EDUCATION AND HEALTH STANDING COMMITTEE

Third Report — "Annual Report 2008-2009" — Tabling

DR J.M. WOOLLARD (Alfred Cove) [10.33 am]: It is with great pleasure that I present the third report of the Education and Health Standing Committee.

[See paper 1427.]

Dr J.M. WOOLLARD: The Education and Health Standing Committee covers health, mental health and education. Those three areas account for nearly 50 per cent of the state's annual budget. The healthcare services include metropolitan and country health services, private healthcare groups, organisations and numerous not-for-profit groups. Following our hearings and reading the submissions, as a member I have become aware of how valuable not-for-profit groups are in holding together our healthcare system and also our education system. A lot of work is done by school councils and groups such as parents and friends, parents and citizens and parents and grandparents—all the people who go into schools and back them up. Many people within the community who traditionally have been able to support our schools are now no longer able to support our schools because more people are having to return to the workforce in the current climate; therefore, our schools are losing those resources, and I think it is more important that we as a Parliament look to ensure that services are not just taken away from those schools.

So far this year the committee has completed two inquiries—one related to the Tobacco Products Control Amendment Bill and the other inquiry was the "Healthy Child—Healthy State: Improving Western Australia's Child Health Screening Programs". In relation to the Tobacco Products Control Amendment Bill, the inquiry made 13 recommendations. Again, I thank the Liberal, National and Labor Parties, Greens (WA) and the Independents, who all share ownership of the Tobacco Products Control Amendment Bill. It was unanimously supported. It has placed Western Australia as the leading state in Australia in introducing legislation to protect the community from the harmful effects of tobacco.

Since the report was tabled, the National Preventative Health Taskforce has gone further in its recommendations to the federal Parliament by laying out a path for a smoke-free community across Australia. Interestingly, just last month Senator Steve Fielding introduced into the Senate the Plain Tobacco Packaging (Removing Branding From Cigarette Packs) Bill 2009. Therefore, things are still moving in relation to tobacco control. The big future in tobacco control lies with the National Preventative Health Taskforce's recent recommendations.

In Western Australia, the next step that we take will come when the current Tobacco Products Control Act is reviewed. That review is due to commence next year. Given the amazing response from the broader community for recent amendments to the act, I am optimistic that we will be ready for further positive steps when that act is reviewed. In the meantime, the Tobacco Products Control Amendment Bill that we passed will allow local governments to have the opportunity to introduce further measures to extend smoking bans more widely.

The second inquiry conducted by the committee was the "Healthy Child—Healthy State: Improving Western Australia's Child Health Screening Programs". The inquiry assessed the adequacy and availability of child health screening programs, as well as access to appropriate services that address issues identified during the screening process. The inquiry made 37 recommendations—18 recommendations were supported, 14 recommendations were conditionally supported, two recommendations were noted, and only three recommendations were not supported. The two key recommendations that were only conditionally supported related to the lack of funding for healthcare professionals and the adoption of a universal newborn hearing screening program.

The committee recommended that the government employ an additional 135 school nurses, 126 child development service professionals and 105 community child health nurses. The government has given a commitment to consider addressing the deficiencies in front-line services in future budgets. As the midyear review is expected to be released in the next few months, I am optimistic that the government will begin to address the large gap caused by the deficit of 366 full-time equivalents in child health.

In relation to the newborn hearing screening program, the government is expanding newborn hearing services to maternity hospitals. That will be a big improvement. However, it may still mean that children outside maternity hospitals may not automatically be included in the newborn hearing screening program.

One of the recommendations that was not supported was the recommendation to use a tool that is currently used to assist in monitoring the number of, and huge demand for, healthcare professionals. Although the government responded that that tool was not appropriate, it stated that alternative systems will need to be developed. Again, I am optimistic that the government will accept the need to monitor and ensure that there are adequate numbers of

full-time equivalent staff in child and adolescent healthcare services to ensure that children's health becomes the priority it should be. This then becomes our third report.

