the public ordinarily have access but it obviously envisages something else, because it says 'includes' rather than 'means' or 'is'. What does the Minister intend in relation to that definition, and why, in particular, does the phrasing (which strikes me as slightly unusual) include the word 'includes'?

The Hon. J.R. CORNWALL: This is the definition which we normally use in public health legislation. It is the same as the definition of 'public place' in the Public and Environmental Health Act which was passed in this place last year. Advice from Parliamentary Counsel's office at that time and also currently is that this definition, together with the common law understanding of the terms, is sufficient to cover any area to which it is intended that the provisions of this Bill apply.

The Hon. R.I. Lucas: There is nothing specific intended?

The Hon. J.R. CORNWALL: There is nothing devious, if that is what the Hon. Mr Lucas is implying. There is no hidden agenda. It is the same definition that we used, on the advice of senior Parliamentary Counsel, in the Public and Environmental Health Act. It has served us well in that instance on experience to date. We are using the same definition again. It is certainly broad enough for our purposes, but it is not intended to catch up anything or any area that has not already been considered under the Public and Environmental Health Act.

The Hon. R.I. LUCAS: Specifically, I would assume that shopping centres, malls and arcades would be included as public places, but what about a retail shop such as a delicatessen? Would that be defined as a public place under this definition?

The Hon. J.R. CORNWALL: Yes, quite clearly.

Clause passed.

Clauses 8 to 11 passed.

Clause 12—'Insertion of new sections 11a to 11e.'

The Hon. J.R. CORNWALL: I move:

Page 3, after line 38—Insert paragraph as follows:

(ea) a tobacco advertisement that is displayed or distributed under a contract providing sponsorship for a cricket match in South Australia that forms part of the Sheffield Shield series or a series of international cricket matches;

This amendment is at the request or insistance of the South Australian Cricket Association, and in turn—

Members interjecting:

The Hon. J.R. CORNWALL: I do not see anything amusing in that. Why the great derision?

The Hon. R.I. Lucas: The Premier likes his cricket, doesn't he?

The Hon. J.R. CORNWALL: What a funny lot! We have said for six months that Benson and Hedges test cricket would be exempt. Members opposite have not unearthed anything at 12.30 a.m.

The Hon. J.C. Burdett: No.

The Hon. J.R. CORNWALL: Well, stop carrying on like a pack of lunatics. SACA, with some urging in turn from the ACB, requested during the intensive consultation phase (which we always promised the sporting and arts bodies in South Australia) that this be inserted and we have agreed. I am sure that members will recall with some clarity what we said when introducing the Bill. During that two week period in particular, when some members were swanning about enjoying the Festival of Arts, the Minister of Recreation and Sport was out involved in intensive consultation with sporting bodies in South Australia. We listened to SACA and this amendment is specifically at its request. I make no apology for it as I am perfectly happy with it.

It was always clear that we were going to exempt the Benson and Hedges test cricket and other interstate events and cricket matches currently sponsored. In the event, SACA said that, although it knew I was a gentleman and a scholar, that although it could certainly trust Mr Bannon with his public approval rating of around 75 per cent, and that although it had an extremely high regard for Mr Mayes as Minister of Recreation and Sport, it had a basic concern that at some time in the distant future those principal players might change.

In the event they wanted a degree of certainty. Let me make it crystal clear that there is nothing in the exemption that would be an impediment to a group of States buying out the cricket. If Western Australia follows the enlightened example of South Australia (and Victoria already has a $23 million annual trust fund) and if we get the three States combined—and ultimately, of course, New South Wales when a Carr Government is returned, or whatever complexion that might be—between us we can make an offer to the ACB that is more generous and constructive and, in every way, more acceptable to that magnificent sport of cricket. Then we could compete on the open market with Benson and Hedges.

If in the meantime the Hawke Government—which is going to be closer to the ordinary people over the next five years—gets the message that what Victoria and South Australia have started is snowballing and is widely popular, it is not inconceivable presumably that it might move. In the meantime, we will do absolutely nothing that could possibly jeopardise test cricket or interstate matches at the Adelaide Oval to the disadvantage of this State. We will do nothing that will place SACA in a position of disadvantage when it is negotiating with the ACB for the cricket program for the next summer season or for any summer season beyond.

The Hon. M.B.CAMERON: I sat here earlier and heard the Minister give members on this side of the Chamber a hiding for daring to not support the Bill and for being in favour of the continuation, to use his words, of massive numbers of deaths. With those few words of the Minister,

the farce commenced. What he is saying, if one examines it in detail, is that, if you have enough influence, if you have a waddy with which to hit the Government over the head, if you are big enough, if you are able to say to the Government, 'If you don't do this, we will do that', then you gain your point and you are covered by the Bill.

The Hon. J.C. Burdett: What about women's lacrosse?

The Hon. M.B. CAMERON: That is no go, because it cannot threaten the loss of a test match. That is a simple fact of life. I have more time for the Victorian Government than for this mob, because at least it provided an option so that—

The Hon. J.R. Cornwall interjecting:

The Hon. M.B. CAMERON: At least the Victorians ended up with a sensible Bill; they included an option so that you do not have to put in exemptions. There is an either/or situation. The Minister should not pretend that he is serious, because this is ridiculous. I noticed in the press articles, and again tonight, that he is very careful not to mention the Sheffield Shield matches and interstate cricket. He mentioned it only at the end—

The Hon. J.R. Cornwall interjecting:

The Hon. M.B. CAMERON: I know. It has now come out. However, when the Minister came out of Cabinet he said, 'We will allow international test cricket.' He was careful not to mention the Sheffield Shield matches because he knew that the farce would become even clearer. He was very careful to not tell the press about that. They will find out about it now.

The Hon. R.I. Lucas: His hypocrisy would have been even more evident.

The Hon. M.B.CAMERON: Yes. It really makes this Bill a total farce. If the Minister really believed—

The Hon. J.R. Cornwall interjecting:

The Hon. M.B. CAMERON: No, you have to put up with a bit of this. It is your Bill and your farce. If the Minister really believed that the bans were going to work, if he was genuine, he would not be putting up this provision in this form.

The Hon. R.I. Lucas interjecting:

The Hon. M.B. CAMERON: That is exactly right: that is what happened. The matter went to Cabinet, the Minister won the vote, and these options were put in by the Premier. The Hon. Mr Elliott was quite right: it was the Premier who castrated the Bill and who took out all the parts that he wanted out, including the cricket and the Grand Prix. I will have a little more to say about the Grand Prix later.

The Hon. J.R. Cornwall interjecting:

The Hon. M.B. CAMERON: You just sit there and smile smugly and feel good and pretend to the public you are genuine. If you go to any health conference and pretend you have done something, you will be just putting it over them, because this amendment has been put in, as you say, at the insistence of the South Australian Cricket Association. Why? Because it just happened to be able to twist your arm up behind your back, but for the poor little groups who cannot do that it is too bad. They are not covered in the Bill.

The Hon. M.J. ELLIOTT: I had always contemplated that in the short term—over the next couple of years—there would be a need for exemptions. I talked about that almost seven months ago. I would have thought that cricket would be one of the difficult areas in the short term, and even the McDonald's Cup, the sort of series that can be shifted from State to State easily, could also be a problem. There is always the chance that that type of event could involve tobacco sponsorship. It is one of the weaknesses of the Federal system that States are consistently played against each other. Our legislation is only as good that of the worst State. Unfortunately the legislation of a couple of our States is appalling. It is for that sort of reason that one gets forced into exemptions.

In regard to the Sheffield Shield matches, I can only imagine that the Australian Cricket Board has sunk to the lowest of low and suggested that unless the Government allows tobacco sponsorship for the Sheffield Shield matches, it will not give us tests. Is that the bribe? I cannot contemplate that it would pull a Sheffield Shield game out of South Australia. It seems that the ACB must have been responsible for a bribe or blackmail of the worst kind. Will the Minister advise the Committee whether or not the ACB made such a threat? Otherwise I do not know why the Sheffield Shield in particular is being granted an exemption. Has the ACB been misbehaving?

The Hon. R.I. Lucas interjecting:

The Hon. J.R. CORNWALL: Hold it. I have here a letter from the South Australian Cricket Association Inc addressed to the Hon. K. Mayes, Minister of Recreation and Sport, with a copy to the Hon. J.C. Bannon, Premier of South Australia: I will read that letter and tell all. I have no problems with it at all. The letter states:

> Dear Mr Minister, Thank you for the time given to Colin Egar, David Richards and myself this morning. We all appreciate your interest in our concern about the proposed Bill as currently drafted, and your willingness to take positve steps to alleviate those concerns.

This was during that intensive period of consultation that we always promise. The letter continues:

> My association is a member of the Australian Cricket Board, which has a long-running sponsorship contract which the Benson and Hedges Company. That contract requires the display of ground signs at all test, one day international and Sheffield Shield matches, the use of naming rights and the distribution of printed material such as posters and fixture cards. Failure by my association to comply with these provisions will leave the ACB with no option but to schedule such matches elsewhere in Australia. That would be a disastrous state of affairs for cricket in this State.

I will not bother to read the rest, because that is the bit that matters. Obviously, the association not only wanted an exemption, which it most certainly would have been granted under the guidelines, which I have always made clear. Ever since this matter of legislation became a matter for public debate, I have consistently said that it would be exempted. It wanted to go further than that.

It wanted it written into the legislation and, as a Government, we have acceded to that request. There is nothing exceptional about that and I am quite comfortable with it. As Minister of Health, my preferred position (and I would be derelict in my duty if I had any other position) is that I am unapologetic in saying that I would like to see all tobacco sponsorship banned in this country, but that can only be done—

The Hon. M.B. Cameron: The Premier won't let you.

The Hon. J.R. CORNWALL: —by the national Government. If you had half a brain in your head, Mr Cameron, you would know that, because it has been said so often that everybody—

The Hon. M.B. Cameron: You are just a big farce on the subject.

The CHAIRPERSON: Order!

The Hon. M.J. ELLIOTT: It appears from the letter which was read to us that the ACB has really sunk to a very low level, and I can only hold it in contempt for such an action. I suspect also that its sponsors might have had something to do with that and, if that is the case, they share my contempt. As I said before, I was quite willing for exemptions to be granted for certain types of short-tern events, and I have amendments on file whereby that could

happen by regulation so that it would not be open-ended. I would have accepted a short-term exemption for test cricket and perhaps even the one day matches if I knew that the Government had a fund where it could buy out most of the sponsorships for those major events, anyway. I am quite confident in the long run that that will happen—it is not a matter of 'if' but, rather, 'when'.

I know that the Bill will come back to us and I may have to make a decision later, but at this stage I think the amendment is unnecessary, because existing general clauses already allow exemptions. I am on the record as saying that I do not and would not oppose short-term exemptions for events such as test cricket, so I will not support the amendment at this stage. If the other place insists on this amendment, I may be forced to reconsider the matter because I think that, as a whole, the Bill is too important to lose. However, at this stage I must make a point, so I oppose the amendment.

The Hon. R.I. LUCAS: The Hon. Mr Elliott continually refers to the fact that the Bill definitely will come back to this Chamber. Does he have some knowledge of further amendments being moved in another place?

The Hon. M.J. Elliott: I would be very surprised if it did not come back; it is as simple as that.

The Hon. R.I. LUCAS: But you are not aware of amendments which may be moved. In addressing this amendment, I refer to what I see as the general hypocrisy to this Bill that I referred to in the second reading debate I do not believe that the legislation can work across the board and, if the Minister wants to incorporate further exemptions, whether it be explicitly, as he is doing here, as opposed to implicitly, I am not fussed and I will not oppose it.

The hypocrisy of the Minister is evident in his explanation concerning test cricket. He said that, if test cricket was not exempt, matches would be moved to another State and then beamed live to Adelaide; and the thousands of South Australians who attend test cricket would have to watch it on television. That is all that he has talked about publicly. In substance, he cannot use the same argument in relation to Sheffield Shield cricket.

The Hon. M.J. Elliott interjecting:

The Hon. R.I. LUCAS: No, but to be consistent, what the Minister has said is that, if we do not have Sheffield Shield cricket here, a South Australia versus Western Australia match, for example, will be shifted to Western Australia and beamed live to Adelaide, and the thousands of people who would ordinarily watch that match live would have to watch it on television.

