Speech by

Hon. Stephen Robertson

MEMBER FOR STRETTON

Hansard Thursday, 24 May 2007

HEALTH AND OTHER LEGISLATION AMENDMENT BILL

Hon. S ROBERTSON (Stretton—ALP) (Minister for Health) (5.35 pm), in reply: I thank all members for their participation in this debate, and I thank the opposition for its support for the Health and Other Legislation Amendment Bill. I will deal with a number of issues that have been brought forward by a number of members who have participated in the debate. I will start by discussing the issue of the legislative response to the Butler report—that is, promoting balance in the forensic mental health system.

I have been a little disappointed by some of the contributions from members opposite who are intent on suggesting that, of the over 100 recommendations made in the Butler report, the 10 recommendations that actually recommended legislative change and which are before the House currently represent the totality of our adoption of Butler's recommendations. This is despite the fact that in my second reading speech I made it perfectly clear that the remainder of the recommendations, many of which had resource and financial implications, would be addressed in the context of the forthcoming state budget. It is therefore mischievous and not correct to suggest that we are somehow short-changing that group—usually parents of children who have been impacted by unfortunate events involving individuals with a mental illness—and that somehow we have not taken on board their very legitimate concerns that they had the opportunity to present both to me personally and to Brendan Butler during the course of the review. I will be in a position within the not-too-distant future to be able to provide the House with a comprehensive response to the recommendations contained in the Butler report.

I would like to move to the amendments relating to the banning of ice pipes. Again, I express some disappointment at the attitude of members opposite. Whilst it was quite rightly pointed out that we rejected the contribution of the member for Surfers Paradise last year in suggesting the implementation of restrictions on the sale of ice pipes, it was wrong to suggest that we did so for base political reasons in favour of claiming ownership of the amendments that are before the House today. I made it perfectly clear in my response to the private member's bill that was presented by the member for Surfers Paradise that there was no argument with the intent of what was trying to be achieved. I did, however, express legitimate concerns about the way in which those amendments were drafted in that they were poorly drafted and full of loopholes. Therefore, they would not have been effective in stopping the supply of ice pipes.

That was made perfectly clear. So there was an element of bipartisanship on this issue as far back as November. Yet some members opposite have wanted to claim that we were playing base politics on this issue when, in fact, nothing was further from the truth. I am more than happy to give credit where credit is due to the member for Surfers Paradise. He can quite rightly claim that he did bring this issue before the House, albeit in a way that did not allow for the support of the government at that point in time because of the way in which that bill was drafted. The outcome has been the same. The outcome, however, is more comprehensive and, of course, in a legislative drafting sense it is far more sustainable in terms of any possible challenges through the legal system in any cases that may arise as a result of the more diligent approach taken in the drafting of the amendments before the House today.

The member for Clayfield, and the member for Surfers Paradise in particular, asked how the ice pipe laws would be enforced. Quite simply, Queensland Health has some 80 environmental health officers throughout the state who will be working with retailers to enforce these laws as they do with the

antismoking laws and other laws that come under my portfolio. Of course they can rely, when necessary, on the support of the Queensland Police Service.

I will deal very quickly with where we are with the Ice-Breaker Strategy because it has been suggested that this is the only response by this government to the ice scourge when, in fact, I think we are the first government in Australia—and certainly predating the belated efforts by the federal government—to come up with an integrated strategy to deal with the increasing use of ice in this state. We are committed to addressing the harms caused by amphetamine type substances, including ice. That is why we have implemented a whole-of-government Ice-Breaker Strategy to protect our young people from these dangerous drugs. The Ice-Breaker Strategy is a comprehensive approach including prevention, treatment and targeted law enforcement. A high-level task force has been established and it is meeting on a regular basis across a range of departments, including Health, Justice, the Ambulance Service, Education, Communities, Corrections, law enforcement authorities and the Crime and Misconduct Commission.

The task force first met on 21 December last year and most recently on 3 May this year with key outcomes being: progressing legislative amendments for banning the sale and display of ice pipes in a statewide campaign targeting young people who use or are at risk of using ice; a statewide education campaign commenced during university orientation week with drug education materials; and promotions targeting students being conducted across the state. Phase 2 of the statewide campaign is currently in development and will be implemented from late June to September this year. This phase will target the general public as well as young people at risk of using amphetamine type substances, including ice. Print media is currently being developed for convenience, advertising in nightclubs, street press and selected magazines, bus shelters, transit advertising as well as a web site and electronic kiosks in university and TAFE settings.

