




Speech By
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MEMBER FOR MOGGILL

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PUBLIC HEALTH (MEDICINAL CANNABIS) BILL

 **Dr ROWAN** (Moggill—LNP) (10.06 pm): I rise to address the Public Health (Medicinal Cannabis) Bill 2016. The objective of the proposed legislation is to create a new regulatory framework under which eligible patients in Queensland who have been appropriately diagnosed and assessed as meeting the relevant health requirements are able to be provided with access to pharmaceutical cannabis products. The definition of a cannabis product is clearly defined in the legislation; therefore, the new regulatory framework allows for medicinal cannabis products to be prescribed and dispensed to patients in Queensland.

In October of 2014 the then LNP health minister, the honourable Lawrence Springborg MP, gave his support to the following position which was adopted at the then COAG health council meeting. The position statement was as follows—

The use of medicinal cannabis was discussed at the COAG health council on the 10th of October. Ministers discussed the issue of medicinal cannabis. They noted the significant body of evidence linking recreational use of cannabis to mental ill health and reinforced their opposition to the recreational use of cannabis. Ministers agreed to work collaboratively to share knowledge and information on issues relating to the use of appropriate therapeutic products derived from cannabis for medicinal purposes.

I believe it is important to recognise the role of the former LNP health minister with respect to where we are now on this issue. I would also like to take this opportunity to acknowledge the member for Buderim, Steve Dickson MP, for his advocacy on this issue over many months.

There is current scientific evidence with respect to a number of cannabinoids and cannabis related derivatives which suggest that they have value for a range of health conditions. Whilst the evidence base is not absolutely conclusive and more research is required to determine definitive clinical effectiveness, I am of the view that the framework proposed within the auspices of the Public Health (Medicinal Cannabis) Bill 2016 is worthy of support. Having examined the current literature and reviewed peer published articles on the subject, I am satisfied that a case can be made for appropriate authorisation in relation to treatment resistant epilepsy, multiple sclerosis, muscle spasticity, certain chronic pain conditions and also in specific palliative care circumstances.

Currently in Australia there are limited pharmaceutical cannabis products which are available, such as Dronabinol, which is a synthetic cannabis product, and Sativex, which is an extract from the cannabis plant. I am a registered addiction medicine specialist with the Medical Board of Australia and I am a former president of AMA Queensland and RDAQ. As such I am well aware of the physical, social and psychological harms of illicit substance use and misuse, particularly in relation to the recreational use of cannabis. However, the Public Health (Medicinal Cannabis) Bill 2016 is not about the legalisation of illicit drug use; it is about components of cannabis being developed, utilised and administered as tablets, liquids or sprays for certain medical conditions in a similar way as occurred with respect to prescription analgesic medications.

Cannabis is a plant with many different chemical components which vary in strength and, consequently, clinical efficacy. Such cannabinoids and their effect vary depending on genetics, growth conditions, preparation and how they are consumed. In order for prescription cannabinoid medication to be further developed, strategic alliances between the agricultural sector, universities, other research institutions, pharmaceutical companies and government regulators need to be developed in order to assess cannabinoids beyond delta 9 tetrahydrocannabinol, or THC, and cannabidiol, or CBD. In December 2014, the New South Wales LNP government announced it would invest \$9 million over a five-year period for clinical trials with respect to cannabis products. The Queensland, Victorian and Tasmanian governments have partnered with New South Wales to participate in those trials and that is extremely important to give and develop an ongoing scientific evidence base.

I note that the proposed legislation in Queensland contains greater flexibility than some other state jurisdictions, with both a single-patient prescriber pathway and a patient class prescriber pathway. With respect to the latter pathway, the bill provides that a regulation may specify a class of specialist medical practitioner and their registrar who have an as-of-right authority to prescribe specific medicinal products for patients under their care for a specific range of health conditions without chief executive approval. This is very appropriate. I request clarification from the minister that any registrar who is permitted to prescribe would need to be in an accredited training program and position recognised by the relevant and appropriate specialist medical college.

It is also my view that the requirement for criminal history checks should be removed from the legislation. I was pleased to hear that the minister and the government have accepted the recommendation of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee to remove references to criminal history from clauses 10 and 11, and to also omit such criminal history references from clauses 28 to 31. I acknowledge the committee for the due diligence with which they undertook their work and for their excellent report. I particularly acknowledge the chair and member for Nudgee, Leanne Linard, and the deputy chair and member for Caloundra, Mark McArdle, for all of their work. I also acknowledge all the other committee members.

Whilst I am of the view that the proposed governance framework appears adequate, the real risk for individual prescribers could be duplication of required documentation and approvals at both the state and Commonwealth levels. Certainly I believe that there is scope to examine that further. I ask the minister to consider that in collaboration with his colleagues at the federal level. In conclusion, I note that there will be a review after two years of operation of the legislation. Therefore, on the balance of probabilities and the current available information, I offer my support for the Public Health (Medicinal Cannabis) Bill 2016.