The Hon. J.R. Cornwall: That's dead right.

The Hon. R.I. LUCAS: It is not dead right; you don't understand. In recent years, Sheffield Shield cricket has been watched by a man, a woman and a dog sitting in the outer. They attract attendances only when they have a dollar day on a Sunday, which was introduced only this year, and they managed to get a few thousand people along. However, if you go to Sheffield Shield cricket on any other day of the week that it is played, you could fire a cannon in front of the members stand at the Adelaide Oval and would not do too much damage because virtually nobody watches Sheffield Shield cricket these days. So, it defies logic to argue that, if a Sheffield Shield match is moved to, say, Western Australia, the 140 people who would have attended the match would have to watch it on television.

I am surprised that the amendment has been drafted in this particular form. As the Hon. Mr Elliott and the Hon. Mr Cameron indicated, if you are powerful enough and you have a friend in the Premier, who happens to like cricket, the Premier will direct the Minister of Health to put in a specific exemption, as the Minister has done with this amendment.

The Hon. M.B. CAMERON: The Minister read out a letter from the Cricket Association which outlined its contractual arrangements. The association will abide by those arrangements which involve putting signs around the venue which, I assume, is the Adelaide Oval. Those signs are already there. Grade or district cricket is also played at the Adelaide Oval. What will happen to the signs? Will they have to be movable signs? What will happen when district cricket is played there? Will the signs have to be taken down and put up again for Sheffield Shield and test cricket? There will need to be some pretty slippery sign changes. I have the feeling that the exemption will cover all cricket, including district cricket.

The Hon. J.R. CORNWALL: My understanding is that the signs will have to come down. I think that most district cricket is played on the No. 2 ground. There is no proposal before us for an exemption for district cricket, and I cannot think of any reason that could be advanced as to why it should be exempted. It is not televised and there are no contractual arrangements of which I am aware.

The Hon. M.B. Cameron: Does that include the clock?

The Hon. J.R. CORNWALL: Yes.

The Hon. M.J. ELLIOTT: I want to make clear that my reasons for opposition are not the same as those of the Liberal Party. I recognise that the Minister has found himself between a rock and a hard place. I am quite aware that there is some vacillation by some members of his own Party. I am also aware of the very strong blackmail that is being used against him. I really want to make a point to the ACB in relation to the Sheffield Shield competition. It is on those grounds that I am opposing the clause at this time. I am not accusing the Minister of hypocrisy, as I have already made clear that exemptions are inevitable in such a Bill for anybody who is being realistic in trying to get this off the ground.

The Hon. J.R. CORNWALL: I make it very clear that I am not being blackmailed by anybody. However, it is true to say that I have come under enormous pressure from the forces of darkness.

The Hon. M.B. CAMERON: I understand that the Hon. Mr Elliott wants to oppose the Bill now but pass it later on. The difference is that we will not oppose the clause now. We think the Bill is a farce, anyway. Eventually, the way it is going, everything will be exempted. It merely fulfils what I indicated in my second reading speech, namely, that the Bill is a farce.

The Hon. R.I. LUCAS: I refer to the matter that was raised earlier, not just district cricket but the McDonald's Cup series, which is an interstate one day series that is generally played on the day following the completion of a Sheffield Shield match between the same two teams. I take it that the Minister is saying the signs could be displayed for the Sheffield Shield match but that they would have to be removed for the McDonald's Cup match on the following day? Consistent with his answer concerning district cricket, I can only assume that. If there was a sponsorship change in the McDonald's Cup competition, would that be treated in exactly the same way as Sheffield Shield cricket and international cricket because it was an interstate competition and was televised?

The Hon. J.R. CORNWALL: Mr Lucas has two university degrees. Although I do not have much respect for him as a man, I have some respect for his academic achievements. He is certainly able to read and write, and he can read the amendment just as well as any other member of the Parliament can. However, I will go through it again

slowly for him. The exemption clause refers to 'a tobacco advertisement that is displayed or distributed under a contract providing sponsorship for a cricket match in South Australia that forms part of the Sheffield Shield series or a series of international cricket matches'. McDonald's is not a tobacco advertisement, and it has nothing to do with any contractual arrangement that SACA or the ACB might have entered into with the Benson and Hedges tobacco company. It is clearly not exempted. They have not sought an exemption. I cannot think for the life of me why we would not grant them with one if they did, because they do not come within the ambit of the Act, anyway. As I said, we are not banning sponsorship by fast food companies.

The Hon. M.B. CAMERON: This clause refers to 'a tobacco advertisement that is displayed or distributed'. If a card was handed out which had a tobacco advertisement on the front or back and which indicated the names of the players in a cricket match, would that be sufficient to exempt that match, from the legislation? I noticed that the Hon. Mr Elliott laughed when I said that we would vote against this amendment. I can assure the honourable member that I would love to move an amendment that would exempt anything, because I think that will happen anyway. The Opposition has never said that it would support tightening the thing up. It does not accept that it will work.

The Hon. R.I. Lucas interjecting:

The Hon. M.B. CAMERON: Yes. I do not think that the Hon. Mr Elliott understands.

Amendment carried.

The Hon. M.J. ELLIOTT: I move:

Page 3, after line 41—Insert subclauses as follows:

(4) Notwithstanding the provisions of subsection (3)–

(a) the exception provided by paragraph *(a)* (i) of the subsection will cease to operate in relation to newspapers and magazines published within Australia if the Governor makes a declaration to that effect under subsection (5);

(b) the exception provided by paragraph *(e)* of that subsection will cease to operate on and from 30 June 1992, or such later date as may be prescribed.

(5) The Governor may, by proclamation, make a declaration referred to in subsection (4) *(a)* if satisfied that a law prohibiting the publication of tobacco advertisements in newspapers and magazines published within Australia, or a law to similar effects, has or is likely to come into operation in two or more States of the Commonwealth apart from this State.

My amendment is in a similar form to a clause which was accepted in a Bill that passed this Council in I believe, 1984 and which addressed the question of advertising in the print media. There is no doubt that tobacco companies are very good at exploiting whatever gaps are left available for them, even if it gets down to the point of bringing out Marlboro matches, as I mentioned during the second reading stage. They will keep looking for a gap that they can dive into. In fact, sports sponsorship was a way of getting around the intention of the Federal Government when it banned tobacco advertising on television. It was not really until then that sports sponsorship took off in a big way. Whether it involves entrepreneurial skills, being smart, being devious, or call it what you will, it is all a question of interpretation and probably depends on which side of the arguments you stand.

Nevertheless, there is no doubt that companies will shift as far as possible into the print media. Some of the print advertising does not display any of the sorts of self-regulation that the tobacco companies are now asking for. They met with me only a couple of months ago and said, 'Please do not agree with this Bill; we will self-regulate.' I can see no indication in the sort of advertisements in the print media or elsewhere that they have any intention of self-regulating. I told them at the time that they had no credibility, and they have continued to behave in such a fashion. I am sure that they will continue to do so in relation to the print media.

I am aware of the difficulties involved in trying to ban advertising in the print media in a single State because of the movement of publications, particularly weekly publications, magazines and the like. However, as I think I commented before, Queensland managed to have its own edition of *Playboy*. I suppose that is a fairly glossy magazine and that it would be much more difficult to do that with newspapers, etc.

When two other States have enacted such legislation we will have half of Australia with similar legislation, and it will be reasonable at that time to ban the advertising in the print media of tobacco products in this State. As I said, it is in approximately similar terms to a clause which was passed in this Chamber in 1984, and which was supported by a majority of members, many of whom are still here. If they have changed their minds since then, I would be interested to know the reason why.

The Hon. J.R. CORNWALL: I do not think that anybody—even my worst enemies, the Hon. Mr Lucas and the Hon. Mr Cameron—would contest that in the 5½ years I have been the Minister of Health I have shown—

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: The difference is that I do not think you can carry on like a lunatic in here and be irresponsible and try to bag me every time you get up, then behave as a friend outside the Chamber. I said that even my enemies, the Hon. Mr Lucas and the Hon. Mr Cameron, would admit—albeit grudgingly—that in the 5 ½ years I have been the Minister of Health I have shown a significant zeal for reform.

The Hon. M.B. Cameron: Ask Bill Jones.

The Hon. J.R. CORNWALL: My friend Mayor Jones did stage a civic reception for me specifically when I returned in some triumph to the city after the 1985 State elections. Bill Jones is one of the great populists and pragmatists of our time, and he now knows that Port Pirie has the greatest environmental lead program in the world; that it is literally leading the world. In fact, one of the members of that team recently returned from an international conference and, as an avid reader of the Port Pirie *Recorder*, I noted that the front page lead was 'Port Pirie leads the world'.

I did not notice that I was given any credit for the environmental lead program, nor for the unique soil testing methods which have been developed by our own officers as part of that program, but I am happy to bathe in the reflected light. As I say, I have shown a significant zeal for reform. We have literally, during that period, reviewed almost every piece of health legislation, and I have been able to steer through this Parliament the Reproductive Technology Act; the consent for treatment legislation, which had the potential to be very controversial; and the Controlled Substances Act and some of the amendments to that Act, which were quite controversial. What I have learned over that period is that politics is the art of the possible. That means, with the print media, that either it will be done nationally or it will be done by the unanimous or overwhelming agreement of Health Ministers at the Australian Health Ministers Conference.

When the day comes that I go to an annual Health Ministers Conference and there is clear majority agreement around that table, and those Ministers are all able to indicate that they have their State Cabinet support in reaching that agreement, I will come home and I will have legislation drafted and taken for Cabinet approval forthwith.

In the meantime, I am not about to buy an unnecessary fight. This is not a practical amendment and I will not

accept it. I am sure that the Hon. Mr Elliott will recall that at the time the legislation that the Democrats introduced was here it was pretty widely known that it had very little chance of even being picked up in the Lower House, let alone—

The Hon. I. Gilfillan: Rubbish! It was prearranged.

The Hon. J.R. CORNWALL: What happened to it, in the event? In the event, it had no hope of passing. It is not rubbish to say that it had little chance of it even being picked up. The reality of this is that it is a Government sponsored Bill. It would be absolutely stupid to buy an unnecessary fight with the print media at this stage of our evolution.

The Hon. R.I. Lucas: You want to win the next election.

The Hon. J.R. CORNWALL: Of course we want to win the next election, and the one after that, too. When I go to a Health Ministers' conference with my Cabinet endorsement and find majority agreement around the table with my colleagues being able to tell me that they have the support of their Cabinets, I will also return and introduce legislation. Until that situation arises, it would be quite silly, counter-productive and politically unwise for us, as the least populous State on the mainland, to try to go trailblazing with bans on print advertising.

The Hon. M.B. CAMERON: The farce continues. What the Minister has just said clearly outlines the absolutely stupid situation that we are in with this Bill. The Hon. Mr Elliott has raised the question of newspaper advertisements. I demonstrated some that were very skilfully put together showing lifestyles and all the things that one would think would affect young people's desire to smoke and there will be absolutely no restriction on it. How can the Government do that if it believes in the Bill? The Minister claims that he does. I frankly am staggered that any sane, sensible person, acting as a Minister of Health, can come in here and claim to be concerned about the effects of tobacco advertising, believing that this is the road to go, and then exempt the print media.

The Hon. T.G. Roberts: Is that an admission that it does have an effect?

The Hon. M.B. CAMERON: If the Minister believes that he should not exempt the print media. It is not what I believe—it is not my Bill.

The Hon. I. Gilfillan: Are you going to move an amendment?

The Hon. M.B. CAMERON: Of course I will not—I said that in the beginning. If the honourable member had been here (and I am not reflecting on his not being here) in the beginning he would have heard me say it. We believe that it is a farce. We believe that the voluntary code would work if you sat down with these people. However, the Minister is going to show these people and continue the farce. No doubt exists that the newspapers of this town are too big for the Minister and he will not upset anyone. The Bill is designed to upset the least number of people.

The Hon. C.M. Hill: Does that mean that the Escort Cup could be publicised in the press both before and after the match?

