



Speech By
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MEMBER FOR MOGGILL

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MEDICINES AND POISONS BILL

THERAPEUTIC GOODS BILL

 **Dr ROWAN** (Moggill—LNP) (11.47 am): I rise to make a contribution to the cognate debate on the Medicines and Poisons Bill 2019 and the Therapeutic Goods Bill 2019. I would like to begin by first addressing the Medicines and Poisons Bill 2019. At the outset I note that, while the Liberal National Party will not oppose the bill, a number of concerns raised by stakeholders warrant the further attention of the House. There is no question that the bill before the Queensland parliament represents a significant legislative overhaul of the way medicines and poisons are regulated here in Queensland. Indeed, the bill's explanatory notes state—

A new regulatory framework is needed to modernise and streamline the regulation of medicines and poisons, ensuring requirements are easier for industry and the community to understand and apply in practice.

To achieve such an outcome, this legislation will repeal and replace a number of existing pieces of legislation and regulation and introduce a new regulatory framework that consists of the Medicines and Poisons Bill 2019, the Therapeutic Goods Bill 2019, a draft medicines and poisons regulation, a draft Medicines and Poisons (Pest Management, Poisons and Other Regulated Substances) Regulation and a draft therapeutic goods regulation.

Whilst the parliamentary committee charged with examining this bill—the State Development, Natural Resources and Agricultural Industry Development Committee—recommended that the bill be passed, it is important to note that there were an additional nine recommendations made to either the Minister for Health or Queensland Health. Such recommendations underscore many of the significant concerns that have been raised by stakeholders and Liberal National Party opposition members throughout the consultation on and consideration of this bill. Crucially, and as articulated through the Liberal National Party opposition members' statement of reservation, there are a number of concerns regarding elements that seem to be incomplete, with references to subordinate legislation and standards requiring more detail.

In turning to the specific measures contained within this bill, I would particularly like to address the introduction of real-time prescription monitoring and add my support for this initiative. There can be no doubt that in Australia we are seeing a significant increase in the number of deaths as a result of prescription drugs, in particular prescription opioid analgesics. Just recently, with the release of Australia's 2019 annual overdose report, it was revealed that prescription opioid medications continue to be the cause of the majority of overdose deaths, accounting for some 53 per cent of all accidental drug induced deaths in 2017. It was also shown that accidental deaths involving other prescription medications, including anticonvulsant medications and antipsychotics, have also had a significant increase in recent years.

The parliamentary committee's report paints a similar picture of the overdose crisis seen here in Queensland and Australia, with Dr Jeannette Young, Queensland Health's Chief Health Officer and deputy director-general of Queensland Health's prevention division, stating in evidence before the committee—

In Queensland we are seeing an increase in cases of prescription opioid related overdoses and deaths, an increase in people on treatment programs, increased referrals to alcohol and drug treatment services, and more evidence of these drugs entering into illicit markets.

I also want to echo the evidence provided by Dr Richard Kidd, Chair of the Australian Medical Association Queensland's Council of General Practice, who informed the committee that—

... every day four Australians die from overdose and the majority of those are from prescription medicines, particularly opioids and benzodiazepines.

That is why implementing real-time monitoring of prescription medications is crucially important—to provide real, lifesaving benefits to patients and to also assist doctors when prescribing dependence-forming medications, minimise overprescribing and reduce doctor shopping. That being said, whilst the benefits of real-time monitoring can literally save lives, the implementation of such a system must be appropriate with proper consultation whilst also recognising that supply reduction strategies are not the only single solution. As a specialist physician registered with AHPRA in addiction medicine, I can attest to the fact that it is only an investment in a balanced approach of supply reduction, demand reduction and harm minimisation that reduces the prevalence and harms of alcohol, tobacco and other drugs. I table a number of articles for the benefit of the House.

Tabled paper. Media articles relating to addiction [1492](#).

I note recommendation 8 of the parliamentary committee—that is, the establishment of a real-time prescription monitoring system across all of Queensland's hospitals should be a matter of priority and that the Queensland Minister for Health address this in his second reading speech—as well as recommendation 9, which again calls on the health minister in his second reading speech to provide to the House an update on cross-jurisdictional data sharing arrangements in relation to a national real-time monitoring prescription database. It is vitally important that there is a further investment in alcohol, tobacco and other drug services across Queensland to deal with a range of substance dependency disorders. Whilst supply reduction and identification of at-risk patients via a real-time monitoring system is important, access and availability of treatment services is also just as vitally important. Limited access to treatment in many communities across Queensland means that there are many Queenslanders who are not getting access to evidence based care and treatment for substance dependency disorders.

There are also many aspects of the bureaucracy of Queensland Health's opioid substitution therapy program administered by the Monitored Medicines Unit, formerly the medicines safety and quality unit or drugs of dependence unit, that need modernising. With the Pharmaceutical Benefits Scheme's listing of newer modalities of treatment including injectable forms of buprenorphine, the urgency of such reforms is becoming more critical. In Queensland we have ongoing issues in relation to heroin and amphetamine type stimulants including crystalline methamphetamine, known as ice, as well as speed and other forms of amphetamine. Oxycodone is diverted into the illicit market. The 40 milligram tablets can retail anywhere from \$50 to \$100 per tablet and certainly that is of significant concern. We need a greater investment in education around therapeutic guidelines for our health professionals and analgesic stewardship programs and increased availability of chronic pain programs as well as workforce plans that look at both medical nursing and allied health practitioners getting to rural and regional Queensland as well as within our ATOD services and our pain services.

Before turning to the Therapeutic Goods Bill, I finally want to add my support to two other measures within this bill—that being the introduction of a new requirement for certain substance authority holders to develop a substance management plan, the development of which is intended to assist substance authority holders to consider and manage known and foreseeable risks specific to regulated activities with regulated substances, and the streamlining of the regulatory framework for prescribing medicinal cannabis in Queensland by enabling non-specialist medical practitioners to prescribe medicinal cannabis without the need for approval from Queensland Health. I want to thank all who made submissions to the consideration of this bill, including the 109 submissions received during the consultation in 2014-15 along with the other 25 submissions received by the committee this year. I also want to acknowledge my LNP colleagues in the member for Condamine, the member for Bundaberg and the member for Buderim for their work in examining the Medicines and Poisons Bill 2019.

In my remaining time I want to address the Therapeutic Goods Bill 2019. The Therapeutic Goods Bill 2019 will give effect to the recommendation of a national review of medicines and poisons regulation commissioned by the Council of Australian Governments and the *National competition review of drugs, poisons and controlled substances legislation*. This review recommended all states and territories adopt the Commonwealth's Therapeutic Goods Act 1989 and the bill before the House today proposes to adopt this act as Queensland law. I note that this bill proposes and implements a number of reforms and complements the changes that are proposed by the Medicines and Poisons Bill 2019. Crucially, these reforms will go towards reducing the duplication between state and Commonwealth regulatory frameworks whilst, importantly, maintaining appropriate safeguards. In concluding, I thank all those who contributed to the committee's consideration of these bills, and in particular this final bill, with particular reference to the work done by my LNP colleagues. These are important reforms in Queensland and I commend both of these bills to the House.