FRESH START ILLICIT DRUG TREATMENT PROGRAM — GOVERNMENT FUNDING

Matter of Public Interest

THE SPEAKER (Mr G.A. Woodhams): Members, today I received within the prescribed time a letter from the Deputy Leader of the Opposition in the following terms —

> Dear Mr Speaker,
>
> **Matter of Public Interest**
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> I wish to raise the following as a matter of public interest today, Thursday March 19, 2009.
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> "That this House note with concern recent deaths from heroin overdoses, and expresses its support for Dr George O'Neil and the Fresh Start Illicit Drug Treatment Program and calls on the Government to fund the program to the full extent of the funding request from Dr O'Neil."

That is signed by the member for Kwinana, Deputy Leader of the Opposition and shadow Minister for Health; Mental Health; and Indigenous Affairs. The matter appears to me to be in order. If at least five members will stand in support of the matter being discussed, we will proceed.

[At least five members rose in their places.]

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [2.48 pm]: I move —

> That this house notes with concern recent deaths from heroin overdoses, and expresses its support for Dr George O'Neil and the Fresh Start illicit drug treatment program and calls on the government to fund the program to the full extent of the funding request from Dr O'Neil.

I thank the chamber for the opportunity to speak on this important subject today. Members will, of course, be aware that this week marks the sad passing —

The SPEAKER: If members in the house are having conversations that might be directly relevant to what the member is talking about, I appreciate that, but they might like to keep them down to a dull roar; otherwise, they might like to have their conversations outside to enable others in this house who are interested in hearing the member to do so.

Mr R.H. COOK: Members are aware of the sad passing of Emma Jones this week. Emma was a young woman, the mother of a 19-month-old child, who struggled to deal with one of the cruellest drug addictions known: heroin. It is very important that we take the opportunity as a house to seek some remedy to combat the recent spate of heroin overdoses, and to equip ourselves and the drug services in our community to fight against the issues we are confronting. This Parliament is in possession of three important facts. The first is that heroin use is on the rise; the second is that there are increasing quantities available; and the third is that the quality of the substance available on Perth streets at the moment is changing. We also know that drug treatment services and clinics will be pushed to their limits in coping with this new wave of the most grotesque of addictive illicit drugs, and that Dr George O'Neil's Fresh Start drug treatment program will be at the forefront of the fight against heroin addiction. We know Dr O'Neil's organisation to be one of the most effective agencies making a difference for victims of drugs in Western Australia.

Firstly, I will turn to the issue of the new wave of heroin. We are informed —

Mr C.C. Porter: Member, because you're so concerned about addictions and funding programs, do you want the former government's stats for funding addiction programs for prisoners?

The SPEAKER: Order, Attorney General!

Mr R.H. COOK: We are informed that the availability of heroin is on the rise. This is primarily from the Afghanistan and Pakistan region as production in that area starts to increase again. I am informed that in 2001 a mere 1 000 tonnes of heroin was produced from that region, but in 2008 it was around the 8 000 tonne mark. Western Australia has probably been fairly isolated from this new flood of the drug, but inevitably it will find its way onto our streets. The WA Substance Users Association, which does a commendable job in assisting people on the streets struggling with this addiction, has informed us that heroin is indeed very much on the increase and it is a more potent and damaging form of the drug.

The latest figures from the Australian Crime Commission show that the incidences of detection of heroin on Australia's borders rose to 389 in 2006-07, up from 300 in the previous year. Over the same period the amount of heroin seized inside the country rose from 45.6 kilograms to 75.3 kilograms. There is a picture of a changing behaviour pattern amongst substance users, and that usage is on the increase. We know that we are at the

beginning of a new phase in the battle against heroin addiction, and we know that we have to equip ourselves as best we can to ensure that we assist not only government services, which are playing a pivotal role in this process, but also community services that are playing a very important role as well.

Members are aware that the Fresh Start program has an enviable track record in the area of assisting drug addicts. It treats over 500 patients each year. These patients come from all walks of life: professionals; people on the streets; people who find themselves in situations of crime; and people who have jobs who are not confronting positions of economic destitution. Nevertheless, they are all struggling with an addiction of one sort or another. The program receives minimal, but important, funding from the state. It began under the Gallop government in 2001, and is an important part of the overall —

Dr K.D. Hames: That's not true! We gave George O'Neil funding when I was in government —

Mr R.H. COOK: That may be the case —

Dr K.D. Hames: Don't try and distort the facts!

Mr R.H. COOK: That may be the case, minister, but it received important funding from the Gallop government also.

Dr K.D. Hames: That's not what you said: correct the facts!

Mr R.H. COOK: I am happy to be corrected when it is appropriate.