Our fourth report, which we are hoping will be tabled soon, is a brief review of funding and educational support for children who attend government schools on 457 visas. Currently, the number of 457 visa students in our schools is 5 981—almost 6 000. Of those, 4 462 speak English as a second language. This is just a brief report because we initially intended to speak on a grievance, but we were asked to put in a report, so we held a hearing to gather more information, and hope to have it ready soon. The hearing heard that 1 154 students who would benefit from English as a second language programs do not have access to them. That is a large number of children in our schools who are disadvantaged. The report will highlight the issue to the minister, who is already aware of the great stress on our schools for both teachers and students. During the brief review, we became aware that some states automatically provide additional assistance to schools, whereas other states collect fees for them. Recommendations will be made in the near future for a possible fee structure. This is particularly important because, as more overseas workers are entering WA, we are likely to see a greater increase of children who come with their parents on 457 visas and who may have English as a second language.

The fifth inquiry, which commenced earlier this year, was our hospital and community health inquiry. That inquiry was due to report in November. Unfortunately, the committee has been waiting since May for the release of the government's updated clinical services framework. Obviously, that clinical services framework is very important to the terms of reference of this inquiry, because one of the terms of reference is to look at how the recommendations from the Reid report have been adopted. The submissions and hearings from that inquiry have been held in metropolitan and regional areas with health department staff, private hospitals, professional bodies and non-government groups and agencies. From those hearings and submissions, it has become apparent that healthcare funding must be increased if there is to be an improvement in Western Australia's healthcare services. As part of this inquiry, the committee attended the Australian Research Alliance for Children and Youth conference, which was held in Melbourne this year. This is a national non-profit organisation of more than 1 000 members, who are working to create better futures for Australia's children and young people. Again, WA is very much a leader because Professor Fiona Stanley is the executive director of that organisation. Its purpose is to improve the wellbeing of children and young people by advancing collaboration and evidence-based action. Interestingly, following on from that conference, a workshop was held in Perth just this week. From that workshop it has become apparent that one of the unique problems within WA is that interventions that target families and whole communities, which include general practitioners, local councils, child health nurses, school health nurses, teachers and childcare workers, report to a statutory body, the Department for Child Protection. Child Protection then arranges interventions to target vulnerable families or children who are at risk of child maltreatment or who need help. One of the suggestions made by some people at that conference is that WA needs to look at those support services and perhaps how the structure in WA might be preventing greater support for those children and those families in need.

The sixth report, which, again, commenced earlier this year, is an inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems. The committee decided to commence this inquiry because we were holding hearings in the metropolitan area and were going to regional settings to gather evidence for the hospital and community health services inquiry. It was felt that we could double up, particularly on the regional visits, and gather information for our second inquiry. The hearings held and submissions received to date have given committee members a greater awareness of problems in this area, and of the escalation of these problems within the community. The committee is being told repeatedly that the problems in this area are primarily caused by alcohol abuse. It is anticipated that this inquiry will cause the committee's work to escalate next year.

In conclusion, I have been proud to work with such a good team of parliamentary members: the member for Southern River, the member for Albany, the member for Geraldton and the member for Maylands. I have also been very proud to work with our committee staff, David Worth, Tim Hughes and Renee Gould. I thank also the Clerk of the House, Mr Peter McHugh, who threw a lifeline to the committee one or two months ago when he allowed Renee to come on board as part of the team. Her assistance has been invaluable because the committee has taken on a great deal of work and we are under a lot of pressure conducting two concurrent major inquiries. I am very hopeful that the Clerk will allow Renee to stay with our parliamentary committee. I again thank all the team members for an active, productive and rewarding year. I hope it will be able to continue as a cohesive team and complete the committee's three current reviews.

I hope that later next year the committee will make constructive recommendations to prevent the abuse of alcohol from causing further physical, psychological and emotional harm. The committee's role is to support the Parliament by conducting reviews that will enable the needs, gaps and efficiencies in health, mental health and education to be identified and addressed by the government.

