



Speech by

BRUCE DAVIDSON

MEMBER FOR NOOSA

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DRUGS MISUSE AMENDMENT BILL

Mr DAVIDSON (Noosa—LP) (3.26 p.m.): I rise to speak to the Drugs Misuse Amendment Bill 2000 and, in doing so, have no hesitation in supporting the Minister's second-reading speech and the ramifications inherent in this Bill, particularly as they relate to clarifying the imprisonment penalties for the manufacturers and suppliers of specific drugs. There is not one member of this House who would not have had the scourge that is illegal drug trafficking and its effects displayed to them vividly in their daily activities in their electorates. As laudable as this legislation is in its attack on these particular insidious substances, all of the legislation in the world and all the penalties that we set down in legislation seems to have no apparent effect on the continuation of this contemptuous trade.

Although the task of combating illegal drug use is immense, it is a task that we can never resile from. In fact, it is my view that we need to be more active in our endeavours and more aware of the scope of the problems than we appear to be. I am pleased to note in this amending legislation that the makers and pushers of the prescription drug commercially known as Rohypnol now face five years in jail and those found in possession of it can expect two years in the same place. Such is the predatory nature of the illegal use of this particular drug, commonly called date rape, that I can understand fully why some jurisdictions have penalties that allow for life imprisonment—a sentence that I personally have no qualms about.

In this year of Olympic competition, I can understand fully the concerns of sporting bodies in their desire to stamp out the illicit use of performance and image-enhancing substances. We are all aware that some of our athletes are already being targeted as users—incorrectly—such is the predominance of these drugs in sports today where it is assumed that every extraordinary athlete has to be on a drug of some description. When we have had the privilege of watching our youth in sport, as we have in the Olympic trials recently, where those most successful and gifted swimmers have attained their goals without the use of such substances as anabolic steroids, it is easy to understand why our Olympic committee is very anxious to have these drugs cited as illegal with commensurate penalties to deter the cheats from drug use. The very least that we can do to assist in this matter is to enact legislation of this nature in the hope that it will deter the cheats in sport.

Research has proved beyond doubt that driver fatalities attributable to fatigue are about 30% of all truck-related crashes—as many as are attributable to alcohol and speeding. Professor Laurence Hartley of the Institute for Research in Safety in Transport states that the figure may, in fact, be much higher than that, as the coroner will record fatigue as a cause of death only if no other reason can be found. He has also issued the following chilling comment in relation to the use of ephedrine—

"There is this attitude in the industry that there is no such thing as fatigue, or that if you get fatigued you can counteract that by taking the right mix of drugs."

With that statement in mind, I will be more alert on the roads as I travel from Noosa to Brisbane and return from my visits to this House. If that statement about mixing drugs and driving does not scare the living daylights out of us, then we should ponder a statement often made to Professor Hartley—

"You get so tired you realise the brake lights on the car in front of you have been on for three minutes before you see them."

Given those spine-tingling comments, as a driver and apart from my being a member of this House, I will support any legislation that determines to limit the trade and use of ephedrine as a stimulant in the

transport industry. We can only hope that this legislation, which will provide for the confiscation of profits gained from the illegal sale of ephedrine, will be sufficient to wipe out this trade and curse on our highways. I made the observation earlier in my speech that we should all make ourselves more aware of the problems this curse imposes on society and that I am sure we all think we are up to speed on this debilitating scourge on society.

This legislation is about amending the relevant provisions of the DMA Drugs Misuse Regulation 1997 (Drugs Regulation) and the Health (Drugs and Poisons) Regulation 1996. One almost needs to be a medico, an academic or a legal eagle just to read the introductions to these regulations let alone to understand their ramifications for the entire raft of prescription drug use. The nature of misuse of prescription drugs was brought home to me forcefully just last month when I learnt of the daunting experiences of a constituent of mine who is a registered prescription addict.

About three years ago, this gentleman, who was an information and technology engineer and who was happily married, contracted encephalitis. Naturally, he was hospitalised for some time, but to all intents and purposes he was cured of encephalitis. Unfortunately, he had also become drug dependent—a cure that may be even worse than the disease. His drug dependency has led to the loss of his employment and the breakup of his marriage. He is dependent on welfare for income, lives in a rented flat in Coolumb and is totally dependent on his 82 year old grandmother, who lives in an aged care home herself, for his immediate life management.

