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~~One example in my own electorate is the Grigor Bridge over the Mary River at Conondale. It was taken out in a number of floods over the 90 years that timber bridge existed. When push came to shove and it finally got to a point that it could no longer be repaired and was to be replaced, we were going to get a new concrete bridge at exactly the same height. All that would have happened was that the new concrete bridge would keep getting whacked by flood after flood. Through my lobbying of then Major General Mick Slater and the government of the day, we now have an elevated bridge over the Mary River on Conondale that does not flood and does not close for any reason. That is a sign of a common-sense government that knows how to manage its budget, that knows how to run the economy and that can work with what is given to it at the time.~~



~~**<Hon. CJ O'ROURKE** (Mundingburra—ALP) (Minister for Disability Services, Minister for Seniors and Minister Assisting the Premier on North Queensland) (3.00 pm): <I rise to speak in support of the motion regarding >National Disaster Relief and Recovery Arrangements. As a North Queenslander, I have seen firsthand the impact natural disasters can have on communities. They come with little warning or indication of their severity, and they can force people to flee their homes, destroy their possessions and destroy family memories. They rip apart towns, destroy vital infrastructure and leave behind huge damage bills.~~

~~I was in Townsville during Cyclone Yasi and experienced the fear, uncertainty and devastation of a natural disaster. I also saw the incredible spirit of North Queenslanders. We pull together in times of need and help each other out as a community, but this spirit alone cannot restore our communities after they have borne the full brunt of a natural disaster. They need government to act swiftly to restore services and infrastructure. That is why initiatives such as the jointly funded state federal Natural Disaster Relief and Recovery Arrangements are so important.~~

~~Under the NDRRA, the federal government provides 75 per cent of the funding required to respond and recover, but Malcolm Turnbull again has shown his total disregard for North Queensland and the regions in unilaterally delaying payment of around \$1 billion owed to Queensland that would have been paid in the coming weeks. Now we could be waiting for up to two years. What are the people of Queensland supposed to do during that delay? We cannot stop the cyclones, the bushfires or the floods. This delay is another blow for our region and could mean there are delays to reconstruction in the event of other natural disasters.~~

~~Rebuilding after natural disasters is based on the fact that there is certainty of being reimbursed by the federal government. This enables councils and states to start working immediately after the disaster to get communities back on their feet. Mr Turnbull should not be punishing the regions as he is. We are no stranger to natural disasters in Queensland, particularly in the north.~~

~~Question put That the motion be agreed to.~~

~~Motion agreed to.~~

PUBLIC HEALTH (MEDICINAL CANNABIS) BILL

Introduction



~~**<Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (3.02 pm): <I present a bill for an act to regulate distribution and >use of medicinal cannabis in Queensland and to amend the Health Act 1937 and the Health (Drugs and Poisons) Regulation 1996 for particular purposes. I table the bill and the explanatory notes. I nominate the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee to consider the bill.~~

~~Tabled paper: Public Health (Medicinal Cannabis) Bill 2016.~~

~~Tabled paper: Public Health (Medicinal Cannabis) Bill 2016, explanatory notes.~~

There is a growing body of evidence that demonstrates the possible therapeutic benefits of medicinal cannabis products for a range of conditions. The evidence shows that medicinal cannabis may be an appropriate treatment option, particularly when used to complement traditional treatments. We know that there are Queensland patients out there right now who could benefit from having access to medicinal cannabis products. We know this because the Palaszczuk government has consulted extensively and widely with the community and with health industry stakeholders about the reforms proposed in this bill. More than 96 per cent of respondents to a recent government survey on the Get Involved website regarding the draft bill supported treatment with medicinal cannabis products.

Some who responded to the survey or who have contributed to community debate, particularly on social media, have advocated for the right to grow their own products or for cannabis use to be

decriminalised. However, I wish to be clear: medicinal cannabis, regardless of its form, is a dangerous drug. When used improperly or as an alternative to proven conventional treatments without close medical supervision it is potentially harmful. When obtained illicitly, whether from a criminal supplier or grown in the back garden, patients have little certainty about the concentrations of active ingredients in the products they are consuming or knowledge about the contaminants to which plant products may have been exposed. For this reason, the use of medicinal cannabis must be regulated properly.

On 11 December 2015, Queensland became the first state in Australia to legalise the use of restricted medicinal cannabis products. On that date the Health (Drugs and Poisons) Regulation 1996 was amended to give the chief executive of Queensland Health discretion to approve the use of medicinal cannabis products for the treatment of a person where an approval to access the product has been given by the Commonwealth Therapeutic Goods Administration. While this was an important first step to permit the lawful use of medicinal cannabis products, a more comprehensive and robust regulatory framework is required. The bill before the House provides this framework.

A draft of this bill was released for community consultation from 1 March 2016 to 1 April 2016. Members of the public made submissions by completing a survey on the Get Involved website. There is strong community interest in this bill. As I noted, an overwhelming majority of respondents supported allowing lawful access to medicinal cannabis products. Targeted consultation was also conducted with key health industry stakeholders including medical professionals in speciality areas for which medicinal cannabis treatment may be sought. These stakeholders strongly supported the framework in the bill, particularly the controls around who can prescribe, dispense and possess medicinal cannabis products.

The framework in the bill provides two pathways for Queensland patients to obtain medicinal cannabis treatment. The first pathway involves patient-class prescribers. Under the patient-class prescriber pathway, a regulation will give certain specialist doctors an as-of-right authority to prescribe medicinal cannabis products to patients suffering specific conditions without the need to obtain any further state approval.