The Hon. M.B. CAMERON: I am sure there has to be an answer. A number of issues are related to the press. I want to know what is an advertisement in the press. If we have a glossy insert in the newspaper, is that an advertisement or part of the newspaper? The very same insert that one cannot put in letterboxes in the front gate one can throw out in the *Messenger* press and it is acceptable. I find it hard to believe. It is a farcical situation.

I am somewhat bemused by the whole supposed effect of this legislation. I will not support the amendment; it is an attempt to toughen it up, but I do not believe it will work. As the Hon. Mr Lucas said, we believe in another road on this whole issue and we will be outlining that at some future stage. Are glossy advertising inserts in a newspaper or magazine considered to be a part of the paper or are they a separate advertisement and, therefore, banned?

The Hon. J.R. CORNWALL: Where a tobacco advertisement appears in a newspaper it is put on a page, whether it is in colour or otherwise, and the page has a number. That is not covered by the legislation. However, I am instructed that an insert, which is a loose insert, will be covered by the legislation. An insert is prohibited.

The Hon. M.B. CAMERON: In that case, if it is then renumbered and attached to the newspaper, I imagine that it is part of the newspaper.

The Hon. J.R. Cornwall: It has to be a page of the newspaper.

The Hon. M.B. CAMERON: With modern technology it is simple to staple it into the paper. Does it then become a part of the paper? This is important because many people will be affected by it. We should know these things before we get too far down the road.

The Hon. M.J. ELLIOTT: The Minister said that we, as a State with a small population, cannot go it alone. The clause clearly provides that we do not go it alone; that we wait for two other States before it comes into effect. I recognise that this State cannot go it alone in relation to the print media. I can also see that the numbers are not with me—that the Opposition is playing its own games at this time. I hope that the tobacco advertising industry realises that it is on notice and that it will be losing certain avenues of sponsorship and advertising because of past abuses; and that if it does not straighten its act up in relation to newspaper advertising (in particular, using advertisements that are clearly lifestyle advertisements aimed at younger people), it will risk losing it even if this Council is not willing to support the amendment at this time. I think that the industry is clearly on notice.

The Hon. R.I. LUCAS: The Hon. Mr Elliott indicates that his amendment is similar to or the same as an amendment moved in 1984.

The Hon. M.J. Elliott: It was in similar terms, I think.

The Hon. R.I. LUCAS: My recollection is that the amendment that I moved at some stage in my checkered history in this Council was for three States and the Commonwealth, although I will not swear to that. This amendment talks about two States. In practical terms one can look at Western Australia and Tasmania—

The Hon. M.J. Elliott interjecting:

The Hon. R.I. LUCAS: Under the present Government I agree, but the Hon. Mr Elliott would know that Governments do not last forever.

The Hon. M.J. Elliott interjecting:

The Hon. R.I. LUCAS: No. I thought you said it was the same as an amendment that the members of this Council had previously supported. I cannot say definitely that that is wrong, but my recollection is that the amendments moved previously were in relation to three States and the Commonwealth, or some variation thereof.

The Hon. M.J. Elliott: The basic concept is the same.

The Hon. R.I. LUCAS: I do not know whether the basic concept is the same. I would like to go back to the legislation and look at it. Having just heard the response from the Minister, I am bemused about the question that the Hon. Mr Cameron raised. The full page colour advertisements in the *Advertiser* may be loose but in the Minister's definition they are part of the *Advertiser*. In the *Advertiser* one can

pull the page out and wave it around, but in the *News* it is generally different.

The Minister appeared to say that such an advertisement would be exempt, but what if the advertisement is without a page number or is inserted elsewhere? Is it going to be banned? If that is the interpretation, there could be major problems. I understand in relation to both the *Advertiser* and the *News* that when, for instance, there is a special visit by tall ships or a visit by the Queen there are front page wraparounds and on the back may be an advertisement for cigarettes. Inside it is generally black and white with other photos of the visit and the newspaper starts on the next page. In the *Advertiser* the logo is on that page and it starts its numbering system. Will that coloured wraparound be exempt?

The Hon. J.R. CORNWALL: It does not matter what I believe or do not believe. It is a matter of fact and a matter of law. the front page *Advertiser* covers carry the paper's logo and they are an integral part of the paper.

The Hon. R.I. Lucas: They are not.

The Hon. J.R. CORNWALL: They clearly are an integral part of the paper. They are not inserts. Inserts are those things that drop out when one brings in the *Advertiser*: after having got the plastic wrapper off, all sorts of strange inserts drop at one's feet. It is not hard to define even for the Hon. Mr Lucas, I would have thought.

The Hon. M.B. CAMERON: I have still not had an answer. The insert is important. Tobacco advertising is allowed in newspapers. The Messenger Press uses much advertising, and all it has to do is attach an insert that cannot be distributed and it can be part of the paper. Does the Minister agree?

The Hon. J.R. Cornwall interjecting:

The Hon. M.B. CAMERON: We still have to establish exactly what will be expected of people who have to comply with the law. It is no use the Minister and the Hon. Mr Gilfillan getting cross about it. It is necessary to explore prospective law before it is enacted, otherwise people will not know where they are. We are pointing out how farcical this would make things for people who to have to operate under the law.

The Hon. M.J. ELLIOTT: If I lose this amendment on the voices, I do not intend to call for a division.

Amendt negatived.

The Hon. J.R. CORNWALL: I move:

Page 4, after line 21—Insert subclause as follows:

(4) This section does not apply in relation to any contract providing sponsorship for a cricket match in South Australia that forms part of the Sheffield Shield series or a series of international cricket matches.

This amendment is consequential on the one I moved concerning a tobacco advertisement that is displayed or dis-

Amendment carried.

The Hon. M.B. CAMERON: In relation to paragraph *(e)*, can the Minister say what criteria the Australian Formula One Grand Prix Board will use in exercising the power given to it under this section, because it is very wide? It gives the board *carte blanche* to advertise tobacco anywhere in the city of Adelaide or South Australia. I do not see any criteria that restrict the board in any way.

The Hon. J.R. CORNWALL: In negotiations and discussions, we made very clear to the Grand Prix Board that there has to be a clear nexus between what is displayed and the Grand Prix event itself. It will not be possible to have a large billboard with the Marlboro sponsored formula one car displayed on it. That will be out. If there is a clear nexus between the event—the Grand Prix—and the sponsorship of that Grand Prix or the conduct of that Grand Prix and what the board approves, there will be no problem. If a member wants to suggest that it is a loophole because a big red Marlboro formula one car will be displayed on a billboard, he should disabuse himself of that idea very quickly.

The Hon. R.I. Lucas: How do you stop it?

The Hon. J.R. CORNWALL: Under the legislation.

The Hon. M.B. CAMERON: I do not see how it can be stopped. Is the Minister saying that the power given to the Grand Prix is subject to Government approval in some way, and that before the Grand Prix Board does anything it must seek approval from the Minister, the Government or somebody? What restrictions will be placed upon the Grand Prix Board?

The Hon. J.R. CORNWALL: I suggest that you read the subclause.

The Hon. M.B. CAMERON: I have read the subclause.

Members interjecting:

The ACTING CHAIRPERSON (Hon. J.C. Irwin): Order!

The Hon. M.B. CAMERON: Proposed section 11a (3)(e) provides:

A tobacco advertisement that is authorized by the Australian Formula One Grand Prix Board as part of the conduct or promotion of a motor racing event within the meaning of the *Australian Formula One Grand Prix Act, 1984*;

That is pretty open-ended, I would have thought. I do not see any restriction. If it said, 'authorisation subject to the approval of the Minister, the Government, or the Governor', maybe that would convince me, but it seems pretty open-ended.

The Hon. J.R. CORNWALL: This really is a ridiculous filibuster, and it should be exposed for being just that. Under the legislation relating to the Grand Prix, the board is subject to the direction and control of the Minister to whom the legislation is committed. There is adequate power and, as I said, the provision is self-explanatory to anybody who cares to try to understand it.

The Hon. R.I. LUCAS: The Minister referred to a filibuster. It is not a filibuster. We did not start this debate until 11.30. The Committee stage has been going only two hours. It is an important Bill. It is not as if we have been going for 14 hours or something.

The Hon. J.R. Cornwall: We started at 11 o'clock, mate.

The Hon. R.I. LUCAS: We started the Committee at 11.30, mate.

The Hon. J.R. Cornwall: You spoke for an hour.

The Hon. R.I. LUCAS: No, I spoke for 52 minutes and you spoke for 40 minutes, and that was your second go.

The Hon. J.R. Cornwall interjecting:

The ACTING CHAIRPERSON: Order!

The Hon. R.I. LUCAS: I do not have a copy of the Australian Formula One Grand Prix Act in front of me, so I cannot immediately check that. However, while we discuss other aspects of this clause I will do that.

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: I thank the Minister for that. I refer to a question I raised earlier, by way of interjection, about brand names. I referred to a situation where the name of a tobacco company and the name of the product are one in the same, and I asked whether the Philip Morris Company, for example, would be prevented from having its name on the outside of its building.

The Hon. M.B. Cameron: What about Rothmans Theatre?

The Hon. R.I. LUCAS: Rothmans Theatre is another example. In response to that interjection, the Minister said, 'Yes, that would be right.' Now that he has had considered advice from his officer, could he confirm for the record whether or not a company such as Philip Morris would be prevented from having its name on the outside of its build-

ing, and the Hon. Mr Cameron raises by way of interjection Rothmans Theatrette. There would be a number of other examples, also.

The Hon. J.R. CORNWALL: This is quite clear under proposed section 11a(1), which provides:

A person must not for any direct or indirect pecuniary benefit display a tobacco advertisement so that it may be seen in or from a public place.

So, if in fact the sign was there and of a reasonable size and shape to identify the office premises of the Philip Morris Company or the Benson and Hedges Company or WD&HO Wills, that would not contravene the Act. However, if it were a flashing neon sign or something which was clearly intended to be an advertisement, and that was ruled to somehow produce a direct or indirect pecuniary benefit—in other words, an advertisement—it would be banned under proposed section 11a(1).

The Hon. M.J. ELLIOTT: In relation to the exemption which is granted for tobacco advertisements inside shops or warehouses or adjacent to a place where the product is offered for sale, I was under the impression that there would be some regulation of the size of such advertisements. Have I lost the clause or is there no regulation relating to the size of such advertisements?

The Hon. J.R. CORNWALL: There is no regulation with regard to size, but we can require health warnings. I make it clear that an ordinary delicatessen, which currently displays, say, Marlboro signs around its awnings, will no longer be able to do that. Delicatessens will no longer be able to display external signs relating to tobacco products. However, they will be able to display signs inside literally at the point of sale. With regard to tobacconists who makes their living exclusively selling tobacco and tobacco products, they will be able to display an external sign or signs with respect to the nature of the business, the price of cigarettes, and so on. An undue restriction will not be placed on a business which has the sole or principal purpose of selling tobacco and tobacco products. Obviously, they remain legal products, so tobacconists will not be disadvantaged. However, under the billboard prohibition the ordinary suburban deli will have to remove displays of Marlboro signs around the verandah or exterior of the premises.

The Hon. M.S. ELLIOTT: Proposed section 11a(3)*(c)* and *(d)* relate to advertisements which are adjacent to shops or warehouses. On my reading I cannot see how the awning signs are banned. I do not doubt that the Minister intends that to be the case, but I am not sure whether I am misreading that provision. I cannot see how those awning signs are banned or what is to prevent an attempt to put up billboards against every deli in South Australia, at least where planning regulations allow that to occur.

The Hon. J.R. CORNWALL: Proposed paragraph *(c)* relates to the point of sale inside. You will notice that it says specifically, 'displayed inside a shop or warehouse'. That is exactly what I said in response to somebody across the way a few minutes ago. Proposed paragraph *(d)* provides:

A tobacco advertisement that is displayed outside a shop or warehouse where tobacco products are offered for sale but relates only to tobacco products generally or the prices at which particular tobacco products may be purchased.

That relates to tobacconists, and I explained their situation a few moments ago.

The Hon. R.I. Lucas interjecting:

The Hon. J.R. CORNWALL: It relates only to the sale of tobacco products generally, or the prices at which particular tobacco products may be purchased. They can display the brand name and the price.