In April this year he visited a local dentist to have work done on his teeth. Upon leaving the surgery, he was seized with convulsions and fell to the pavement, splitting his head. An ambulance was called and he was transferred to the Nambour Hospital for treatment. His grandmother was also alerted and she travelled to the hospital. She was told by two doctors that they had examined her grandson and had prepared a report about his condition, including his reliance on prescribed drugs. The next day the patient was discharged back into the care of his aged grandmother. Following these events, the elderly lady moved into her grandson's flat, so concerned was she about his condition. The next evening the grandson started to hallucinate and deteriorated into schizophrenic-style outbursts, claiming that Amazon-type women were coming out of the Coolumb waterfall to get him and that they were talking to him.

This gentleman had never before this time shown any sign of aggression, but on this occasion, fearing for her safety, the elderly lady called her grandson's doctor and other doctors, but was unable to gain any medical attention on the weekend. She was referred to the fact that their surgeries opened on the Monday morning. As a result, she called the police, who were able to persuade her grandson to go with them to hospital. As most members would know, the police cannot force people to go to a hospital, patients must go of their own free will.

On the Sunday, the hospital rang the grandmother to advise that it was discharging her grandson and that she should come and get him. Friends visiting the grandmother on their way home to Rockhampton took her to the hospital and were so appalled at the grandson's appearance upon his discharge that they proposed to discontinue the journey and stay with the elderly lady in Coolumb. Prior to his discharge from the Nambour Hospital, one of the doctors told the grandmother that he had examined the grandson and felt that the patient understood his prescription drug dependency and could go home. When questioned about the contents of the report filed at the same hospital days before, the discharging doctor said that he was unaware of any such report and, as far as he was concerned, the patient was free to go.

On the Sunday evening at about midnight, after a steady diet of cigarettes and Coca-Cola, the patient started to hallucinate again, claiming that the neighbours were coming to get him, and then he promptly became incoherent. An ambulance was called and the paramedics counselled the man to accompany them to the Nambour Hospital, to which he was again admitted. He took with him a small overnight bag which contained clean clothes, cigarettes and a bottle of Coke. It is pertinent to note the contents of this bag and it is pertinent to point out that this man is a registered prescription drug addict. He is not the sort of drug addict who can be found on a beach or up a back lane. This is a man with a known habit and who is registered so as to be entitled to prescription drugs.

At approximately 3 o'clock the next morning, the hospital rang the elderly grandmother to tell her it was discharging her grandson, as there was nothing more it could do for him, even though he was still hallucinating. It is worth repeating that this man had medical cover and was not a public admission and it is worth noting that his recent records were available in the hospital. The Minister for Police is not listening. Minister, I wish to take the opportunity—

Mr DEPUTY SPEAKER (Mr Reeves): Order! The member will speak through the chair.

Mr DAVIDSON: Certainly, Mr Deputy Speaker.

I put on the public record in the Minister's presence that the 82 year old woman to whom I am referring has relayed to me her utmost and total confidence in the Police Service. She said that throughout this whole issue the Queensland Police Service has been most helpful to her and her

grandson and acted very professionally at all times. She wants the Minister to know that. She asked me to express that opinion to the Minister while I was making this speech.

As unbelievable as it sounds, I was advised by police, who are often put into the position of admitting such patients or people on illicit drugs to the Nambour Hospital, that the patients are often back on the street before the police can complete the paperwork, such is the attitude to drug sufferers at the hospital. But one can only wonder about this man's being discharged from hospital at 3 o'clock in the morning. The elderly grandmother, who does not drive, asked the desk people at the hospital to call a taxi and put her grandson into it and said that she would pay the taxi fare on his arrival back at Coolumb—a not unreasonable request at 3 o'clock in the morning for anyone, let alone an 82 year old lady. When the grandson did not return after a couple of hours, the grandmother rang the hospital to inquire as to his whereabouts, only to be told there had been an incident involving her grandson as he was being discharged.