The midyear annual review is being prepared. With that in mind, I remind the government that on 21 May this year the committee tabled its second report "Healthy Child—Healthy State: Improving Western Australia's Child Health Screening Programs". That report notified the government of the large gap in child health services because of the deficit of 366 full-time equivalent positions in child health services, which includes school nurses, community health nurses and child development professionals. That report was tabled four months ago. The Minister for Health has given a commitment that the government will address those deficiencies over the term of this Parliament. At a minimum, that would equate to the appointment of 61 FTE positions every six months for the next three years. I optimistically look forward to the government addressing that deficit in the midyear budget. I once again thank the other members of the committee, our research staff and Hansard—I am sorry, I forgot to thank Hansard earlier. I look forward to working with the committee next year to help improve our health and education services as a result of the work undertaken by the committee.

MS L.L. BAKER (Maylands) [10.50 am]: I will contribute to the presentation of the Education and Health Standing Committee's annual report for 2008-09. I am a latecomer to the committee—I replaced the former member for Fremantle, Mr Jim McGinty—and therefore I have had only a short time in which to work with my colleagues. During that time I have looked at the scope of health and education and at the potential work the committee can do. This morning I will make some comments about one particular aspect of work the committee has undertaken in the past and will undertake in the future. I refer to the mental health agenda for which this committee also has responsibility. Members can read the comments about mental health that the chairperson made in the foreword to the annual report. In talking about mental health, I refer to some of the most recent figures released this week in the "WA Health Performance Report—April to June 2009 Quarter". I will demonstrate the urgency of the need to provide adequate and appropriate services for mental health.

The number of attendances of mental health outpatients at health clinics grew by 7.4 per cent in the last quarter. In addition, the number of public mental health admissions during that quarter grew by 10.3 per cent. Non-government organisations deliver 50 per cent of the state's mental health services. I draw members' attention to two critical areas of mental health. The first is Indigenous mental health issues and the second is primary and preventive mental health strategies. To make it real for members, just last week in my electorate I had a very close encounter with the lack of mental health services in the state. For some time in my electorate we have been putting together strategies to deal with so-called antisocial behaviour. A number of traders in one of the key streets in the Maylands shopping precinct have been very disturbed by antisocial behaviour that has been occurring in that street. Customers who have been having a cup of coffee in the street and people who have been walking along the street have reported instances when they have received very bad verbal abuse. I have spoken with stakeholders, including residents, traders, the local council and the service providers who work with people in the area to try to get to the bottom of this. Mental health relates to comorbidity issues, particularly in this instance. In this street in Maylands, some very difficult issues are being faced by people who are suffering from drug, alcohol and substance abuse. The residents of the street recognise this. They are not screaming to move those people on or saying how is dreadful it is. They recognise that these people are challenged and that we do not have sufficient services in place, certainly in my community and, I suggest, in the broader community, to help those people.

Mental health issues are often about the need to have strong primary healthcare interventions in place. We need to provide supported accommodation places for people with drug and alcohol problems where they can get the support and care they need. We do not have enough of them in the state. Twelve months ago, the government announced that it would put in place a commissioner of mental health and that it would do some positive things for mental health. During the 12 months that I have been a member, I have not seen the government deliver any mental health resources to the community or implement preventive strategies. A report was released and there has been a lot of comment from the minister about what will happen, but I continue to walk down the streets of Maylands and see people with dreadful problems who cannot get treatment, supported accommodation or the appropriate services. I urge the government, and in particular the minister concerned, to hurry up with whatever strategies he has promised. We have had enough consultation and discussion about the problems. We know what the issues are. The non-government organisations in my part of the world are very aware of the problems because they deal with them every day. Their problem is that they do not have the necessary resources, supported accommodation or staff to help them. This government must get behind mental health and preventive strategies for Indigenous Western Australians. It must provide primary health care as a matter of urgency. Twelve months is simply too long to wait. The minister must step forward and put some resources into these areas as a matter of urgency.

The Education and Health Standing Committee is a great committee. I look forward to working with members of the committee over the next 12 months on some very interesting and provocative reports. I urge members to keep their fingers on the pulse and remember that more resources are needed to tackle the dreadful blight that has been

created by drug and alcohol abuse in our communities, and particularly drug and alcohol abuse in Indigenous communities.