The regulation of all medicines, including medicinal cannabis, involves the application of both state and Commonwealth laws. The TGA schedules all medicines according to the level of regulatory control required to protect public health and safety, and states and territories give effect to these scheduling decisions in their own legislation. The TGA recently made an interim decision to reschedule medicinal cannabis products from a schedule 9 prohibited poison to a schedule 8 medicine. If this interim decision is made final, appropriately qualified medical practitioners may be authorised under Queensland law to prescribe schedule 8 medicinal cannabis products.

Provided rescheduling occurs, a regulation will be made under the bill to make specialists in paediatric neurology, oncology and palliative care medicine the first medical practitioners authorised to prescribe medicinal cannabis to patients in their care. There is an increasing trend towards national uniformity in the controls implemented between states and territories, and other jurisdictions will be consulted before this list of patient-class prescribers is finalised. However, the Palaszczuk government will ultimately make a decision which best addresses the concerns of both patients and medical practitioners in Queensland.

It is anticipated that the TGA will finalise the rescheduling decision by the end of May. If this happens, the expected implementation date for the rescheduling will be 1 June 2016. As this bill will not be debated until later in the year, I propose to make urgent amendments to the Health (Drugs and Poisons) Regulation 1996 to insert a similar patient-class prescriber pathway. This will allow Queensland patients to take immediate advantage of the final rescheduling decision, without having to wait for passage of the bill. Once the bill commences, the regulation amendments will be repealed.

The second pathway in the bill will be used where a patient is ineligible to be treated by a patient-class prescriber. Under the single-patient prescriber pathway, a patient's medical practitioner may make an application to the chief executive of Queensland Health for approval to treat the patient with medicinal cannabis. Applications made under this pathway will be decided on a case-by-case basis.

026 An expert advisory panel will assist the chief executive to decide whether applications should be approved and what conditions should be imposed. For example, the panel may provide advice on the appropriateness and safety of treatment based on medical evidence about the patient's conditions and symptoms. Individual patients will still need to seek authority from the Therapeutic Goods Administration to allow for the legal import of medicinal cannabis into Australia. This is done under the special access scheme. The expert panel will also undertake ongoing monitoring of the use of medicinal cannabis in Queensland and may make recommendations to the chief executive about research activities, including targeted clinical trials, to refine the safety and efficacy of these products. A medicinal cannabis approval

granted under the single-patient prescriber pathway may be subject to conditions, including general conditions detailed in the regulation or specific conditions imposed by the chief executive. One likely approval condition will be for the prescriber to report back on the clinical outcomes of their patient's treatment. This clinical feedback will assist the chief executive to decide whether suspension or cessation of the approval should be considered and will also add to the knowledge base of the expert advisory panel.

The bill does not authorise people to grow their own cannabis, even if intended for their own therapeutic use, nor does it authorise any recreational use of cannabis. These activities will remain offences under the Drugs Misuse Act 1986. The bill also contains strong penalties for unauthorised use of prescribed medicinal cannabis products. During implementation of the regulatory framework, the Department of Health will develop a public awareness campaign to highlight that any unauthorised use of cannabis remains illegal. To combat the risk of prescribed medicinal cannabis products being diverted for unlawful purposes, the regulatory framework will limit the amount of medicinal cannabis that can be dispensed to a patient at any one time. The framework will also track the type and amount of medicinal cannabis dispensed to patients through pharmacies. The bill does not regulate the cultivation or manufacture of medicinal cannabis products in Queensland. However, my department is working closely with the Department of Agriculture and Fisheries about how Queensland industries can participate in the new Commonwealth licensing scheme for local cultivation and manufacture of medicinal cannabis. These opportunities will also be discussed with relevant Queensland industry representatives over the next few months in a series of roundtable meetings being jointly chaired by Queensland Health and the Department of Agriculture and Fisheries.

In closing, the regulatory framework in the bill establishes arrangements so that people who need access to medicinal cannabis products can obtain and use them in Queensland. Queensland patients who are able to use medicinal cannabis products under the proposed framework will be carefully monitored by appropriately qualified medical practitioners. The two pathways in the bill will accommodate patients with conditions for which medicinal cannabis is a proven treatment and also those patients for whom medicinal cannabis treatment may be considered more experimental but which offers real hope of effective treatment. The bill also manages the risk of unlawful diversion and provides serious penalties for any misuse of prescribed medicinal cannabis products. This bill is proof that the Palaszczuk Labor government listens to Queenslanders and is leading the way in providing those most in need with comprehensive treatment options to improve their quality of life. I commend the bill to the House.

First Reading

Hon. CR DICK (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (3.13 pm): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Mr DEPUTY SPEAKER (Mr Elmes): Order! In accordance with standing order 131, the bill is now referred to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee.>

~~INFRASTRUCTURE, PLANNING AND NATURAL RESOURCES COMMITTEE~~

~~<Report~~



~~**Mr PEARCE** (Mirani—ALP) (3.13 pm): I lay upon the table of the House the Infrastructure, Planning and Natural Resources Committee report No. 26, *Mineral and Other Legislation Amendment Bill 2016*. As chair I note that the member for Gregory, Lachlan Millar, will be moving to the Finance and Administration Committee. I wish to thank him for the role that he has played as a member of this committee. He brought to the committee the knowledge and experience of a person who has spent~~