The Fresh Start program has an enviable success rate, with 98 per cent of naltrexone patients remaining opiate-free after 90 days. The naltrexone program involves a prescription or treatment through a patch, combined with counselling, and, if necessary, housing and support for the patients who come to the service —

Dr K.D. Hames: A patch? What patch?

Dr G.G. Jacobs: An implant is injected into the patient's body!

Mr R.H. COOK: Or an implant.

Dr G.G. Jacobs: Do you know what an implant is? I'll explain it to you later!

Mr R.H. COOK: Yes, it is a minor surgical procedure to insert an implant under the skin —

Dr K.D. Hames: You said it was a patch!

Mr R.H. COOK: That is right —

Mr C.C. Porter: I think that's for smoking—Nicorette!

Dr G.G. Jacobs: Wrong addiction!

Mr R.H. COOK: The Fresh Start naltrexone program is one of the important services available. It is not the only service available: it works for some people; it does not work for others.

The Fresh Start program is asking for funding and assistance from the government of $3 million per annum. That figure is a substantial increase on its current assistance, but it believes that, taking patients on a first come, first served basis, it will treat the first 400 patients that walk through its door. It is important to remember that it does not charge for this service and takes all comers off the street to treat them and help rid them of this horrible drug. The organisation believes it can treat anywhere between 800 and 1 000 patients each year. I am sure there will be a large number of patients going to its door and seeking assistance in the coming months and years as they deal with this new wave of heroin.

The Minister for Mental Health stated, in reply to a recent question, that the government was giving active consideration to including further funding options to facilitate Dr O'Neil's work on top of the offer already made. It is important to acknowledge that offer, and the consideration of extra funding on top of the assistance it already receives from the state. Today, I highlight the important work of the Fresh Start program and invite members on both sides of this chamber to support this motion to send a clear message to the government that this is a very important program worthy of further support.

We know this is an important issue. It is an issue that I know the members for Alfred Cove and Kalgoorlie have spoken about to Dr O'Neil and his team. I know they, too, would want to see Dr O'Neil's program supported and assisted into the future. I hope that this Parliament will consider this motion carefully and send a strong message to the government that we want further support for this program to assist more people who are dealing with this difficult drug on a daily basis, so that the unnecessary and distressing overdoses that occurred on Perth streets in recent weeks can be avoided, and so that both government and community sector agencies can move forward and ensure that this issue is addressed.

MR E.S. RIPPER (Belmont — Leader of the Opposition) [2.59 pm]: I support the motion moved by the Deputy Leader of the Opposition. I would hope that all members of the house will vote for this motion and that we will not be faced with an amendment from the government that somehow undermines the important point of this motion; namely, that this program is effective and deserves additional funding. Addiction, be it to heroin, alcohol or other drugs, is a terrible thing. Anyone who has ever been close to a person with an addiction knows how persistent the problem can be, how damaging to that person's life the problem can be and how damaging to the lives of other people in the family the problem can be. Addiction is a terrible, terrible thing. Heroin addiction has a particular risk in that it can all too easily result in death from overdose.

I remember the period in the 1990s when there was a terrible frequency of deaths from heroin overdose. Every week at least, every day it seemed, there would be news of yet another heroin user having overdosed and died. We were in opposition at the time. We thought the then government was asleep at the wheel in dealing with that problem. We did not think that the then government had nearly the sense of urgency or effectiveness that it ought to have had in dealing with the issue.

We are aware of Dr George O'Neil's programs. Geoff Gallop and Alan Carpenter, the member for Willagee, played a particular role in the then opposition's liaison with George O'Neil. As a result of that liaison and the information we received, and given our concern about the heroin overdose deaths, we promised additional funding to George O'Neil's program. On coming to government, we delivered that additional funding to him and to his program. I say to the government: do not repeat the mistakes of the 1990s. Do not repeat those mistakes. We see increasing reports about the availability of heroin in Perth. We see increasing reports about heroin overdose. We read that, as a result of events in Afghanistan and Burma, we might see more heroin on the streets of Perth. We might see heroin in unpredictable concentrations on the streets of Perth, with all the risks that has for users of this illegal drug.

We know from our communications with George O'Neil that he has an effective program. I have not heard the effectiveness of his program disputed. I have been to his clinic, I have met with George O'Neil, I have spoken to some of the people he has treated, and I have formed the view that this program is very effective and deserves additional support.