MR P. ABETZ (Southern River) [10.59 am]: As a member of the Education and Health Standing Committee, I add my comments about the work of the committee. Since my appointment to the committee in November 2008, it certainly has been a very steep learning curve. We have been led by a very enthusiastic chairperson who keeps us on our toes and keeps the agenda pretty full, to say the least. We certainly have got through a lot of work.

The first report we completed was the "Healthy Child—Healthy State" report, focusing on improving Western Australia's child health screening program. I learnt from that inquiry the absolute necessity of focusing on prevention strategies by screening young children. This has the potential for massive cost savings to the health system, not to mention much better life outcomes for the children and their families. If a child is unable to learn because of hearing difficulties, sight problems or other issues, that puts a lot of stress on the whole family, and puts extra pressure on school teachers. The savings to the health system are not the only savings that can be made. The report also highlighted the need for about 350 extra full-time equivalent school nurses to be in the community providing those screening and preventive services, particularly in Indigenous communities. The prevention of deafness and eye health are important issues that need to be addressed. It is good to see that the Minister for Health has responded to that report, and we eagerly await the implementation of the recommendations that he has agreed to.

The other report that we are working on is the review of Western Australia's current and future hospital and community healthcare services. That has been a most interesting study. Having been a pastor for 25 years, I have seen the inside of many hospitals and dealt with many people accessing health services. However, the country health service area is very new to me. The committee visited the Merredin, Kalgoorlie and Katanning hospitals. It has been very helpful to meet the staff on the ground. The issue that keeps recurring in country areas is the difficulty of recruiting and retaining staff. For example, a general practitioner in a country town, where perhaps there should be four GPs but there is only one, is under constant pressure with callouts and so on. That often results in burnout, and the doctor's family saying that they have had enough. Then the doctor moves out of the town, and no doctor is left to service the community, so the merry-go-round of trying to recruit new doctors keeps going. One of the things that stands out from visits to those country health service centres is the amazing contribution that the South African migrant doctors and nurses have made to the country health system. In fact, without their contribution, the system would really be limping along. Until the increased medical student intake comes through the universities, we will continue to be dependent on an inflow of doctors from overseas to meet our current shortages.

I will make some comments on some particular issues that affect our whole health system. The first is the ageing of our population, which will create a massive increased demand on health services. There needs to be a major change in our focus from simply having more hospital beds and critical care facilities to preventive measures. Although, for example, funding a modern jet for the Royal Flying Doctor Service is a very spectacular thing to see and is certainly very necessary, it often comes ahead of the preventive measures that are far less spectacular and make far less exciting media stories but are far more important. Ambulances at the bottom of the cliff are vital, but building a fence on the top of the cliff to prevent people from falling down is a much better strategy in the long term.

In that context, one of the things that has stood out for me is the absolute necessity of improving health education amongst Aboriginal people if we are ever to close the gap in life expectancy. Alcohol abuse must be brought under control and dietary changes need to take place to prevent the massive level of kidney failure that is evident in Indigenous communities. Associate Professor Christine Jeffries-Stokes and her team of researchers have done some groundbreaking research in the northern goldfields kidney project, in which they set out to try to discover what the issues are. They found that three per cent of the Indigenous population is in renal failure without even being aware of it, and 33 per cent of the population has major kidney issues with proteinuria. When we realise that between 2004 and 2010 kidney failure alone will cost our national health system $4.5 billion, we can see what massive opportunities there will be for cost savings to the health system if we improve the kidney health of our Indigenous population.

Some country police and magistrates are doing some innovative work on the issue of dealing with alcohol abuse. In one community, the bail conditions that the magistrate imposes on a person who has been involved in alcohol-fuelled domestic violence include a requirement to report to the police station every day for a breathalyser test. It has proved to be extremely effective in reducing the alcohol problem. On our visit to Katanning we were treated in the evening to delicious mocktails—non-alcoholic drinks prepared for us by the students from the local high school.

Mr D.A. Templeman: Living it up, were you?

Mr P. ABETZ: Yes. It was very cold.