The Hon. R.I. Lucas: The deli can?

The Hon. J.R. CORNWALL: No, only a tobacconist.

The Hon. R.I. Lucas: There is nothing there to prevent that.

The Hon. J.R. CORNWALL: There is. If you cannot understand that, that is your problem. I can assure you that there is. You will have to take it up with Parliamentary Counsel.

The Hon. R.I. LUCAS: Paragraph *(d)* provides as follows:

A tobacco advertisement that is displayed—

This is a matter that a lot of the delis are asking many members of this Chamber to pursue for them in order to try to find out exactly what guidelines will apply to what they generally do and have been doing for some time.

The Hon. M.J. Elliott: It is in the shop next to the tobacconist.

The Hon. R.I. LUCAS: That is paragraph *(c)*; I can understand that. However, I am asking about paragraph *(d)*. The Minister is saying that *(d)* applies to tobacconists only. It says: . . . a tobacco advertisement that is displayed outside a shop or warehouse—

That is any shop or warehouse;. there is nothing about tobacconists there—

where tobacco products are offered for sale—

That could include tobacconists and delicatessens. Paragraph *(d)* continues:

but relates only to tobacco products generally.

The Minister says that that section relates to a sign such as 'Buy your cigarettes inside.' That is enough. Then it says—and it is 'or' not 'and':

. . . or the prices at which particular tobacco products may be purchased.

Deli owners merely want to know what the legislation says. The Minister says that this refers to tobacconists only. I say that there is nothing in paragraph *(d)* that refers to tobacconists full stop. It talks about any shop or warehouse, and I should have thought that delis would still be allowed under the legislation to signwrite on their shop or warehouse, for that matter, the prices at which particular tobacco products might be purchased—for example, 'Escort sale—two packs for $1' or whatever.

Obviously, if we are talking about prices it applies to the particular tobacco products as well, and that could be sign written over their front window. It says 'outside a shop or warehouse'. 'Outside' can mean anything: it does not say 'on the externalities' or anything. 'Outside a shop or warehouse' also applies to the walls and the front windows.

The Hon. J.R. CORNWALL: We are both right. The billboards will be prohibited. What I said about the festoon of Marlboro billboards around the cantilever verandah having to come down is absolutely right. What the Hon. Mr Lucas says about the deli, like the tobacconist, being able to display a sign that says 'Cigarettes sold here' and a further sign listing the brand names and prices is also perfectly correct. However they will not be able to have billboards outside or around the perimeter.

The Hon. PETER DUNN: Does that also apply to hotels? I understand that clause 11a (3) *(e)*, referring to the Grand Prix, is there to cover the cars such as the John Player Lotus or Marlboro McLaren that have advertisements on them. Does it also cover other cars which race in other events during that period, and will it cover the pace car? Does the legislation cover those?

The Hon. J.R. CORNWALL: Yes, I am instructed that it would cover a pace car that was part of the Grand Prix team.

The Hon. R.I. Lucas: It would not cover the other races, though.

The Hon. PETER DUNN: I am asking about the other races that are run on the same day.

The Hon. J.R. CORNWALL: It is part of the three days or four days of the event known as the Australian Formula One Grand Prix, which is specifically exempted in the legislation. Therefore, I do not see that they would potentially have any difficulty. In relation to hotels, the legislation applies to them, just as it does to delis.

The Hon. R.I. LUCAS: I differ on that interpretation, as I did in relation to 'tobacconists'. I believe that the Formula One Grand Prix Act refers to the actual race—the Formula One Grand Prix—and the cars that are involved in the warm-ups. The celebrity race beforehand and the touring car championships with Brock and company racing around the track on either the day or prior to the race day would not, in my interpretation, be included and would have to come under a specific exemption. I disagree with the Minster's reading of that provision.

The Hon. J.R. CORNWALL: It is not too difficult. If it is an integral part of the Australian Formula One Grand Prix, it is clearly exempted. If, however, one tries to subvert the spirit and intent of the legislation by driving a car around town with a big Marlboro sign on it, obviously it will not be exempted. That will not be too difficult to apply. Subclause (3)*(e)* provides:

> a tobacco advertisement that is authorised by the Australian Formula One Grand Prix Board as part of the conduct or promotion of a motor racing event within the meaning of the Australian Formula One Grand Prix Act.

It is not the Marlboro grand prix but the Australian Formula One Grand Prix.

The Hon. R.I. Lucas interjecting:

The Hon. J.R. CORNWALL: It is a terrible pity that the honourable member does not have the principal Act before him. The Australian Formula One Grand Prix is defined in the Act as meaning:

> a motor car race—
> *(a)* that takes place in Australia;
> and
> *(b)* that—
> (i) is approved by the *Federation Internationale du Sport Automobile;*
> (ii) is entered in the International Calender of the *Federation Internationale de l'Automobile;*
> *and*
> (iii) counts for the *Federation Internationale de l'Automobile* Formula One World Championship,
> and includes any other motor race, practice or associated activities held in conjunction with the race.

Clause as amended passed.

Clauses 13 and 14 passed.

Clause 15—'Insertion of new section, Part and headings.'

The Hon. M.J. ELLIOTT: I move:

Page 5, line 25—Leave out 'proclamation' and insert 'regulation'.

The amendment is consistent with my belief that as far as is practicable legislation should allow regulation and not proclamation. We have seen many instances of powers of proclamation being abused. We saw it very recently in the shopping hours debate, when the Minister quite clearly abused his proclamation powers. I believe again that the Bill has already allowed specific exemptions, and at least we know what they are. However, because we are here looking at exemptions of which we cannot be certain, 'proclamation' should be replaced with 'regulation' so that it is still under the purview of the Parliament.

The Hon. J.R. CORNWALL: I want to make very clear that the Government opposes this amendment in the strongest possible terms. It would make the legislation unworkable in practice and I am able to say with the full authority of my colleagues that if this amendment were to be successful and if it were persisted with then it could literally jeopardise the Bill. I do not say that in any spirit of abrasion or being cantankerous at 1.50 in the morning. The simple fact is that the Government and I accept that there are many occasions where these matters ought to be done by regulation. There are very many occasions when that is entirely workable and the subordinate legislation system works responsibly and quite well.

However, in the particular matter of exemptions under this legislation it would be literally unworkable if we had to do it by regulation. Let me give just one simple example that will show very clearly and quite starkly the effect of the successful passage of this amendment. We may well get up after the autumn session by the middle of April in any particular year and, at or about that time, the Premier, the Minister of Recreation and Sport or even the Minister of State Development, or perhaps all three, might be approached for an opinion whether a particular international sporting event would be granted an exemption if it were to consider coming to Adelaide to conduct that event, perhaps as a one-off event or as a series.

One can imagine what the situation would have been if this legislation were in place without exemption for the Grand Prix, there was a regulation making provision only, and FISA had turned up to see if Adelaide was interested in running the Grand Prix for the next seven years. It would have been impossible for the Premier to deal with FISA under those circumstances. The Government, the Premier and the responsible Ministers would have been paralysed literally for six months. We as a Government could offer in good faith to exempt a particular international event which might be worth millions or tens of millions of dollars to our tourist economy on a recurrent annual basis—

The Hon. M.J. Elliott interjecting:

The Hon. J.R. CORNWALL: No, like the Grand Prix, and there are numerous other things we would very much like to attract to Adelaide. But because there is some element—some peripheral element even—of tobacco sponsorship associated with one or more of the teams or individuals who compete in that event it would be banned under the legislation. It will be absolutely imperative that the Government and individual members of the Government can negotiate in good faith and say that they will go to Cabinet and seek an exemption for a sporting event or a significant international cultural event. They will have to confer with the Minister of Health, under foreshadowed amendments. But we cannot have, some six months later, the Democrats and the Opposition moving for disallowance when the thing comes up by regulation in September or October.

That would put the Government in an impossible position. We must very strongly reject this amendment, not on the basis that we do not have great respect for the subordinate legislation system but on the basis that in this instance it is entirely inappropriate and would put us in a situation which would be both unworkable and intolerable.

The Hon. M.J. ELLIOTT: I must reject the arguments put by the Minister. If we were to get a major event of the ilk of the Grand Prix, it will not be wrapped up in a couple of months.

The Hon. J.R. Cornwall: It is wrapped up in six months.

The Hon. M.J. ELLIOTT: They are negotiated over a long period and there is ample time for the regulation process. Six months would be an exaggeration. I doubt we have ever been in recess for longer than four months. If we had a major event, I am sure the Opposition would exempt everything any way. However, if it sniffed of some political favour for a smaller sporting group involving a smaller vested interest, it might say that it was hypocritical and oppose it. I would not suggest the Opposition or I in the next couple of years would be opposing a major event that

South Australia had no opportunity of attracting otherwise. The Minister is getting worried about nothing.

The Hon. M.B. CAMERON: I reject the Minister's threat.

The Hon. J.R. Cornwall: It is not a threat by the Minister.

The Hon. M.B. CAMERON: It is. I do not accept that Parliament should not have any say in the matter. I am convinced by the Hon. Mr Elliott's logic. We have been consistent in ensuring that Parliament has some handle on this current legislation and Parliament should retain some rights. Although this Minister might do everything responsibly, there will be other Ministers. Parliament must be able to scrutinise these things. The Minister is saying that he has no faith in Parliament and that is not fair.

The Hon. J.R. Cornwall interjecting:

The Hon. M.B. CAMERON: That is for the Minister to live with, but his attempted threat will have no impact on the Opposition, and I cannot understand why he is getting so worked up by the amendment which is not so important. The Minister should not get so excited about the Hon. Mr Elliott's attempt to give Parliament some say.

The Hon. J.R. CORNWALL: I am not getting excited: I am just stating a fact. I must warn the Committee that this has the potential to make the legislation unworkable and may jeopardise it. I am telling the Opposition and the Democrats that if they persist with this amendment it may jeopardise the Bill.

The Hon. R.I. Lucas: It may.

The Hon. J.R. CORNWALL: Yes, it may jeopardise the Bill by making it unworkable. My colleagues are deeply concerned about the impact it may have.

The Hon. R.I. Lucas: They couldn't give a fig; they are all asleep; sit down and lose gracefully.

The ACTING PRESIDENT (Hon. J.C. Irwin): Order!

The Hon. J.R. CORNWALL: You are an enormous pain in the butt. I will calmly repeat that the opportunity for us to be front runners in the Grand Prix came up virtually at a moment's notice.

The Hon. R.I. Lucas: Come on!

The Hon. J.R. CORNWALL: It came up at virtually a moment's notice. I can remember very clearly the Premier bringing it informally to Cabinet and sounding out the Cabinet individually and collectively as to whether we should take what amounted to a very significant plunge—one of the most successful plunges that have been taken in South Australia—which could have been quite risky indeed. The decision was taken informally that we should go through the next step, and the Grand Prix was certainly acquired for South Australia within a period that would be significantly less than the period between Parliament rising in April and reconvening in the middle of August. We cannot afford to be tied in that way.

I am not making any idle threats or attempting to threaten, blackmail or anything else: and I reject that suggestion entirely. Let the record show that I was very cool indeed. I was simply putting the facts before Parliament, and the Hon. Mr Elliott knows very well that, in relation to this amendment and his 14 day amendment, I have said, not in private conversation but in negotiation, that I have very real fears that they could jeopardise the legislation, so I assure the Committee that it is not a rush of blood to the head at 2 o'clock in the morning.

The Hon. M.B. CAMERON: Again, and I suppose that I have pointed it out frequently enough, the Minister clearly indicates that tobacco sponsorship is fine if the event is big enough and it comes from overseas or interstate, but the Government does not approve of it if it is for a local hockey club. The Minister says that if anybody comes to this State and they have tobacco sponsorship, that does not worry him. That is how much commitment there is to the Bill and I ask that that fact be remembered in relation to this legislation. There is not a clear commitment to the Bill; rather, there is the opposite. With this legislation the Minister is really only interested in encompassing the little people.