Dr O'Neil tells us that —

> We treat 600 to 800 heroin addicts per year at Fresh Start and we are equipped to treat up to 1,000 per year for a budget of $6m … Each patient we detox off heroin stays free of opiates an average of 250 days and a minimum of 120 days. We estimate our costs per treated patient to be $6,000 to $8,000 but we note that this is 20 times more efficient in cost compared to the government treatment programme …

Later in the same document, he says —

> As you can see from the notes above the Government service effectively (when effective refers to greater than 30 days off opiates) detoxes no more than 3 people per year off opiates while the Fresh Start Programme detoxes 200 to 300 times this number (600 to 800 patients per year).

Since the additional money given to this program by the Labor government, following the efforts of the member for Willagee and former Premier Geoff Gallop, costs have risen. Unfortunately, risks have also risen as a result of the additional heroin that is going to come onto our streets due to international events beyond our control. Demand for Dr O'Neil's services is, as a consequence, likely to rise. Costs have risen, risks have risen, and demand for his services is also rising.

Dr O'Neil has a personal commitment to this program. I mean that he has not only a moral commitment, but also a very substantial practical and financial commitment. Arguably, he is putting his personal finances and those of his family at risk to continue this program. It ought to be a matter of concern to all in this house that this very effective program is at risk of falling over. What would be the result if this program were to close? How would the government services cope? How would the system that we have deal with those hundreds of patients each year whom Dr O'Neil successfully treats? I know the minister may have some reasons, which he will state, why he cannot immediately accede to the request for additional funding. I believe the minister will refer to Therapeutic Goods Administration obligations and requirements. I say very clearly: let us not see that used as a smokescreen. Dr O'Neil is permitted to deliver the treatment he is delivering; he is permitted to deliver that treatment already. I cannot see that TGA requirements would prevent his program continuing or would prevent his program expanding. Let us get away from all the bureaucratic gobbledegook surrounding the TGA. The bottom line is that Dr O'Neil is out there, he is permitted to deliver the service and no medical authority is stopping him from delivering the treatment that he is delivering. Presumably, if he was to deliver treatment to a couple of hundred more patients, he would not be stopped. Consequently, I will regard any discussion of TGA matters as a smokescreen purporting to defend the government from having to either accept its obligation to

provide additional funding to this program or see the program fall over. That is the choice that confronts the government and the community. If this program is not supported, it will fall over with terrible consequences for heroin addicts, for their families and for our community. I urge the government to not seek to amend this motion, but to allow this motion to go to the vote. I urge all those people on both sides of the house who support this program—I know people on both sides of the house support this program—to vote for this motion.

DR G.G. JACOBS (Eyre — Minister for Mental Health) [3.07 pm]: Thank you, Mr Deputy Speaker, for the opportunity to speak on this very important matter of public interest. I thank the Deputy Leader of the Opposition for raising what is truly a very important matter for Western Australia.

I have met with George O'Neil on various occasions, and I have visited his clinic and talked to many of his patients. I was able to see where the implants were placed and how the operations took place and to hear what the patients had to say about the implants and their effects. It is very important that we continue to support the search for effective treatments of heroin addiction in Western Australia, and in Australia for that matter. Dr O'Neil is an extremely compassionate doctor who does significant humanitarian work. He treats more than 500 heroin-addicted patients a year and, by their own say-so, he has saved many peoples' lives.

I will take the opportunity to respond to this matter of public interest. The Leader of the Opposition talks about the Therapeutic Goods Administration. I do not want to put a bureaucratic smokescreen in front of this process, but there is some responsibility related to effectiveness, efficacy of treatment, and safety. Dr O'Neil's program has been running for about 11 years. There has been some progress made towards full TGA registration. The naltrexone implant is essentially an antagonist. It is a slow-release implant. It is inserted into the subcutaneous tissue, usually in the lower abdomen, and the drug is released into the system over a three to six-month period. The implant needs replacing on about a three to six-monthly basis depending on the size of the patient and other clinical factors. It is important to realise that that needs a detoxification program and that the implant needs replacing. The patient is not in isolation; the patient needs support. Dr O'Neil has accommodation facilities throughout the metropolitan area and in fact has one in Northam.

Dr O'Neil visited me in my office to speak to me. Dr O'Neil and I also visited the Premier. The government has taken this matter seriously. We have in fact taken it so seriously that we recognise that the state government—and I am going to give credit here—has forwarded $1.153 million on a recurring basis, adjusted for the consumer price index, to Dr George O'Neil's clinic to date. A question has arisen about extra funding. It is very important that if this government gives extra funding to George O'Neil's clinic, that we give him every assistance to achieve full registration with the TGA. We have a responsibility to Dr O'Neil, to his patients and to the taxpayers of Western Australia to help that process.