That was part of the work of the drug action committee in that town, which is to educate the kids that they can have fun and have good drinks without necessarily having to consume alcohol.

The other issue I want to mention very briefly is the inquiry into the prevention and treatment services for alcohol and illicit drugs. As our chairperson mentioned, we have held hearings covering both the hospital and the drug issues. There is obviously some overlap in those areas. Alcohol is the number-one drug issue in this state. There is no question about that. One of the things that has emerged is that there do not appear to be any residential rehabilitation facilities in rural areas. In places like Katanning there would be great value in having, say, a 10-bed residential rehabilitation facility. When we realise that 37 per cent of all admissions to the emergency department at Graylands Hospital relate to illicit drugs, not to mention alcohol, we can see what massive savings could be made in the health system if we could get the alcohol and illicit drug problems under control. It is my hope that our work as a committee will make some contribution towards recommendations that may take some steps towards that. In closing, I thank my fellow committee members and the research staff of the committee.

MR P.B. WATSON (Albany) [11.09 am]: I would like to thank the committee staff, who have done such a tremendous job—Dr David Worth, Renee Gould and Timothy Hughes. I have been on a few committees during the nine years I have been a member. We often overlook the committee staff. They are probably at our beck and call. They do tremendous work. I know that they put in a lot of long hours, probably too many long hours at the moment, as the Speaker pointed out the other day. I would like to acknowledge the integrity and the hard work of the staff. Maybe we sometimes forget about them, but they do a tremendous job. I would also like to thank my fellow committee members. We have had a pretty challenging task. The things that we have done so far have been very important. Every member of Parliament would have received a letter from the Heart Foundation this morning, congratulating everybody.

Dr J.M. Woollard: I didn't.

Mr P.B. WATSON: The member for Alfred Cove has not got hers yet. Maybe it was just sent to me; I must have been the best one!

Mr D.A. Templeman: You wrote it!

Mr P.B. WATSON: Thank you.

Mr J.J.M. Bowler: Maybe the member for Alfred Cove didn't do enough to organise antismoking.

Mr P.B. WATSON: The member for Kalgoorlie has always said that I have a big heart. He probably justified that in his last comment.

The member for Alfred Cove has a real passion for antismoking. Her passion flowed on to the other members of the committee. We heard about children being in cars with someone who is smoking. The smoke blows around and gets on their clothes so that even when they get out of the car, they carry that cigarette smoke around. Our current inquiry is into foetal alcohol syndrome. The community and the government could save so much money by carrying out screening for this. I was on the committee when it carried out an inquiry into screening. It started before I became a member.

Mr M.P. Whitely: All the work was done in the previous Parliament.

Mr P.B. WATSON: I just said that it started previously. I am sorry to wake up the member for Bassendean.

We should look at the sort of money that we put into health. I am a great advocate of being healthy. The Minister for Sport and Recreation is also a great advocate of the fact that prevention is better than cure. I do not think we put enough money into prevention. More money should go into sport and recreation to educate people about health. One of my family members was bulimic. She has recovered and gone on with her life. A lot of people do not. When I spoke to her, we discussed the fact that we do not educate young girls or young people about health. We teach them about everything else at school but we do not educate them about health. If they want to lose weight, they should exercise and cut down on food; they do not have to starve themselves.

Ms A.J.G. MacTiernan: You can tell you've got a tapeworm.

Mr P.B. WATSON: I have a very good reply for the member for Armadale but I do not think she would like to hear it.

We should be educating young people. They have so many diversions in their lives at the moment. They drift on to all sorts of things such as drugs and alcohol. If people's bodies are healthy, their minds are also healthy.

We should be putting more work into prevention. I had some great arguments with the former member for Fremantle while he was the Minister for Health. I said that more money should be put into sport and recreation and prevention. A man from the Aboriginal Health Council of Western Australia appeared before our committee

hearing yesterday. Not enough young people are coming through our system. I am talking about not just the Nyoongah people in our community but also the wadjalas. We are not picking up problems at an early age. If we pick things up at an early age, we will save a lot of money and a lot of grief in the future.