On his discharge, the grandson, whom honourable members will remember is 34 years of age, had run into the laneway next to the outpatients clinic and claimed to have a gun in his bag, the bag that I said had the Coke bottle and clothes in it, packed by grandma. Naturally, the police were called, but not the grandmother, and they spent some time convincing the patient to give himself up. Honourable members should remember also that upon his discharge this gentleman was still hallucinating.

After this time and pressure, the patient then announced that he could "blow up the hospital" and look after himself. Needless to say, this caused the assembled police to take action to clear the hospital, call the local fire brigade and the bomb squad from Brisbane. Had any of them called the grandmother, none of this would have been necessary and, better still, if someone in the hospital had shown some better judgment than was exhibited, none of this would have occurred.

Eventually, with all of this assembled force, the patient was arrested and taken to the Maroochydore Watch-house. I might add that he was still hallucinating. At about 7 a.m. the elderly grandmother was told that her grandson was in the watch-house and she then set about contacting her solicitor and directing him to the watch-house to see the mad bomber, as the patient was now being referred to. Her solicitor reported back that her grandson was indeed in the watch-house, was still hallucinating and would be there until he was medically discharged.

He remained there for three days. This matter is still proceeding in the courts, including the matters relating to this man driving under the influence of drugs. This is a harrowing story, particularly for the elderly grandmother, who now has problems accessing the grandson's bank account to pay for rent, his car payments and to get money for his medication, legal fees and assorted other expenses. She has no power of attorney and not enough of her own funds to pay these bills. And worse, the grandson's welfare payments were stopped by Centrelink the moment he was incarcerated, even though he had not been charged.

All of these unfortunate events raise matters for consideration, some of which obviously relate to Federal Acts, but which can come back to haunt State entities, such as health and police operations, as well as money matters for guardians who are not registered.

As I said earlier in this speech, how well do we, the legislators, know the effects of our drug laws and their operative effects? For instance, how many of us realise their ramifications for registered prescription drug users? I suspect it is not many. Let me tell the House the facts as they relate to these people. If they have the cash, registered prescription drug addicts can get prescription drugs almost at will. Doctors give out repeat prescriptions. The patient can run off to any number of chemists and have them filled. They then take as many of those drugs as they can get into themselves, with results similar to those in the case of the gentleman I have just spoken about. If one realises that some of these people get prescriptions from as many as five or six doctors, one does not have to be a Rhodes scholar to work out the damage they can do to themselves with such dosages.

Chemists advise me that this is common practice and it is a major problem. I asked the obvious question of these chemists, that is, "But don't these prescriptions have to have approval numbers from Canberra?", with the obvious implication being, "Aren't these prescriptions recorded against the names of the users?" The answer is, "Yes, they are." But if your next question is, "Why does this not show up when these people are asking for repeat orders of these drugs, showing that they have had four or five prescriptions filled in a week or 10 days?", the answer is that the system does not provide for this safeguard.

Apart from the obvious danger to these sufferers—who, it must be remembered, are registered—how is it, in this day and age of instant electronic communication, that it is not possible for the issuing chemist to be able to find out at the point of sale that these people have acquired such huge doses and thus should not be supplied, as was the case with the patient about whom I have been speaking? Surely it is not impossible for these drug users to have on their Medicare cards and imprinted on the electronic slip a number that relates to their Canberra approved dosages which would

instantly tell an issuing chemist that this person was ineligible to receive another dosage even though he or she had an approved prescription. I realise that this is a Federal matter, but surely it is not outside the parameters of the State's legislation and operations that we can propose that such action be taken. The case that I have outlined demonstrates the need for more counselling options to be made available throughout the State to people with these problems so that qualified help—and not that of an 82 year old woman—is on hand to assist them before things get to such a serious stage.

I most certainly support this Bill, its solutions and its ramifications, but I believe also that we as legislators need to be more proactive in recognising that much of our legislation, particularly in the drugs area, is simply not good enough. The safeguards that I have alluded to in this instance prove that this legislation cannot protect even the legal user of drugs from overindulgence, let alone illegal users over whom it would appear we have very little control. I commend these thoughts to the relevant Ministers for consideration and discussion with their Federal counterparts in regard to removing this current loophole. It may be only a small action but it may prevent many people, such as this 82 year old grandmother and her 34 year old grandson, from the insidious and destroying effects of drugs, including prescription drugs.