At this time the only place where naltrexone implants are accredited is Russia. The rest of the processes are in a special access scheme or an experimental scheme. The Leader of the Opposition says, "There's nothing wrong with it. Let's keep going." Yes, we would very much encourage Dr O'Neil to keep going—he does a lot of good work. It is important that he does keep going. However, there is also a responsibility to say, "We need to give you some assistance in this process to get to full TGA registration"—efficacy, effectiveness of drug, and safety. People say it is safe. It has been used for a while; it must be safe. We will give Dr O'Neil every assistance to do that.

As I said in answer to a question last week or the week before about what we are doing, there are three essential tranches to the assistance we would like to give George O'Neil. The first is assistance in assessing the format of his work in its appropriateness and his ability to submit it to the TGA for assessment. That is the first thing.

Mr P. Papalia: Sorry, I missed that. Would the minister say that again?

Dr G.G. JACOBS: We have made a commitment to George with a sum of money to help him assess the format of his work to make it appropriate to get an application assessment to the Therapeutic Goods Administration, the federal body that assesses all drugs throughout Australia, whether they be administered via injection, orally or by implant. We have offered that assistance to George O'Neil. We have not heard his response yet. We have had a long discussion about this matter within the party room. It was considered an important matter by all members on this side of Parliament.

Mr A.J. Carpenter: Get the Liberal Party's red tape reduction committee to work!

Dr G.G. JACOBS: It is not about red tape.

Mr A.J. Carpenter: It is about people's lives.

Dr G.G. JACOBS: It is about his treatment gaining full registration through the Therapeutic Goods Administration. At the moment the medication is a special access scheme—"experimental". We will give every encouragement to Dr George O'Neil and his Fresh Start recovery program to get to that point.

In the party room discussions we also said that we would help him formulate those works in the final phases wherever that work is. It is hard to know at this stage whether it is phase 1, phase 2 or phase 3. We will give assistance to get his work to finality. There was a mood within the party room meeting that we would also give some funds for ongoing work at his clinic. That would be provided, over a six-month period, in two tranches. There would be some caveats about helping with the work to get to TGA registration, to get it to application point, and also in the financial management audits within Dr O'Neil's company, Australian Medical Procedures Research Foundation. There are two components of that—Go Medical, which produces the naltrexone implant, and the Fresh Start recovery program, which is basically the clinical arm of AMPRF. This government recognises the humanitarian work that George O'Neil does. We recognise the work that he has done and the potential to save lives. In fact, it may prove to be the gold standard for treatment for heroin addiction. We will give every assistance to Dr O'Neil in order for his treatment program to realise its potential.

In summary, we understand the motion moved by the Deputy Leader of the Opposition. I have given him, in answer to his question the other day, active consideration of further funding to Dr O'Neil to continue his work within the clinic. That is in addition to helping him with the process towards gaining full registration with the Therapeutic Goods Administration. I do not think one can be any fairer than that. This side of the house has considered it. We have had a full and open debate. There has to be some accountability. There is what members opposite would consider a bureaucratic process, but what we would consider on this side of the house to be a responsible process, by which every medication in Australia goes through considerations of its effectiveness and efficacy, how it works clinically, and its safety.

To cut to the quick, we have to look the taxpayers of Western Australia in the eye and say, "This is what we are prepared to do, but this must come with certain conditions"—conditions of financial, therapeutic and clinical rigour. Not over-rigour; just what we need to do. We must look the taxpayers of Western Australia in the eye and say that this process has occurred and that we are proffering some extra funds to Dr George O'Neil's program. We must outline the processes we are going through to achieve it. It is important that we say that and we know where we are going with it. It is not an open-ended situation, but we are prepared to assist. The clinical funding will be in two tranches in the next six months.

I thank you, Mr Deputy Speaker, for the opportunity to speak on this very important matter for Western Australia. We need to seek and to find an effective method of treatment for heroin addiction in this state and in this country. Deaths occur with heroin addiction, as the Deputy Leader of the Opposition has mentioned. It is tragic that one occurred the other day. Five overdoses occurred the previous week, fortunately without death. The coroner is currently investigating the recent death that occurred in Glendalough, but it is suspected that it was the result of a heroin overdose. This side of Parliament is also compassionate and shares Dr O'Neil's compassion in this area. We are prepared to support and actively consider further funding for Dr O'Neil's work.

MR P. PAPALIA (Warnbro) [3.21 pm]: I rise in support of the motion and particularly in support of Dr George O'Neil and the Fresh Start Recovery Program for drug users and his call for the government to fund the program. I acknowledge at the outset the Minister for Mental Health's contribution and his concerns for people affected by or impacted upon by programs provided by Dr O'Neil. I understand that a large number of government backbenchers have availed themselves of the opportunity to have a briefing from Dr O'Neil and familiarise themselves. That concern is evident across the house. I would not imply that there was not a shared concern for the positive outcomes that appear to have been effected by Dr O'Neil. There is support and compassion for his programs.