The Hon. J.R. CORNWALL: I make it very clear that I am not interested in doing anything that is detrimental to the tourist industry, in particular, or to sport in general in South Australia. That is vastly different from being put in a position of unilaterally being made to appear as if we were some sort of zealots because of the cynicism of this Opposition. I make it quite clear that I do not trust the Opposition and I believe it would be cynical enough to sabotage something which might appear to be electorally popular if we were able to attract some sort of international event, even though it had peripheral tobacco company sponsorship. I believe that the Opposition could be cynical enough to sabotage it through the subordinate legislation process. At this stage at least the Government is not prepared to take that risk.

The Committee divided on the amendment:

Ayes (12)—The Hons. J.C. Burdett, M.B. Cameron, L.H. Davis, Peter Dunn, M.J. Elliott (teller), I. Gilfillan, K.T. Griffin, C.M. Hill, J.C. Irwin, Diana Laidlaw, R.I. Lucas, and R.J. Ritson.

Noes (9)—The Hons. G.L. Bruce, J.R. Cornwall (teller), T. Crothers, M.S. Feleppa, Carolyn Pickles, T.G. Roberts, C.J.
Sumner, G. Weatherill, and Barbara Wiese.

Majority of 3 for the Ayes.

Amendment thus carried.

The Hon. M.J. ELLIOTT: I move:

Page 5, line 27—Leave out 'set out in the proclamation' and insert 'prescribed'.

This is a consequential amendment.

Amendment carried.

The Hon. M.J. ELLIOTT: I move:

Page 5, line 28—Leave out paragraph (b).

This is another consequential amendment.

Amendment carried.

The Hon. J.R. CORNWALL: I move:

Page 5, line 30—Before 'Minister' insert 'appropriate'.

This amendment takes account of concern expressed by some sporting bodies that the Minister of Health should not be the person in the first instance or primarily recommending sporting exemptions to Cabinet. As the decision to grant an exemption is a Cabinet decision, of course all Ministers will be involved in the process. The end result is the same. However, to take account of the concerns raised, this amendment proposes that, where an exemption is applied for in relation to a sporting event or function, it must be recommended by the Minister of Recreation and Sport who, in coming to a decision, must consult with the Minister of Health.

Similarly (and this is germane to what I think the Hon. Mr Hill wishes to raise), in the case of an exemption proposed for a cultural event or function, that exemption will be recommended by the Minister for the Arts having consulted beforehand with the Minister of Health. It is not an amendment of major substance; rather, it accedes to the wishes of the sporting community which believes that, where exemptions are sought, the approach should first be made to the Minister of Recreation and Sport. This is a very reasonable amendment which has arisen as a result of the intensive consultations that the Minister (Hon. M.K. Mayes) has been conducting with a large number of sporting bodies during the past three weeks or thereabouts.

The Hon. C.M. HILL: This deals with cultural events as well as sporting events. Will the Government give exemptions to tobacco sponsorship within the program of the Festival of Arts? Secondly, regarding national companies that come to this State as part of nationwide tours, companies such as the Australian Ballet and the Australian Opera (and no doubt there are others), can the cultural fraternity in this State be assured by the Minister that exemptions in those two instances will be granted?

The Hon. J.R. CORNWALL: With regard to the first question, I am not able to unilaterally say that never will it be that there will be any exemptions whatsoever. I am able to put a personal point of view, and that is that there should not be. The reality is that the tobacco companies in the arts area have been getting enormous value for peanuts.

The total sponsorship of the Arts in this State by tobacco companies is about $200 000 a year. The biggest sponsor of the arts from the tobacco area in this State is the Rothman's Foundation. That sponsorship is worth $140 000 to the Festival of Arts which is a biennial event. In other words it has been costing the Rothman's Foundation $70 000 a year. The total tobacco sponsorship as far as we can estimate across the board annually is little more than $200 000 a year. The trusts will be able to buy out the arts and offer them a far better deal than the tobacco companies ever did. So, as far as I am concerned, I will strenuously oppose any move for exemptions. However, I am only one member of the Cabinet, so that is not a cast-iron guarantee; Cabinet works on a collegiate basis.

The second question was with regard to visiting national or international companies, whether it be the Australian Ballet or whatever. Each one of those, as I understand it, would have to be treated on its merits. This highlights what I was saying previously about the Hon. Mr Elliott's amendments, which members opposite rushed in to support so quickly. There were two other points that you should have considered. One is that we are negotiating at your urging, and your urging in this instance is appropriate. We are negotiating with the outdoor advertisers, for example, as to what exemptions they might be granted and what the timing of those exemptions might be and so forth. We do that negotiation in good faith, we come back in here and you knock it off through the subordinate legislation system. That would be hopeless. The other thing is that, if the Australian Ballet or a national or international company sponsored by a tobbacco company applied for an exemption, it would not want to wait five or six months while Mr Elliott and the Opposition decided whether they would allow an exemption under the subordinate legislation. That is a classic case in point. The Minister for the Arts might be approached to indicate whether he would support an exemption.

The Hon. C.M. Hill: Their programs are set 12 months ahead. The Australian Opera programs are known 12 months ahead.

The Hon. J.R. CORNWALL: But in setting the program they may seek an exemption and the Minister for the Arts may say in good faith, 'Yes, I would be only too pleased to support your request for an exemption. I will discuss it, as I am obliged to do under the legislation, with the Minister of Health, I will seek his support and we will take it to Cabinet.' That could be done within a matter of days. It could be considered by Cabinet within two weeks and Cabinet might well say, 'Yes, there is an overwhelming case for an exemption.' Then we bring it in here under the subordinate legislation arrangements and you lot cynically, or for whatever perverse purpose, knock it off maybe five months later. We cannot do business on that basis. I thank the Hon. Mr Hill for highlighting the sorts of problems that he and his colleagues have potentially created by supporting the amendment moved by the Hon. Mr Elliott. I move:

Page 5—After line 35—Insert subclause as follows:

(2a) For the purposes of subsection (2), the appropriate Minister is—

(a) in relation to an exemption other than an exemption referred to in paragraph *(b)* or *(c)*—the Minister;

(b) in relation to an exemption to facilitate the promotion and conduct of a sporting event or function—the Minister of Recreation and Sport;

(c) in relation to an exemption to facilitate the promotion and conduct of a cultural event or function—the Minister for Arts.

Lines 36 to 42—Leave out all words in these lines and insert:

The Minister of Recreation and Sport and the Minister for the Arts must, before recommending that an exemption be granted in relation to a sporting or cultural event or function—

(a) consult with the Minister;.

Amendments carried.

The Hon. M.B. CAMERON: I move:

Page 6, lines 34 to 39—Leave out paragraphs *(c)*, *(d)* and *(e)* and insert paragraphs as follows:

(c) three will be persons chosen from a panel of six nominated by the S.A. Sports Council;

(d) one will be persons chosen from a panel of three nominated by the Adelaide Festival Centre Trust;

(e) one will be a person chosen from a panel of three nominated by the Advertising Federation of Australia Inc. (South Australia Committee).

This amendment is self explanatory. I am concerned that all members of the trust are to be selected by the Government. The amendment provides for members to be chosen from a panel, which still gives the Minister some choice. The South Australian Sports Council is a new body, but I understand that it is in the process of being incorporated, and by the time this legislation is proclaimed it will be an incorporated body. It would give people outside some feeling that they had participated, at least in part, in the process of selecting members of the trust. The Minister retains the right to choose the Chairman and the person from public health.

The Hon. M.J. ELLIOTT: During the second reading debate I stated my concern in relation to the composition of this trust and the fact that there was no umbrella body. The Hon. Mr Cameron is now suggesting that the South Australian Sports Council may be a suitable umbrella body. That is the very body which has been strongly opposed to the legislation, yet the Hon. Mr Cameron is now asking that it be able to nominate trust members. It is really an amazing concept, and I imagine that some of the sports which have not been supportive of what it has said—and I gather that basketball may be one of them—are not even involved with the South Australian Sports Council. It is interesting that the Hon. Mr Cameron proposes that this body of short standing, which is opposed to the Bill, should put up three of the nominees. If we look at the proposal—

The Hon. M.B. Cameron interjecting:

The Hon. M.J. ELLIOTT: Unfortunately, I do not think that there is an umbrella body at the moment. Perhaps the South Australian Sports Council will eventually evolve into a clearly responsible body, but at this stage I do not see it in that light. It certainly is representative of some of the sports, but it does not seem terribly sympathetic to the Bill. In relation to a nominee from the Adelaide Festival Centre Trust, the honourable member seems to be using a very narrow definition of 'culture'. Culture is a far wider thing than just—

The Hon. M.B. Cameron interjecting:

The Hon. M.J. ELLIOTT: I said that there was a problem, and I really do not see that the Adelaide Festival Centre Trust could pretend to be representative of all the various cultural bodies in South Australia. Once again, it is not a suitable nominating body. Finally, I refer to the Advertising

Federation of Australia Incorporated. I may have misunderstood the purpose of having an advertising person. I would have thought that the primary purpose was for that person to advise the trust on the sorts of advertising campaigns that it might get into and have an advisory role in that capacity—not to act on behalf of advertisers generally. However, I must admit that in the short term outdoor advertisers, who will be affected particularly by this Bill and are in the phase out period, may have a particular interest. Unfortunately, all in all I do not really think that any of the bodies suggested in the amendment as possible nominators are suitable.

The Hon. J.R. CORNWALL: The Government rejects this strange amendment. It has been cobbled together in great haste and with very little forethought. The South Australian Sports Council, which is in this Liberal amendment, was actually formed on the evening of Tuesday 22 March 1988. It has been in existence for little over a week and was formed specifically to fight the legislation. What an extraordinary thing to have a trust comprising seven members, three of whom will be there on the nomination of this loose coalition of odd bods who have been cobbled together at one minute to midnight specifically to subvert the legislation. That really is one of the strangest amendments I have ever seen in this place. They wrote to the Premier on 23 March and said, amongst other things:

> The first action of the SA Sports Council was to reject unanimously your Government's proposed tobacco legislation with the adoption of the following motion:
>
> The SA Sports Council rejects the principle of the Bill insofar as it relates to sport, and defends the right of all sporting associations as independent organisations to accept or reject sponsorship and other financial support from any legal source . . .

It goes on. It is just extraordinary. Amongst other things it seeks withdrawal of the Bill and has fundamental objections to the legislation. It is a silly amendment and I will not take up any more time of the Committee. Obviously, we reject the amendment.

With regard to the nominees of the trust, Mr Elliott is quite right in that there is no peak body when looking at the participating sports. One of the reasons for there being three is that the Government will be anxious—and I have certainly been anxious from the outset—to see that the racing codes are represented. There was some controversy about this in Victoria (and I do not want to see that happen here). The racing codes will be totally protected and will lose nothing. Indeed, they stand to gain financially.

The Hon. R.I. Lucas: Because you like racing?

The Hon. J.R. CORNWALL: I went to the Berrigan races and presented the hospital cup. That was the first race meeting that I had attended in many years. From memory, the racing industry is the third biggest industry in the State. It is a multi-million dollar industry, particularly its breeding aspects, and it employs something like 11 000 people. It is extremely important and it will be protected. It is important that the racing codes should be represented.

The other two appointments will be at the discretion of the Minister of Recreation and Sport after consultation with a large number of people and organisations and subject to Cabinet ratification. We will give these appointments serious consideration. In fact, the candidates for the position of chairperson have already been the subject of informal discussions between the Ministers involved. We will be at pains to ensure that the people appointed to this inaugural trust will be people who, to the extent possible, are—and are seen to be—above Party politics, who will have the trust of the majority of South Australians and who are clearly very competent in these areas of endeavour. It is fairly important, therefore, that the field be left reasonably open. Obviously the Government will be judged by the quality of the people that it appoints to the inaugural trust. That in itself will be a very significant check and balance.

The Hon. M.B. CAMERON: The Hon. Mr Elliott is quite right: there was some difficulty associated with finding suitable people because we could not work out who would be exempted and who would not. It would be no good putting somebody on it from the Cricket Association only to find that it had suddenly disappeared. It will be extremely difficult to ensure that the Government does not pad it out with people. We will all be watching. I believe that this is an imortant amendment and I ask the Council to support it.