The committee is currently inquiring into Western Australia's current and future hospital and community healthcare services. We are travelling all over the state and interstate to find out where the gaps are in our system. There are some tremendous people working in our health system. A lot of them are under pressure. There are tremendous staff at my local hospital. They are under pressure for various reasons. When we go to hospital, we want to be in a relaxed situation, we want staff who are happy and we want to know that they are getting plenty of rest and holidays and not picking up extra jobs that they should not have to do. We want to be looked after when we go to hospital. We are putting pressure on our health system. I know that it happened under the previous government but it is something we have to look at. We have to find a way to get the hospital system back on track.

During our hearings for the hospital and community health inquiry we have spoken to some brilliant people. They are doing a tremendous job and they have some great ideas. I hope that the Minister for Health and the Treasurer can look at some of these issues and the recommendations made by the committee. People say that they do not want to put so much money into the Department of Health because it is a bottomless pit. Through this inquiry, we are looking at where the services are being duplicated. We need to find ways to put money into proper programs and put it into prevention and the screening of people when they are young. We often hear about the Indigenous communities up north, but there are 30 000 Aboriginal people between Jurien Bay and Esperance. They are the forgotten ones. A lot of money goes up north but those 30 000 people also have the health symptoms of the people up north. I know it is a little different up north and I can understand that the area is remote. A lot of Nyoongah people in my community are upset because they live in Albany, or even Geraldton, and they do not get looked at as people in need. That is something that we need to look at. An Indigenous person living in Albany has a 22 per cent greater chance of getting diabetes.

I would like to congratulate the tremendous committee and the tremendous staff. I know that we are doing some good stuff. I hope that the results of our inquiries will be taken up by the proper people in the future.

MR M.P. WHITELY (Bassendean) [11.18 am] — by leave: I will try to be brief. I am a little concerned. I refer to page xi of report 3 of the Education and Health Standing Committee and the heading "Report No. 6 — Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in WA". It states —

> This inquiry commenced this year following concerns raised to members of the committee from the general community and from members of Parliament on both sides of the House in relation to the problems resulting from alcohol and illicit drug problems.

I thought the genesis of this debate was a response to private members' business 10, which is on the notice paper, which calls for an inquiry into the Fresh Start illicit drugs program and the use of naltrexone implants by Dr George O'Neil in Subiaco. I do not have an opinion on the merits or otherwise of Dr George O'Neil's programs but I am aware of both sides of the debate. I have an article from *The Sydney Morning Herald* that clearly highlights both sides of the debate about Dr George O'Neil's operations. It is dated 20 August 2007. Although it is a little dated, it highlights pretty clearly other comments that have been made since that date. It quotes former health minister Tony Abbott as describing Dr George O'Neil's treatments as being such that they "could end up revolutionising the way that we treat drug addiction". He is obviously an enthusiastic supporter of Dr George O'Neil's program. The same article reports that Sydney clinical psychologist and drug counsellor Ross Colquhoun is furious that naltrexone was being "denigrated by the sensationalist and unsupported claims of George O'Neil". I do not know whether the truth of those comments lies in one of the two extremes or somewhere in the middle, but I was sufficiently concerned when the matter of ongoing support for Dr George O'Neil was debated in Parliament earlier this year that I raised the issue in the Labor Party caucus. That was the genesis of the motion that the Deputy Leader of the Opposition has on the notice paper that the Education and Health Standing Committee conduct an inquiry into the program. I am expressing my concern because I thought that there was an informal agreement that that was going to be the focus of the Education and Health Standing Committee's inquiry. I want to stress that I do not have an opinion on this issue. Inquiries should be conducted when people genuinely do not know the answer, and I think this is one circumstance in which we genuinely do not know the answer.

Mr P. Abetz: The issue there is that we took that on board, but we also thought that we would need to make it wider than just the naltrexone issue. We wanted to widen that out into all the different things that are available for treatment and whether they are adequate. The fact that there is so much pressure on Dr O'Neil's clinic is partly due to the lack of other available services. It will definitely be included.