I visited Dr O'Neil about a week and a half ago with a view to educating myself for the corrective services portfolio that I have responsibility for on this side of the house. A large number of people in the prison population come from an addictive background and return to it on completion of their prison sentence. All manner of information concerns them; for example, the Mahoney review of 2005 clearly found that although there are not precise numbers, it is estimated that 80 per cent of the prison population at that time had problems arising out of the use of alcohol or drugs or a combination of both. The Mahoney report referred to the fact that in 2003 the cost of drug use to Western Australia was approximately $220 million. I was driven by that knowledge and an awareness of the need to try to start impacting on the ever-rising prison population in a way other than simply building more accommodation for it. That is part of what drove me to go to see Dr O'Neil and ask for a briefing. I am very aware that the focus in the corrective services portfolio in recent times, and in fact in Western Australia for a long time, has been on trying to prove who is the toughest on crime. A measure of that was how many people have been thrown into prison. We saw an example of that this week when there was a

little bit of a reversion to attempting to see who was tougher and who could claim the low moral ground of being the toughest on crime by throwing more people into prison.

I have said on a number of occasions, and I will continue to say, that I would like to see the debate shift. I believe that the Minister for Corrective Services has—deep below his crusading cloak of being the toughest on crime in this state—the intention of trying to impact on the rate of recidivism in this state and trying to reduce the prison population. One of the ways we could possibly do that is to make an assault on the number of prisoners who come from an addictive background and return to it very shortly after they leave prison, if they survive. Some 80 per cent of the prison population is addictive or has problems with drugs or alcohol, or both. Dr O'Neil provided me with evidence from a study in Scotland in which data was assessed between 1983 and 1994 analysing the risk to drug users of death from an overdose by injection within two weeks of departure from the prison system. The study was published in 1998 in volume 316 of the *British Medical Journal*. The study found that such prisoners were eight times more likely to die within the first two weeks of departure from prison than other prisoners.

When I visited Dr George O'Neil, sat with him and listened to his impassioned pleas for support and funding on humanitarian grounds and his concern for the victims of drug overdoses, I must confess that I was a little hardnosed. When I responded I said that I could see that he was compassionate and that he was passionate about the issue. I said that his argument was quite legitimate and that I accepted it personally but I would not be trying to utilise that argument if I was trying to get him any funding. I said that I would be saying that there is a cost to society when we do not treat those people. Bernie, a friend of George's who is being treated for drug addiction and doing well at the moment, indicated to me that a mild habit could cost a drug user in the order of $500 to $1 000 a day. Regardless of what users do, they must do something to fund that habit. The cost can easily go up to $5 000 a day. To fund that habit there must be some sort of activity, and it would not be normal working activity; it would have to involve engaging in crime. Users would have to peddle drugs, commit crimes against people and property or engage in prostitution. If people engage in that sort of activity to fund their addiction, that will have an effect on all of us.

When I saw Dr O'Neil I saw an opportunity for us to have an impact on the recidivism rate in the state, because such a large proportion of the prison population is susceptible to returning to a drug habit immediately upon release from prison. Many may die, because their death rate is far higher in the first two weeks after release from prison because they have detoxed and have not been using for a long time. Beyond that, those who continue to survive, and even others before they die, must do something to fund their habit, which means committing more crimes. I make a plea to the government today to consider the application of a scheme such as the one Dr O'Neil is currently operating, perhaps by way of special access or an experimental scheme, to specifically target those prisoners in the system who suffer from an addiction. The interesting fact that arose from my talk with Dr O'Neil is that it is not only heroin users who could benefit from his treatment. I am sure that the Premier and other people are aware that alcoholics could also potentially benefit. I found that very interesting. As soon as we start thinking about the number of Indigenous prisoners who have suffered from or who are suffering from alcoholism, we become aware that there may be an incredible opportunity here as well to apply, under special access or by way of experimental schemes, some form of assistance such as Dr O'Neil's program to target not only heroin users, but also potentially alcoholics with a view to trying to break that cycle.

As the minister indicated, naltrexone is an antagonist that prevents alcoholics and users of heroin from getting any benefit from imbibing or injecting those drugs. There could be a way of utilising the prison system; we have taken addicts out of the cycle and given them time to detox, and we could add on to that Dr O'Neil's Fresh Start program with a view to extending that time. The beauty of Dr O'Neil's program, I believe, lies not in the implants—I am no expert on that; Dr Hames and Dr Jacobs know far about it than I—but in the after care. It seems to me that the after care is the significant thing that Dr O'Neil provides. One thing I have noted is that if we do not support Dr O'Neil with that after care and the service he provides on the grounds that we are worried about the full registration of the naltrexone component of his treatment, there will be an opportunity cost to us all and the state because we will have to start funding what he is doing in Northam and the rest of the places in the community.