The Committee divided on the amendment:

Ayes (10)—The Hons J.C. Burdett, M.B. Cameron (teller), L.H. Davis, Peter Dunn, K.T. Griffin, C.M. Hill, J.C. Irwin, Diana Laidlaw, R.I. Lucas, and R.J. Ritson.

Noes (11)—The Hons G.L. Bruce, J.R. Cornwall (teller), T. Crothers, M.J. Elliott, M.S. Feleppa, I. Gilfillan, Carolyn Pickles, T.G. Roberts, C.J. Sumner, G. Weatherill, and Barbara Wiese.

Majority of 1 for the Noes.

Amendment thus negatived.

The Hon. M.J. ELLIOTT: I move:

Page 6, after line 39—Insert subclause as follows:

(2) The Governor and each nominated Minister must, in appointing persons or nominating persons for appointment as members of the trust (other than the presiding member), endeavour to ensure as far as practicable that men and women are equally represented.

As was quite obvious, with the stitched up amendment that the Hon. Mr Cameron offered, there really are no peak bodies that can put forward nominees.

The Hon. M.B. Cameron interjecting:

The Hon. M.J. ELLIOTT: I am just being honest; it is not a matter of being nasty. It really was a bit absurd, and I say that with the utmost respect. There is a need for somebody to look at who the nominees are. In the first instance with this new Bill the Government will be very keen for it to work; it will not want any flak; and I think that it will choose its first trust very carefully.

Most people will probably be impressed by the membership. I do not know who it will be, but I am sure that the Government will go to great lengths to ensure that it has an impressive first line up in the trust. My concern is in the long term, because Governments and Ministers change. The legislation will age, and I fear that there will be a temptation to appoint a few mates. I am not talking about the present Government. However, with the passing of time the decisions may become more political.

I concede that there is one problem with my amendment, as currently drafted. I imagine that the Government will be keen to get the trust up and running. However, my amendment creates a problem in that the legislation will probably not be proclaimed until after Parliament has risen, so the Government will not be able to have the trust operational for another four or five months. I intend to insist on this clause so that the debate can finish at a reasonable hour. I ask the Minister to consider the moving of an amendment in another place whereby the first trust could be appointed immediately and where all future trusts were appointed along the lines set out in my amendment.

The Hon. J.R. CORNWALL: The Government has no difficulty with ensuring that as far as practicable men and women are equally represented; the Government supports that. The Hon. Mr Elliott would be widely optimistic to believe that the representation will come out something like 4:3 when one considers the front runners for some of these positions. The Government has no difficulty with the spirit

and intent. In fact, we have moved similar amendments to legislation within the last year or two. We accept it.

Amendment carried.

The Hon. M.J. ELLIOTT: I move:

Page 6, after line 45—Insert subclause as follows:

(3) An appointment under this section will not have effect—

(a) until 14 sitting days have elapsed after a copy of the instrument of appointment is laid before each House of Parliament;

and

(b) if within those 14 sitting days a motion disapproving the appointment is moved in either House of Parliament—unless and until the motion is defeated, withdrawn or lapses.

My earlier comments related specifically to this amendment.

The Hon. J.R. CORNWALL: The Government strenuously opposes the amendment. As I said with regard to the way in which the amendment regarding regulation tied our hands in our negotiations with business, and with regard to sporting and cultural bodies concerning exemptions and flexibility, it is a fact: this amendment fetters the Executive in an even worse way. I asked my staff and research people whether they could think of any other area of legislation where such a situation applied, and they could not.

The Hon. M. J. Elliott: Neither could I.

The Hon. J.R. CORNWALL: That is right. It is unique. There is nothing wrong with being unique, but it is extraordinary and that really is a problem.

The Hon. Diana Laidlaw: You like being extraordinary.

The Hon. J.R. CORNWALL: But I do not like stupid legislation any more than I like stupid members of the Opposition. It fetters the Executive in not only an unreasonable but also in an unconscionable manner. It would set an extraordinary precedent and it would mean that, if the Bill passes both Chambers by, say, the middle of next month and Parliament then rises, the appointments could not be reintroduced until some time in August or September. At that stage the appointments could then be suggested and we then have to have a further 14 sitting days. We would not be able to have a trust in place until October or November. It really is an extraordinary amendment. I have very grave difficulties with it and I could not imagine, in my wildest moments, that it would be accepted in this form by the Government. The amendments seek something over and above what is legislated in relation to the Ombudsman and the Auditor-General. In each of those cases the Governor appoints the person and it is only—

The Hon. J.C. Burdett interjecting:

The Hon. J.R. CORNWALL: It is extraordinary to the point of being stupid.

An honourable member interjecting:

The Hon. J.R. CORNWALL: It is not radical—it is extraordinarily conservative. I do not think that anybody would contest that the Ombudsman and the Auditor-General are two of the most important appointments made in this State. The Auditor-General has to be above and beyond the Executive and everyone else in public life. The Ombudsman has to be entirely independent. In each case the Governor appoints the person and only if the Governor wishes to suspend or remove them from office does Parliament have any say at all. They can only be removed—not appointed—by Parliament by resolution of both Houses.

Mr Elliott proposes that Parliament should become involved at the outset, so it is a far more onerous appointment procedure than for the Ombudsman or the Auditor-General. There does not even have to be a resolution of both Houses. No criteria is set for the grounds under which a motion for disallowance might be moved. It is an extraordinary amendment. At least the Ombudsman and the Auditor-General have to do something wrong or be mentally or physically incapacitated before a motion can even be brought before the Parliament but, by any standards in the Westminster system, Mr Elliott's proposal is extraordinary. It would set a most remarkable and thoroughly reprehensible precedent and we cannot accept it.

The Hon. M.B. CAMERON: At this stage the Opposition would support the amendment on the basis outlined by the Hon. Mr Elliott in the sense that he is prepared to consider the question of the first trust being appointed directly and, following that, we will look at the amendment as it comes back to this Chamber. As the Minister said, it is an unusual course, but this whole Bill is unusual. I am not sure whether we are all basing our support on the lack of trust of some individual Ministers, but I would like to look very carefully at any appointments that are made, because it is a very important trust and it has the ability to direct funds in a most unusual way, so it is very important that the individuals are above and beyond politics and any influence of Government. On that basis, I do have some amendments.

The Committee divided on the amendment:

Ayes (12)—The Hons J.C. Burdett, M.B. Cameron, L.H. Davis, Peter Dunn, M.J. Elliott (teller), I. Gilfillan, K.T. Griffin, C.M. Hill, J.C. Irwin, Diana Laidlaw, R.I. Lucas, and R.J. Ritson.

Noes (9)—The Hons G.L. Bruce, J.R. Cornwall (teller), T. Crothers, M.S. Feleppa, Carolyn Pickles, T.G. Roberts, C.J. Sumner, G. Weatherill, and Barbara Wiese.

Majority of 3 for the Ayes.

Amendment thus carried.

The Hon. M.B. CAMERON: I move:

Page 7, line 4—After 'disease' insert 'related to tobacco consumption'.

This is a consequential amendment.

Amendment carried.

The Hon. J.R. CORNWALL: I move:

Page 7, lines 15 and 16—Leave out paragraph *(g)* and insert paragraph as follows:

(g) to perform such other functions as are assigned to the trust—

(i) by the Minister acting after consultation with the Minister of Recreation and Sport and the Minister for the Arts;

or

(ii) by or under this or any other Act.

This amendment arises from consultations between the Minister of Recreation and Sport and the various sporting organisations. They felt it was important that the Minister of Health should not be entirely unfettered, although at the end of the day these other functions assigned to the trust by the Minister would only occur after the Minister had gone to Cabinet and consulted in the normal way. However, the sporting associations wanted to see this in black and white. The requirement is that the Minister will only assign such other functions to the trust after he has consulted with the Minister of Recreation and Sport and the Minister for the Arts. We are happy to insert this amendment at the request of the sporting bodies.

The Hon. M.B. CAMERON: I have an amendment on file on exactly the same point, so if the Minister's amendment is accepted by the Committee, I will not proceed with mine. I think it is appropriate that I argue my amendment at this stage to save the time of the Committee. Therefore, I move:

Page 7, lines 15 and 16—Leave out 'by the Minister or'.

In other words, the clause will stay the same as it is in the Bill except for taking out the reference to the Minister. There follows a series of amendments which try to ensure that the trust is not subject to any influence from the Minister. I am not saying this Minister—I am saying the Minister, whether it be now or some time in the future. It

is very important for the sake of the independence of this trust that we ensure it is free from any potential influence. My amendment would ensure that the trust could not be directed in any way of its activities and that it functions of its own accord. I ask the Committee not to support the Minister's amendment but to support my amendment.

The Hon. M.J. ELLIOTT: I indicate that I will be supporting the Minister's amendment.

The Hon. M.B. CAMERON: I express some disappointment at that decision of the Hon. Mr Elliott. I am concerned that the Minister is potentially getting into the act in this area. I must say that I am surprised that the Hon. Mr Elliott has taken this stance, so I indicate that I will divide on the first amendment but will not proceed with the others if the vote is lost.

The Hon. J.R. CORNWALL: The question of ministerial responsibility and accountability comes in here. Mr Cameron, in his own wilful way, wants to remove the Minister of the day from the legislation. He does not want the Minister of the day to have any relationship with the trust whatsoever, yet Mr Cameron would be the very first person if anything were to go wrong, particularly with regard to financial accountability, to jump up and down and say, 'This Act is committed to the Minister of Health. Therefore, under the Westminster system, he is responsible: he must resign.' Resign! Resign! The cry would ring out. That is an intolerable and ridiculous proposition. Of course, the Government knows that this is a foolish amendment—and we have had vast experience in Government, unlike most of the members opposite with the exception of my senior colleague, the Hon. Mr Hill, and a couple of other lesser lights. They would know also that this is a foolish amendment.

So I am pleased that Mr Elliott is supporting our amendment and I am simply giving the reasons why the Government cannot accept the Opposition's amendment or any consequential amendment.

The Committee divided on the Hon. Mr Cameron's amendment:

Ayes (10)—The Hons J.C. Burdett, M.B. Cameron (teller), L.H. Davis, Peter Dunn, K.T. Griffin, C.M. Hill, J.C. Irwin, Diana Laidlaw, R.I. Lucas, and R.J. Ritson.

Noes (11)—The Hons G.L. Bruce, J.R. Cornwall (teller), T. Crothers, M.J. Elliott, M.S. Feleppa, I. Gilfillan, Carolyn Pickles, T.G. Roberts, C.J. Sumner, G. Weatherill, and Barbara Wiese.

Majority of 1 for the Noes.

The Hon. Mr Cameron's amendment thus negatived.

The Hon. J.R. Cornwall's amendment carried.

The Hon. M.B. CAMERON: I move:

Page 7, lines 19 and 20—Leave out ', after consultation with the Minister,'

This is an important amendment. If the Minister, as he has indicated, makes the appropriate appointment of responsible and good citizens of South Australia, I do not see any reason for the Minister to be involved in this situation. For that reason I move this amendment. The trust surely must be trusted to make grants from the fund for this purpose without having to go through this process.

The Hon. J.R. CORNWALL: We oppose this, obviously, for the same reason as I explained before.

The Hon. M.J. ELLIOTT: The amendment proposes to delete the consultation requirement and not the direction of the Minister, so I am not quite sure what is the concern of the Hon. Mr Cameron. I do not think anything is being achieved in real terms regarding the way in which the trust would operate, and therefore I oppose the amendment.

The Hon. J.R. CORNWALL: I make perfectly clear that we have been at pains in drawing up this legislation to ensure that the trust is not subject to the direction and control of the Minister or the general direction and control of the Minister. The normal clauses that one might expect in most legislation for a statutory body are not to be found in this legislation, because I and the Government want the trust to be seen as independent. There must be some measure of accountability and the requirement for consultation is surely a reasonable one.

The Hon. C.M. Hill: You have the numbers.

The Hon. J.R. CORNWALL: And the logic.

Amendment negatived.

The Hon. M.B. CAMERON: I move:

Page 7—lines 23 to 25—Leave out subclause (4).

