



The Queensland Greens

Submission to

The Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Regarding the

Abortion Law Reform (*Woman's Right to Choose*) Amendment Bill 2016

on June 30th, 2016

Executive Summary

The Queensland Greens support the *Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016*, as tabled by independent MP, Rob Pyne.

Access to affordable sexual and reproductive healthcare, including abortion and contraception, is part of every woman's right to control her own body, and should not be a criminal offence.

Another major barrier to access to abortion in Queensland is a lack of provision via the public hospital system, with around 99% of all terminations carried out in private clinics, and the state government should work to expand access via the public health system.

Addressing the Terms of Reference

a) Existing practices in Queensland concerning termination of pregnancy by medical practitioners;

Termination services are only provided up to a limited gestational age, which makes access to those services within that timeframe absolutely crucial. Access to these services is extremely limited in Queensland, especially for disadvantaged women, and women living outside of major cities.

Surgical Termination: Different methods are recommended by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists depending on the circumstances, but surgical terminations can be used up to 14 or 15 weeks' gestation (RANZCOG, 2005).

There are around 10 private day surgeries licensed by Queensland Health that offer surgical terminations in the state. Prices vary from \$450 to \$4000 depending on the clinic, the surgical method available, and the gestational age of the fetus. (Children by Choice, 2015).

Medical Termination: Mifepristone (also called RU486) and misoprostal can be prescribed as a composite treatment by specially trained GPs or at termination clinics, and is available via the PBS until 63 days (9 weeks') gestation (NPS MedicineWise, 2015). The cost varies from \$400 to over \$790 depending on the location of the clinic, and although a Medicare rebate is available the out of pocket cost will exceed at least \$250 (Children by Choice, 2015).

Although data on abortions is poor in Queensland, Children by Choice have reported that 99% of all terminations in Queensland are carried out at private clinics. The Queensland Greens believe that women should have access to high quality public healthcare, and abortion is no exception. The State government should work to expand provision via the public hospital system.

b) Existing legal principles that govern termination practices in Queensland;

Queensland has some of the most restrictive abortion law in the country, with 3 sections of the Queensland Criminal Code Act 1899 that criminalize abortion in Queensland for the woman as well as anyone involved in the supply chain of the drugs, instruments or acts that may induce miscarriage in a woman.

Section 224 refers to any attempt to procure an abortion on behalf of a woman. This offence is liable for 14 years in prison.

Section 225 makes criminal any attempt by a woman to procure her own miscarriage, and liable for 7-years of imprisonment.

Section 226 refers to the supply of drugs or instruments by any person known to intended to procure an abortion. This is classified as a misdemeanor and is liable to imprisonment for 3 years.

c) The need to modernise and clarify the law (without altering current clinical practice), to reflect current community attitudes and expectations;

Abortion should be regulated in the same way as other health procedures, without additional barriers or conditions. Regulation of abortion should be removed from the criminal law. The Australian Greens have called for the decriminalisation of abortion in all jurisdictions where it is currently in the criminal law (The Australian Greens, 2016).

The community attitudes and expectations of Australians when it comes to access to safe abortion practices are clear; 81% of Australians are pro-choice (Betts, 2004), and around 1 in 3 women will have an abortion in their lifetime (RANZCOG, 2005).

Queensland needs to make these services widely and safely accessible to all women. In particular, the state government and federal government should work together towards equal access for disadvantaged and regionally based women, and women affected by domestic violence, as those groups are disproportionately affected by the current inadequate service provision.

The first and most crucial step in this process is the removal of sections 224, 225 and 226 from the Queensland Criminal Code. Any further necessary changes to the MBS, TGA, PBS, or other relevant schemes and legislation should also be considered to ensure RANZCOG recommended surgical and medical terminations are available in public and private settings throughout Queensland at minimal out of pocket expense to Queensland women.

d) Legislative and regulatory arrangements in other Australian jurisdictions including regulating terminations based on gestational periods; and

Abortion is still a crime in NSW, although it can occur lawfully in certain circumstances. Some criminal sanctions remain in SA, NT and WA. In New South Wales, Greens MLC Mehreen Faruqi has drafted a private members' bill to update that state's arcane laws (Aubusson, 2016).

The Victorian law reform commission received 519 submissions regarding abortion law in 2007, and submitted a report in 2008. Subsequently, The Victorian Abortion Law Reform Bill 2008 was passed, and abolished the common law offences relating to abortion, and allowed for surgical or medical terminations up to 24 weeks' gestation (or later under specific circumstances) (State of Victoria, 2012).

Abortion is also decriminalized in the ACT (2002) and Tasmania (2013).

e) Provision of counselling and support services for women.

Barriers to safe and timely abortion also include support systems to overcome inability to pay, lack of social support, delays in seeking health-care and potential providers' negative attitudes. These barriers may be particularly pronounced for young women and for women experiencing violence, resulting in abortion being accessed later than would otherwise be the case (WHO, 2012).

Counselling and support services in Queensland need to be accessible to all women, especially rural, regional, and low income women. Counselling services should also be free from judgement and should be subject to 'truth in advertising' rules to stop anti-choice 'counselling' services from propagating misinformation about abortion.

References

Aubusson, K. (2016, June 23). My Body was a Political Stalemate: NSW has the abortion law debate it has been avoiding for 100 years. *Sydney Morning Herald*, p. 1.

Betts, K. (2004). Attitudes to Abortion in Australia:1972 to 2003. *People and Place*, 12(4), 22-28.

Children by Choice. (2015, March 3). *Facilitating access to abortion for disadvantaged women in Queensland : a blueprint for health and community services*. Retrieved from Children by Choice: <http://www.childrenbychoice.org.au>

NPS MedicineWise. (2015, February 1). *Mifepristone (Mifepristone Linepharma) followed by misoprostol (GyMiso) for terminating early pregnancy*. Retrieved from NPS MedicineWise: <http://www.nps.org.au/publications/consumer/medicine-update/2013/mifepristone-misoprostol#details>

RANZCOG. (2005). *Termination of Pregnancy: A Resource for Health Professionals*. Melbourne: The Royal Australian and New Zealand College of Obstetricians and Gynecologists. Retrieved from The Royal Australian and New Zealand College of Obstetricians and Gynecologists: <https://www.ranzcog.edu.au/termination-of-pregnancy-booklet.html>

State of Victoria. (2012, July 1). Abortion Law Reform Act 2008. Melbourne, VIC, Australia.

WHO. (2012). *Safe Abortion: Technical and Policy Guidance for Health Systems 2nd Ed*. Department of Reproductive Health and Research. Geneva: World Health Organisation.