I want to let other people speak, so I will sit. However, I commend the minister for his considered approach and I hope that he will consider my comments about prisons.

DR K.D. HAMES (Dawesville — Minister for Health) [3.30 pm]: I will start by thanking the opposition. We had a brief discussion and have agreed on a minor amendment to the motion. I must say that it would have been very easy to play politics with an issue like this that does not deserve politics.

I have known Dr George O'Neil for a very long time. I know that he is the gallery and that he will not like to remember how long it has been. In the 1970s, Dr O'Neil acted as a locum for my father at the hospital in Wagin.

Therefore, I have known him since that time. I recall that when I became a minister in 1997, when the current Minister for Planning was the Minister for Health, we were debating long and hard about funding for George O'Neil's naltrexone program. The issues then were the same as they are now—namely, the accountability of funding, reporting and recording, and seeking peer approval and recognition of his work. I must say that in those days, as now, George focused on looking after patients; the paperwork had to be done, but the most important thing was to look after the patients and ensure they were properly cared for. I remember the health department at the time tried to restrict funding, or at least not allow it to increase, for the program because it said that the program was not peer-reviewed and it did not have peer recognition and proper accreditation. Of course, since that time all that work has been done. The program has been accredited and recognised as working. It has been approved to the extent that it is generally regarded in the medical profession as the appropriate treatment. Yet all these years later, we are still arguing about the issue of getting accreditation to secure proper funding. I guess now it is a little different in that it is federal government accreditation that is required. A process and a paperwork trail have to be followed to get that accreditation for the changes in treatment that Dr O'Neil has since made. Before, of course, the treatment involved naltrexone injections; now an implant regularly releases naltrexone over a three to six-month period, which is obviously much more effective than what Dr O'Neil could do in the past. However, to get approval for that and to have the federal government fund the component of the drug required for this treatment, it must go through an approval process. That is how it should be; otherwise, there would be other drugs and other processes that people say work that do not have the proper scrutiny and then perhaps come onto the market inappropriately. I guess the difference in this case is that naltrexone has been approved; therefore, we would think that the process to go from naltrexone injections to naltrexone implants would not be that hard. However, that process still needs to occur. I very strongly support the Minister for Mental Health's efforts to support George in going through that process to get approval so that he can get that federal funding because, in my view, he simply does not have the time to follow that sort of process.

Mr P. Papalia: Will the minister take an interjection?

Dr K.D. HAMES: Yes, quickly, because I do not have much time.

Mr P. Papalia: As I understand it, the amount that has been offered to date has been pretty limited.

Dr K.D. HAMES: The member is right.

Mr P. Papalia: Are we now talking about expanding that?

Dr K.D. HAMES: I will get on to that.

We discussed that in our party room. The Premier and the minister visited Dr O'Neil's centre, and there is a lot of support and sympathy for Dr O'Neil's work. I said in the party room and to others that if I had a child who was addicted to heroin, the first place I would go to would be Dr O'Neil's clinic. That would be the very first place I would go to. As a doctor, I have had a lot of experience with methadone, and I would not use methadone at all if it was my child. I certainly would not put my child on the methadone program. That is not to say that the methadone program does not have its place; I know it is supported by the health department —

Mr E.S. Ripper: You're the minister.

Dr K.D. HAMES: Yes, I know.

The methadone program has a time and place, but it is not what I would want for my child. I do not know whether members watched *House* last night. It is my wife's favourite program.

Mr E.S. Ripper: It is my favourite program as well, but I didn't see it last night.

Dr K.D. HAMES: Methadone is an addictive drug but it does not have the kick that heroin has. My experience is that heroin addicts who could not access heroin because they were broke for a while would go on the methadone program to see them through until they could get their next kick of heroin.

Mr E.S. Ripper: Is the minister referring to health department files or *House*?

Dr G.G. Jacobs: House got his job back.

Dr K.D. HAMES: He got his job; that is right.

Therefore, the government supports the program. The only amendment we have concerns funding. We want to delete "fund the program to the full extent of the" and insert "support the". The motion as it stands is not adequate because of the funding request. I think it was $30 000 that was initially offered by the minister, which in my view is not enough —

Mr R.H. Cook: It was $50 000.