I become concerned here as the word 'must' is involved here. The clause refers to having regard to guidelines issued from time to time by the Minister. I do not think that the subclause is at all necessary and that is where I become concerned about the role of the Minister. If the Minister is fair dinkum about not wanting the Minister to have direction over the trust, this subclause should be left out.

The Hon. J.R. CORNWALL: I move:

Page 7—lines 23 to 25—Leave out subclause (4) and insert subclause as follows:

(4) The Trust must, in performing its functions and exercising its powers—

(a) endeavour to ensure that any sporting or cultural body that received financial support through tobacco advertising or sponsorships before the commencement of this Act is not financially disadvantaged by the operation of this Act; and

(b) have regard to any guidelines issued from time to time by the Minister after consultation with the Minister of Recreation and Sport and the Minister for the Arts.

This amendment has gone in specifically at the request of the sporting bodies, following extensive consultation with the Minister of Recreation and Sport.

The ACTING CHAIRMAN (Hon. T. Crothers): We can put the Minister's amendment in two parts.

The Hon. J.R. CORNWALL: As the Democrats have indicated that they will not support the Opposition's amendment, I think that that is the quickest way to proceed.

The Hon. M.B. CAMERON: That places me in a difficult position. I will oppose the amendment purely on the grounds of my opposition to proposed paragraph *(b)*. I have no problem with proposed paragraph *(a)*, and I make it clear that, if I call for a division on this provision, it will be only in relation to proposed paragraph *(b)*.

The Hon. M.J. ELLIOTT: I agree with what the Hon. Mr Cameron is attempting to achieve, but we must realise that in the real world the trust will be a body from which the members can be sacked at any time. Members will not have a fixed term and there is no security of tenure. In relation to the guidelines, on my reading it does not seem to be absolute: it is an instruction that they do something, not that they 'must'.

The Hon. M.B. Cameron: It says 'must'.

The Hon. M.J. ELLIOTT: It says 'must have regard', but I do not see having regard to guidelines as being absolute in terms of the way in which they behave. I am not sure how those words work together, but that is my understanding of it. I do not think that what the Hon. Mr Cameron is setting out to achieve will be achieved by his amendment. I understand the sentiments; they are the sorts of reasons why I moved my amendment with respect to the appointment of the trust. I will not support the Hon. Mr Cameron's amendment; I will support the Minister's amendment.

Subclause (4) struck out.

New subclause inserted.

The Hon. M.B. CAMERON: I move:

Page 7, line 35—Leave out 'by the Minister' and insert 'by motion passed in both Houses of Parliament'.

This amendment is self-explanatory and unusual, but I believe that in this particular circumstance and because of the peculiar nature of this Bill the budget of the trust should be examined by Parliament.

The Victorian Parliament has a different way of doing it, with three members of Parliament serving on the committee. Obviously the Minister did not consider that. Because we have no direct parliamentary representation or influence in respect to the trust, I suggest that we get it in another way—by ensuring that we examine what is going on within the trust.

The Hon. J.R. CORNWALL: Certainly, I considered the suggestion for about three seconds and then dismissed the idea of having members of Parliament on the trust. It is important that it is not perceived as a Party-political thing. The logical extension is that it should not become a plaything for Parliament, particularly a Parliament where we know that in the foreseeable future the Government of the day, whatever its complexion, will not have the numbers in the Upper House. This amendment would ensure that the trust became a political football.

If I thought that the Hon. Mr Cameron was doing this from an altruistic motive and he really had this confidence in the total integrity of politicians generally, and the Westminster system in particular, I would be inclined to support the amendment. Regrettably, it mirrors the thread that has been consistently running through the Opposition's contribution to this legislation, that is, a spirit of total mistrust and cynicism. We have been at pains to establish a trust that is not subject to the general direction and control of the Minister so that it can be seen to operate at arm's length, even in the matter of budgets. There is the question of consulting with, but no obvious direction from, the Minister I do not know what more I can do. This extraordinary precedent setting measure requiring the specific budget of a statutory authority to be passed by both Houses of Parliament is something that we cannot and will not accept.

The Hon. M.J. ELLIOTT: I will not support the amendment. This is an extraordinary measure, as was the amendment that was accepted earlier in respect to approval of members of the trust.

The Hon. M.B. Cameron interjecting:

The Hon. M.J. ELLIOTT: There are no deals about who supports what. We had an extraordinary circumstance with the setting up of the trust in the absence of having any peak umbrella bodies to make nominations. As such I wanted to ensure that as far as possible appointments to the trust were non-political. Having appointed the trust, it is its role to draw up the budget. It is not unusual for such a trust, once it has drawn up its budget, to present it to the Minister for approval. We might have to draw a distinction in this case.

The Hon. M.B. CAMERON: I express my disappointment and dismay at the Hon. Mr Elliott's decision, and I regret that he does not see fit to give Parliament a role. It has a role in Victoria and it has none whatsoever here. People outside will judge whether the move by the Hon. Mr Elliott is acceptable.

The Hon. M.J. ELLIOTT: Does the Minister intend that, when the budget is brought forward, it will be made public by being laid on the table in the other place?

The Hon. J.R. CORNWALL: There is a clear requirement for an annual report, and there are accounts and audits. I have not given it a great deal of thought, but I am advised that the schedule provides that the trusts shall be audited by the Auditor-General. There are all the normal checks and balances, and its business will be very much on the public record. Every amount of money that it allocates will be required to be in the annual report and form part of its budget. There is no way in which the trust, whether or not it wanted to, could be involved in anything which was not subject to total public scrutiny.

The Committee divided on the amendment:

Ayes (10)—The Hons J.C. Burdett, M.B. Cameron (teller), L.H. Davis, Peter Dunn, K.T. Griffin, C.M. Hill, J.C. Irwin, Diana Laidlaw, R.I. Lucas, and R.J. Ritson.

Noes (11)—The Hons G.L. Bruce, J.R. Cornwall (teller), T. Crothers, M.J. Elliott, M.S. Feleppa, I. Gilfillan, Carolyn Pickles, T.G. Roberts, and C.J. Sumner, G. Weatherill, and Barbara Wiese.

Majority of 1 for the Noes.

Amendment thus negatived.

The Hon. M.B. CAMERON: It is fairly obvious that the Hon. Mr Elliott will not support any amendment that attempts to curb the power of the Minister; so, to save the Committee time, I will not move the last amendment.

Clause as amended passed.

Clauses 16 and 17 passed.

Clause 18—'Amendment of Tobacco Products (Licensing) Act, 1986.'

The CHAIRPERSON: I point out to the Committee that this clause, being a money clause, is in erased type. As I am sure all members are aware, Standing Order 298 provides that no question shall be put in Committee upon any such clause. The message transmitting the Bill to the House of Assembly is required to indicate that this clause is deemed necessary to the Bill.

Clause 19 and title passed.

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

That this Bill be now read a third time.

The Hon. M.B. CAMERON (Leader of the Opposition): I do not wish to hold the Council unnecessarily; however, I have a few words to say. This Bill has come out of Committee exactly as I expected. It is still a farce, but the farce and the hypocrisy are probably more clearly highlighted by the amendment moved by the Minister in relation to cricket. It is clear that, if you are a big enough sporting body, if you have enough influence and if you can put a bit of pressure on, you will be exempted. If you are small and do not have any weight you will not be exempt. If you are an international event coming to the city, you will be exempted. It shows quite clearly—

The Hon. C.M. Hill: There is nothing in it for the State.

The Hon. M.B. CAMERON: That is right. It shows quite clearly that, as I said originally, the Minister is not fair dinkum. The Bill is a farce. In the end, all the major sports or those with a high profile will just not be part of the Bill. If the Minister really believed that the Bill would have the results that he has predicated, he would not have done this. For him to criticise the Opposition for opposing the Bill is hypocritical, because Opposition members knew from the beginning exactly what would happen and that the Bill itself would just be a shallow shell, which is what it has ended up.

The Hon. C.M. Hill: They always go along with the big operators.

The Hon. M.B. CAMERON: The Hon. Mr Hill is quite right. That is the why the Liberal Party is doing so well electorally. This sort of Bill and the Minister's action will inevitably lead to electoral victory for us, because the people can see through it. That is being demonstrated more and more as the polls show: people are now starting to understand what this legislation is and what is behind it. It is just a flag, a farce, to try to show that the Minister is doing something. In fact, in the long run, he is doing nothing.

The Hon. C.M. Hill: A smoke screen.

The Hon. M.B. CAMERON: It is just a smoke screen because the big sports, the high profile sports, are not in the Bill. We oppose the Bill.

The Hon. M.J. ELLIOTT: I make it quite clear that this Bill is not nearly as strong as the Bill I would have liked to see, but it is very wrong to say that this Bill will not be effective. It most certainly will be, and I have no doubt that we will see tobacco advertising disappear from even those sports that have been exempted as the trust fund becomes operational. In the long run, the desired effect at least in terms of sponsorships and promotions will be tackled very well.

The one area where the Bill is glaringly deficient in terms of tackling promotion is in advertising, particularly advertising in the print media. That is unfortunate, but I would rather make some progress than none at all. The Bill is at least moving in the right direction.

I had concern about certain aspects of the Bill, including where the Minister was doing things by proclamation being changed to regulation. I believe that, as far as is practicable, and where it does not interfere with the operation of the bodies, Parliament should have purview over such matters. I have sought that sort of provision consistently in quite a few Bills, and I have stuck to that in this one.

Concerning the question of the appointment of the members of the trust, it is extraordinarily difficult to appoint a trust without those peak bodies in place. During the Committee stage, I said that the amendment that I moved had some problems. I suggested to the Minister that he might consider the possibility of altering that so that he could appoint his first trust immediately on proclamation, but that future changes to the trust might be under the purview of Parliament. It is not a question of trust or mistrust of particular persons or of the Minister who is in charge of this Bill at the moment, but I think history has taught us that, over a period of time, jobs for the boys can start to creep into these sorts of bodies, and I would not like to see that happen to this trust in the longer term.

The Hon. Peter Dunn: You could have Mr Young on it.

The Hon. M.J. ELLIOTT: Representing Port Adelaide Football Club or something like that. Despite reservations and disappointments about certain parts of the Bill, I support it, because it is a move in the right direction. It is a historical inevitability that tobacco promotion of all types will eventually disappear despite how hard those with self interest fight it, and those with self interest are primarily the tobacco producers, the advertisers who make their money out of it, and, of course, the print media, who have tobacco advertising as one of their prime sources of income.

The Hon. J.R. CORNWALL (Minister of Health): I have three short points: first, the Bill never set out to control advertising of tobacco or tobacco products in the print media. It is a spurious criticism to suggest that it is in some way deficient because it does not do that. It is aimed specifically at sponsorship of sport, at outdoor advertising, at cinema advertising and, most important of all, buying sport and the arts back from the tobacco companies.

To that extent we have gone about half-way tonight. This has the potential to be the most important public health initiative that has been undertaken in this State since the introduction of the Salk polio vaccine in the mid-1950s. There is no doubt about that.

The Hon. Peter Dunn interjecting:

The Hon. J.R. CORNWALL: You really should have come along today and listened to those 12-year-olds from the Hendon Public School. They are the hope and they were quite clear that they believe that sponsorship influences smoking. So, we are half-way. I repeat, however, the cautions that I made about the two amendments that have been successfully moved by the Hon. Mr Elliott. We will most certainly have to negotiate something that will be significantly different from what is going to the other House in relation to those two amendments. It would be unthinkable for the Government of the day to approach people of very good standing in the community and ask them to go on to this very important trust but to have to tell them, 'You may well be pilloried, of course, in the South Australian Parliament; you may well be rejected in the South Australian Parliament. Never mind that you are a person of good standing in the community.'

Members interjecting:

The Hon. J.R. CORNWALL: This is really important.

The Hon. C.M. Hill: It is nearly twenty to four.

The Hon. J.R. CORNWALL: Oh shut up, Murray. You have behaved like a stupid goose all night.

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: You really are a disgrace to the South Australian Parliament. You are becoming a silly old man, Mr Hill.

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: It would not be acceptable and, in fact, it would be unthinkable for us to appoint people to the trust with them and us knowing that they could be pilloried by the Opposition in this Parliament whether or not the Parliament ratifies the appointment. Mr Elliott, who would be the final arbiter in the matter—

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: Shut up. It is half past 3 in the morning; let me get on and finish it.