Mr M.P. WHITELY: I am not saying that the committee's inquiry is not worthwhile; I am saying that there is a need for a short, sharp inquiry into the operations of this clinic. It is a controversial issue. There are emotional pleas on both sides of the argument for funding or for not funding and closing the program and the clinic. It has been debated in the Australian Senate. Some quite complimentary things have been said in the Australian Parliament and some quite uncomplimentary things have been said by the Therapeutic Goods Administration about the quality of the manufacture of Dr George O'Neil's implants. There needs to be a short, sharp inquiry into the truth of this matter, and I think that inquiry needs to be incredibly tightly focused. The motion on the notice paper asks that the committee make recommendations and report to the Legislative Assembly no later than 13 August 2009, so that deadline has obviously already passed. That highlights the point I am trying to make. There is, I think, still a need for a very short, sharp inquiry into the process.

I visited Dr George O'Neil. I had done my reading beforehand on the claims, both good and bad, about his program. Frankly, it was impossible not to be impressed by the energy, enthusiasm and support being offered by the people who are part of the treatment program. One particular recovering heroin addict spoke to me at the time and pleaded with me to support Dr O'Neil's program and to argue in this place for some extra resources for his program. I said that I think that what we need—Dr O'Neil at the time, I think, understood what I was saying and I came away from the meeting thinking that he was in agreement with me—is a short, sharp inquiry into what he is doing so that we can test the veracity of the claims both for and against his program. This particular patient said to me, "Look, you need to find money to support this program. It's the only thing that's ever helped me in my life. You've got to support this program; otherwise, it will cost lives." I said to him, "What's the other side of the argument for me arguing in support of the program?" I am obviously paraphrasing the conversation, but he said to me, "I guess you've got a responsibility to make sure that vulnerable people are not subjected to unproven treatments." I do not think he could have summarised it better. He got it—both sides of the argument. On one side, this program enjoys passionate and enormous support, but, on the other side, it is subject to severe criticism. There is a duty somewhere for somebody to look at the veracity of the claims on both sides.

Dr J.M. Woollard: As you have said, seven months ago there was a lot of publicity and concern in relation to that program, but you are also fully aware that at the same time there was a lot of media attention on the problems of alcohol within the community. That is why the review focuses on both alcohol and illicit drugs. Page 12 of the report states that this will be a major inquiry and the committee may present a series of reports related to this inquiry next year. I think next week, when we go to Sydney, we will hear from people particularly in relation to the naltrexone issue. I wanted to assure you that the issue has not been lost; it is still there.

Mr M.P. WHITELY: Member for Alfred Cove, I am actually not assured by those comments. I know how parliamentary inquiries work. I have been involved in lots of them. My committee work has been my major contribution during my entire time in Parliament. An issue such as this requires detailed analysis. It requires members to actually delve beneath the quality of evidence that is presented to it. It requires someone to delve into the science of it. It requires detailed analysis by research staff, and, frankly, I do not think the staff or the members of the Education and Health Standing Committee have the energy or the time resources at this stage.

I was the genesis of this item appearing as private member's business — notice of motion 10; I was behind that notice. The intention of the proposed motion was to have a short, sharp inquiry that would report by 17 August, which, from memory, was the date we determined. According to the motion, it was to examine —

> (a) the merits of the program and progress towards the registration of naltrexone implants with the Therapeutic Goods Administration and other trials of naltrexone implants in Australia …
>
> (b) the efficacy and safety of the program;
>
> (c) the appropriate level and type of government support that should be provided to the program; …

It was to be a very narrow inquiry with a very short time frame. I do not think it is being done by the committee. It is not a criticism of the inquiry that the committee is doing; it is certainly a necessary inquiry. But I am concerned that this is an important issue that seems to have fallen through the cracks. Somewhere in this Parliament, this work needs to be done.

Mr P. Abetz: The technical details of whether or not it is an appropriate treatment ultimately is beyond the expertise of our committee, and that is why the government has made funding available for Dr O'Neil to have staff to help him put it through the TGA process, which will then put it through the proper process.

Mr M.P. WHITELY: The member for Southern River has caused me to run over time.