Dr K.D. HAMES: It was $50 000, and in my view and the view of the Liberal Party that is not enough for two reasons. One is that Dr O'Neil has put forward the case that to do the study will cost a lot more than $50 000. He has put forward the reasons for that and seeks to have extra funds. The other reason is that we must look at the total quantity that has been presented, which is $3 million, and recognise the fact that that is roughly $1.7 million above what was provided previously. As the former Treasurer knows, it is not that easy to get a significant increase—in fact, more than double—in funds with a request to a minister saying, "Please, this is the amount I need." The reality is that if it had been that simple, the Leader of the Opposition would have done it when he was the Treasurer. This need for an extra $1.7 million has not cropped up only since we have been in government. Dr O'Neil has been doing this work for a long time and has needed that funding for a long time. I can say that just before the election, I forget exactly when it was, Dr O'Neil came to me for help with trouble he was having with the health department. I think it was while members opposite were still in government. I am pleased to say that I was able to provide support and help resolve an issue he had. However, this issue is not peculiar to our government; it is an issue of funding.

Mr P. Papalia: The global financial crisis has had an impact on his donation list.

Dr K.D. HAMES: As we would expect. That would create severe difficulties. Therefore, we do not want to put a figure on it and say that the commitment is to that full extent. There must be some scrutiny by any government of the amount that is requested and consideration of how much government should pay because, with all due respect to Dr O'Neil, although his is the only significant program for treating heroin addiction, it is not the only significant program treating health problems in this state. A range of other people provide extremely valuable support in other areas where there are also demands on government. Therefore, we need to look at the funding request in the total context of budgets and make a decision based on what the government can afford, the assessment of that need and how we would further fund it.

This is the last interjection I will take because I need to give other members some time.

Mr P. Papalia: I referred to the prison suggestion. One point George made was that currently prisoners who want to volunteer for this program when they leave prison are not allowed access to it by the corrective services department. However, if people outside the corrective services system—I know he is not there —

Dr K.D. HAMES: I was looking to the Minister for Corrective Services.

Mr P. Papalia: — want to volunteer, George lets them. He is saying that they are being deprived of an opportunity. Could you take it upon yourself to talk to the corrective services minister with a view to perhaps addressing that?

Dr K.D. HAMES: I am more than happy to do that. We are particularly concerned about the drug management of patients in prisons. It is a very serious issue, so I am more than happy to take it upon myself to bring that up with the Attorney General and make sure that he looks at it.

I want to leave some time for one of our other speakers who wishes to make a contribution. The government shares the opposition's concern about making sure that Dr O'Neil's funding is continued, recognising that this fight for funding has been a longstanding issue for previous governments, both Liberal and Labor. We need to work hard to make sure we resolve the matter.

Mr E.S. Ripper: Minister, when will George O'Neil know what the outcome of his funding request is? We've agreed to support your amendment; we would like to know when.

Dr G.G. Jacobs: Next couple of weeks.

Dr K.D. HAMES: I did not know the answer, but I have just been given the answer by the Minister for Mental Health: within the next couple of weeks; I am happy to put that on record. I know that it was discussed at our last party room meeting and there was very strong support for providing additional funding. The department is doing that at present. Members should remember that any request for additional funding will need to go through the process, but I can assure members that it has strong support from the government.

Amendment to Motion

Dr K.D. HAMES: I move —

> That the words "fund the program to the full extent of the" be deleted and the following substituted —
>
> support the

The motion, as amended, would then read —

> That this house note with concern recent deaths from heroin overdoses, and expresses its support for Dr George O'Neil and the Fresh Start illicit drug treatment program and calls on the government to support the funding request from Dr O'Neil.

Amendment put and passed.

Motion, as Amended

MR P. ABETZ (Southern River) [3.42 pm]: I am more than happy to speak to the amended motion. I have known Dr George O'Neil for many years; in fact, in my previous life as a church pastor in the southern suburbs, I ran the rehabilitation support group connected to the naltrexone program. That was in the days when naltrexone was administered in tablet form and one needed to encourage a recovering addict to swallow the tablet every day. There are obviously issues around persuading people to take their medication on a regular, everyday basis. Dr O'Neil saw the issue, put his inventive mind to work, and came up with the idea of the naltrexone implant, which he pioneered. It has been a great leap forward in the treatment of heroin addicts. The effectiveness of the implants is well established in peer-reviewed medical literature. Dr O'Neil and Professor Gary Hulse, professor of addiction medicine at University of Western Australia, have published numerous papers on the trial work they have done.

The government is committed to assisting Dr O'Neil, both in general funding for continued treatment of addicts and specific funding to ensure that Therapeutic Goods Administration registration is achieved as quickly as possible. The House of Representatives Standing Committee on Family and Human Services, in its report entitled, "The winnable war on drugs: The impact of illicit drug use on families", released in September 2007, recommended that more funding be given to naltrexone-based programs. It also recommended that the commonwealth government list naltrexone implants on the pharmaceutical benefits scheme for the treatment of opioid dependence. Similar recommendations were made in the House of Representatives Standing Committee on Family and Community Affairs report, "Australian Government Response to the House of Representatives inquiry into substance abuse in Australian communities — *Road to Recovery: Report on the inquiry into substance abuse in Australian communities*", in 2003.