The Hon. C.M. Hill: It happens with every appointment in America.

The Hon. J.R. CORNWALL: All American appointments are political. There is a reverse pyramid. The 15 000 top public servants in the Washington DC administration are political appointments and they change completely whenever there is a change of administration. We do not want to go down that track. We certainly would not be prepared to nominate members to the trust knowing that the Opposition could then pillory them in both Houses of the South Australian Parliament. So, we will need to work out a compromise situation. I think that the Democrats have such a level of commitment to this legislation that they will not, at the end of the day jeopardise it, but I have to say that that amendment worries me substantially.

In relation to the other question of regulation, I believe that there may well be areas for negotiation to give us the necessary flexibility, but at the moment I indicate that that amendment takes away the flexibility for us to negotiate in good faith and give undertakings to business which we know that we can honour. So, the Bill leaves this place with fortunately only two amendments of which are not acceptable to the Government. Nevertheless, I still have faith that over the period of the next two weeks we will see wisdom prevail and, if we are able to do that, at the end of that time we will have taken the most significant move for the young generation towards having a generation of South Australians for whom tobacco smoking is not part of being cool, sophisticated or macho and in no way glamorous, but will be accepted by that young generation for what I have described it to be as the dirty, filthy habit which it is.

I am totally dismayed by the recklessly irresponsible attitude which has been shown by the Opposition throughout this debate. In particular, the behaviour of the Hon. Mr

Lucas, the shadow spokesman on youth affairs and the official Opposition spokesman for the tobacco industry, has been quite appalling.

The Council divided on the third reading:

Members interjecting:

The PRESIDENT: Order! I cannot put you out when the doors are locked, otherwise I would consider it very strongly.

Ayes (11)—The Hons G.L. Bruce, J.R. Cornwall (teller), T. Crothers, M.J. Elliott, M.S. Feleppa, I. Gilfillan, Carolyn Pickles, T.G. Roberts, C.J. Sumner, G. Weatherill, and Barbara Wiese.

Noes (8)—The Hons J.C. Burdett, M.B. Cameron (teller), Peter Dunn, K.T. Griffin, C.M. Hill, J.C. Irwin, Diana Laidlaw, and R.I. Lucas.

Majority of 3 for the Ayes.

Third reading thus carried.

Bill passed.

BRANDING OF PIGS ACT AMENDMENT BILL

Received from the House of Assembly and read a first time.

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

That this Bill be now read a second time.

In view of the lateness of the hour, I seek leave to have the detailed explanation of the Bill inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Bill

The amendments proposed by this Bill seek to improve the department's means of determining the ownership of pigs and to accurately trace pigs back to their property of origin when either a disease is detected in pigs at slaughter, or more particularly, when chemical residues at unacceptable levels, are detected in the pig. Chemical residues in meat are undesirable and pose a serious risk to the South Australian export market.

The duty imposed to brand pigs under the present Act, results in only about 39 per cent of pigs being accurately branded. The pig industry is in full support of the amendments to the Act proposed by this Bill. The amendment requires that pigs, consigned directly for slaughter at licensed abattoirs or slaughterhouses, also be branded pursuant to the Act.

The amendments proposed by this Bill repeal section 5 (3), which exempted a person who owned three pigs or less from the duty to brand. The new section now exempts an owner from branding pigs that weigh less than 20 kilograms, for reasons of animal welfare.

A new provision for the regular regional cancellation and re-registration of brands on a three to five year rotating basis is also implemented by this amending Bill. This will enable the department to accurately monitor brands within the industry, as there is currently concern of specific brands falling into the hands of unregistered owners.

The provision imposed by the current Act to notify the Registrar of Brands of the death of a proprietor of a brand is repealed by this amending Bill, as the provision has proved to be ineffective.

The Bill also amends the penalties in the Act for failure to comply with the Act and any regulation under the Act, bring them into line with Government policy.

Clause 1 is formal.

Clause 2 expands the definition of 'to sell' by including 'to offer or exhibit for sale'.

Clause 3 inserts a new section 5 in the principal Act. The new section expands the duty imposed to brand pigs, by including pigs consigned for slaughter. The section also provides a substantially increased penalty for breach of the section. The new section also provides two exceptions to the duty imposed to brand pigs. The first is where the pig is purchased by and delivered to a person by the previous owner within seven days before sale or consignment, where the pig has the registered brand of the previous owner at the time of delivery. The second exception is where the pig weighs less than 20 kilograms.

Clause 4 provides that an application for the allotment and registration of a brand, accompanied by the prescribed fee, must be made to the registrar in a form determined by the registrar.

Clause 5 amends section 7 by deleting the reference 'in the prescribed form' twice occurring.

Clause 6 repeals section 8 of the principal Act.

Clause 7 inserts a new section 10 in the principal Act. The new section firstly provides that the term of the registration of a brand will extend for a term not less than three years and not more than five years, as determined by the registrar, and secondly that renewal for a further term may be made. Brands allocated prior to this new section will run from the commencement of this section, with the proprietor of the brand being notified of the expiry date of the registration by the registrar. The registration of a brand that has lapsed may be renewed by the registrar by application in writing, accompanied by the prescribed fee.

Clause 8 increases the penalties payable from $100 to $1 000, for failure to comply with section 11.

Clause 9 amends the regulation-making powers of section 12 by allowing regulations to be made empowering the registrar to determine the forms used under the Act, and also increasing the penalties that may be prescribed by regulation from $100 to $1 000, for failure to comply with any regulation.

The Hon. PETER DUNN secured the adjournment of the debate.

GAS BILL

Received from the House of Assembly and read a first time.

ELECTRICITY SUPPLY (INDUSTRIES) ACT AMENDMENT BILL

Received from the House of Assembly and read a first time.

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

That this Bill be now read a second time.

In view of the lateness of the hour, I seek leave to have the detailed explanation of the Bill inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Bill

Under the Electricity Supply (Industries) Act the State is presently restricted to being able to offer electricity concessions only to those industries being established more than 42 kilometres from the General Post Office.

In recent years the Department of State Development and Technology has been active in encouraging new industry to

establish in South Australia. In doing so, they offer a range of incentives, such as land and factory developments.

The price of electricity often emerges as an issue when comparisons are being made with alternative proposals from the eastern States, even though it may not be a major component of the overall project.

It is essential that special electricity tariffs be available for all areas of the State so that they could be included in overall packages of incentives being offered to potential new industries.

The Working Party to Review Energy Pricing and Tariff Structures, in Part 2 of their Final Report, considered there may be justification for negotiating specific tariffs, particularly where State development issues are clearly involved.

It is proposed that the eligibility criteria for granting these electricity concessions will include the Department of State Development and Technology endorsing a project as being in the overall interest of the State. It is further proposed that the tariff reductions would normally only apply for a period of up to four years with packages being tailored to suit each individual case.

Clause 1 is formal.

Clause 2 abolishes the prerequisite of an industry or industrial undertaking being carried on outside a radius of 42 kilometres from the General Post Office at Adelaide before the Treasurer can declare it to be an approved industry for the purposes of the Act.

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

ROAD TRAFFIC ACT AMENDMENT BILL (No. 2) (1988)

Received from the House of Assembly and read a first time.

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

That this Bill be now read a second time.

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

Leave granted.

Explanation of Bill

This Bill deals with the evidentiary procedures in determining the concentration of alcohol in a sample of blood where a person 14 years of age and over who has been involved in a motor vehicle accident, suffers an injury, and is treated or admitted to hospital.

Under section 47i of the Road Traffic Act and the regulations, the medical practitioner who obtains the blood sample completes a certificate giving details as to the name and address of accident victim, name of practitioner and hospital and date and time the sample was taken. The analyst who does the test also gives specific details as to the date on which the analysis was performed, the concentration of alcohol or other drugs found to be present, etc. The certificate signed by the analyst which is admissible as evidence in court states that 'at the time of the analysis and at the time and on the day referred to on the reverse side of this notice the concentration of alcohol found to be present in the blood was X grams in a hundred millilitres of blood'.

In the case of *Dunsmore v Krasser* it was held on appeal to the Supreme Court that the form prescribed by regulation and signed by the analyst cannot relate back to the time the blood sample was taken, the concentration of alcohol in the blood of the accused, as there is no authority in the Act to do so.

The intention of the certificate so worded was to simplify evidentiary procedures by removing the need to summon the analyst on each occasion a plea of not guilty was made by the defendant.

As a result of this decision it is apparent that the analysts performing the tests could be summoned to appear in court to give evidence, a situation which could strain the resources of the Forensic Science Division.

This Bill will clarify the position by providing that the concentration of alcohol, as disclosed by analysis, will be presumed, in the absence of proof to the contrary, to have been the concentration of alcohol at the time the sample of blood was taken.

Clause 1 is formal.

Clause 2 provides that the measure is to come into operation on a day to be fixed by proclamation.

Clause 3 amends section 47i of the principal Act which provides for the system of compulsory blood tests of persons admitted as hospital patients following motor vehicle accidents. The clause amends the section by adding a new provision which provides that in legal proceedings it will be presumed, in the absence of proof to the contrary, that the concentration of blood stated in the official analyst's certificate to have been found to be present in a sample of blood was present int the sample when the sample was taken.

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

IRRIGATION ON PRIVATE PROPERTY ACT AMENDMENT BILL

Received from the House of Assembly and read a first time.

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

That this Bill be now read a second time.

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

Leave granted.

Explanation of Bill

The objective of this amendment is to remove the restrictions on borrowings imposed by the Irrigation on Private Property Act 1939, on Irrigation Boards established by that Act.

The Irrigation on Private Property Act constitutes boards of Management which comprise one owner from every property within a defined private irrigation area. These boards control, manage and supervise irrigation and reclamation activities within the private irrigation areas which are adjacent to the River Murray.

From time to time in exercising those functions, the boards find it necessary to borrow funds or enter into other forms of financial arrangements. The powers of the board to make such borrowings are governed by sections 37a, 48 and 49 of the Act.

In 1983 the State Bank of South Australia advised the Sunlands Irrigation Board that it considered that the securities required by the Bank were not adequately covered under the Irrigation on Private Property Act. Specifically the objections raised by the Bank were as follows:

- Section 37a provides for borrowings under the Loans to Producers Act and for security to be given by way of mortgage, charge or other form of security over the boards' interest in land, goods and chattels. The Bank invariably requires its security to include a charge over rates for which no provision is made in the section.
- Section 48 provides for general borrowings on the security of debentures over rates. The debentures are required to be in the form of the Second Schedule which is not in keeping with current banking arrangements in that it:
  (a) imposes an inflexible method of repayment of principal;
  (b) calls for a coupon system to evidence periodical repayments;
  (c) does not provide for variations to interest rates during the currency of the loan.
- Section 49 provides for general borrowing from a Bank on the credit of its revenue. A charge over assets is usually required by the Bank and the section does not provide for such a charge to be given. Further, the Bank considers that the method by which the charge can be taken over rates should be clarified.

The Bank has advised the boards that in the circumstances it would not be in a position to make further financial accommodation available until the position is clarified.

The amendments proposed by this Bill seek to remove unnecessary restrictions on the capacity of boards to make commercial financial arrangements in the same way as any other corporate bodies can.

Consultation has taken place with all interested parties and in particular with the State Bank and Irrigation Boards. There is general agreement that the proposed amendments should be made.

Clauses 1 and 2 are formal.

Clause 3 removes section 37a (3) from the principal Act. This subsection is not necessary in view of amendments made by the Bill and could be interpretated so as to restrict the kinds of security that could be offered by a board under that section.

Clause 4 inserts a provision that makes it clear that boards are able to obtain water for irrigation purposes from any source. The removal of paragraph *(h)* of section 38 is consequential.

Clause 5 makes consequential changes.

Clause 6 replaces sections 48, 48a and 49 with a new provision that expands the power of boards to obtain financial accommodation and secure obligations incurred as the result of obtaining such accommodation.

Clause 7 makes a consequential amendment.

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

ADJOURNMENT

At 3.50 a.m. the Council adjourned until Wednesday 6 April at 2.15 p.m.