The government thinks it is very important to give every assistance to gaining TGA registration for naltrexone implants for the reason that when it is on the pharmaceutical benefits scheme, given the current rate of use of naltrexone implants by the Fresh Start program, it will give the program a $1.2 million federal subsidy. In other words, if we invest funds to get the TGA approval across the line more quickly, it will mean that more funds will be flowing from the federal sphere. In this time of economic tightness, the more money we can get from the feds, rather than from the state budget, the better; I am sure the opposition will agree that that is a good move.

Professor Gary Hulse has indicated that the vast majority of the trial work has been completed and that only a further two small trials will be needed to complete the experimental work required for a TGA application to be completed. It is not a matter of just filling in a few forms; it is a very major undertaking, and Professor Hulse has indicated that it will probably take two specialist medical writers six to nine months to put the work that has been done so far into a form that will be acceptable to the TGA, and we will be able to move things forward.

The government is also looking at asking the federal government to help fund the two remaining trials because we are of the view that once this work is registered with the TGA and becomes widely used, it will be of huge benefit to not only Western Australia but also the other states. The government will seek at least 50-50 funding for those trials from the federal government; that would seem appropriate. We have been given to understand that the federal Minister for Health and Ageing is very supportive of Dr O'Neil's work, and that such a request is therefore likely to receive favourable consideration.

I again indicate my support for the motion. Dr O'Neil has done excellent work; his pioneering work in dealing with heroin addicts in a way that no-one else previously had dealt is something that deserves support. Having worked with drug addicts for many years, I certainly agree with the Minister for Health that if one of my kids became dependent on heroin, the first person I would take them to would be Dr George O'Neil. I certainly also echo what was said on the other side: if we fail to adequately fund the Fresh Start program, it will cost the government more to try to pick up the pieces as a result of that program no longer functioning.

MR A.J. CARPENTER (Willagee) [3.49 pm]: I prefer the unamended motion, for a start. We have gone full circle here. I remember when we were in opposition before and the streets of Perth were awash in heroin and the bodies were piling up: 90 to 100 deaths every year. The government of the day did absolutely nothing other than to say, "Tell them to say no". That was the response, "Tell them to say no". At that stage, the controversy was about the use of naltrexone per se, not so much the implants.

Here we are eight years later and the bodies are starting to pile up again because heroin is back on the streets of Perth. The government should have acted more expeditiously. There is absolutely no controversy about assisting George O'Neil with approval from the Therapeutic Goods Administration. Good on the government! In the meantime, the funding he is seeking should be provided. The next time somebody dies, the Premier, the Minister

for Health and the Minister for Mental Health should go and tell the parents why they did not provide the support asked for. Members opposite should explain that to them! Platitudes are one thing, real life is another.

Mr R.F. Johnson: You obviously were not listening.

Mr A.J. CARPENTER: I heard what the minister had to say. Real life is another thing. The next time someone overdoses on heroin, members opposite should go to the family and explain why this government did not give the level of funding that George O'Neil was seeking.

Circumstances have changed dramatically in the past 12 moths. Heroin is back in a big way. Do members opposite not remember the bodies, the young people, the violent crime, and people driving their cars into shops to try to get money to feed their habits? Do members not remember all that?

Mr W.J. Johnston: They did it during the time you were the Premier.

Mr A.J. CARPENTER: No, they did not. Government members are running off at the mouth with platitudes to make themselves feel good. They should have supported George O'Neil and not opposed his application for funding.

MR M.P. WHITELY (Bassendean) [3.51 pm]: I want to respond to a comment by the Minister for Mental Health, who was explaining that he thought the Therapeutic Goods Administration had a central role in ensuring the safety and efficacy of medical interventions, particularly drug products. I agree. I think the statement the minister made is quite true. We need to ensure the guidelines are applied consistently across the board. In my opinion there is far too much off-label prescribing outside TGA guidelines. I spoke to the minister late last year about the situation in Australia in which 40 000 children are being prescribed antidepressants outside the manufacturer's own guidelines, which specifically say do not prescribe for children. That is a conflict between the TGA and the pharmaceutical benefits scheme, because the PBS is getting ahead of TGA approvals.

I would like the ministers to ensure that, inside the mental health system and the health system, the approach to TGA approval is central to the application of drug processes and that the principle the minister outlined is applied consistently throughout the system.

Question (motion, as amended) put and passed.