The assessment of drug treatment facilities by an independent agency with high-level expertise is underway and is due for completion by the end of June this year. The assessment has included consultation forums with key stakeholders, surveys and public and non-government treatment facilities, consumer surveys and key informant interviews. The findings of this project will provide a reliable indication of key areas to focus new treatment initiatives to reduce harms associated with amphetamine type substance use and dependence.

Law enforcement measures under the Ice-Breaker Strategy have commenced with these legislative amendments which prohibit the sale and retail display of ice pipes. The strategy also incorporates the recently established pharmacy enforcement team to work with the Pharmacy Guild of Australia and police encouraging pharmacists to comply with new regulations for the supply of pseudoephedrine medicines preventing the manufacture of ice through clandestine laboratories.The final report from the Ice-Breaker Strategy task force, including recommendations to reduce harms related to the use of amphetamine type substances, will be completed by 31 July this year.

Dealing with the work that is going on between the Police Service and the Pharmacy Guild in terms of Operation Stop, a number of members opposite have tried to suggest that the number of illicit drug laboratories that have been discovered in Queensland is reflective of a lack of action by this government when, in fact, it is quite the opposite. It is because we take this issue so seriously, have dedicated resources and, can I say, was the first state to adopt the initiative by the Pharmacy Guild of Australia to start tracking and requiring the use of ID for the purchase of pseudoephedrine based usually cold and flu tablets that we are now so successful in discovering these backyard drug labs and have been so successful in the fight against amphetamine based drugs. It is therefore wrong for certain members opposite to suggest the opposite. I wish they would actually get on board with some of the positive initiatives that come out of close working relationships between the government and the Pharmacy Guild in this case.

Interestingly enough, it has been the federal government that has been less than enthusiastic about supporting this initiative and ensuring that it does get rolled out effectively across Australia. It remains a major chink in our fight against these backyard drug labs that our borders are, of course, porous. Whilst Queensland, in terms of early uptake of this initiative, has been very effective in discovering more of these illicit drug labs, nevertheless we still have the problem that there is not a uniform rollout of this initiative nationally. If there was a national rollout we would be even more effective in stopping or at least reducing access to the chemical components that make up some of these amphetamine based drugs.

There is still the problem, of course, that the majority of these drugs are not manufactured in backyard laboratories; there is still a significant amount coming in from overseas. That, of course, is fairly and squarely a role for the federal government in terms of its customs obligations to improve their response accordingly.

Finally I will deal with the issue of root cause analysis. The member for Surfers Paradise questioned whether a system of root cause analysis would result in real cultural change of Queensland Health. I want to assure the member that it will be a force for cultural change in Queensland. All RCA recommendations are recorded and tracked and actions monitored to ensure changes happen on the ground. The

Queensland Health implementation standard for clinical incident defines accountability at all levels from the hospital through to the director-general for actions arising from root cause analysis. Our patient safety centre is recognised as a leader in RCAs. It has been called on to train a number of private health organisations and the Australian Defence Force in RCAs.

A number of members raised concerns about health professionals allegedly not being accountable for their actions as a result of introducing this RCA process. That is simply not the case. The RCAs are in addition to the performance and disciplinary mechanisms already in place such as inquiries undertaken by the Health Quality and Complaints Commission, the coroner and, of course, civil and criminal actions. RCAs are focused on systems and processes, not the performance of individuals. Whilst it is important that individuals be held accountable for their actions, the available evidence suggests that adverse outcomes occur as a result of a combination of individual, team, organisational and environmental factors.

I will now deal with two matters arising from the debate about RCAs. The member for Clayfield brought up an issue with respect to clause 38ZC. The issue that the member for Clayfield was concerned about was whether what we were trying to achieve through the section was the protection of individuals participating in root cause analysis or whether we were trying to protect the system in so far as people who participate in RCAs would not be compelled to provide the information that they provided during an RCA process to a later inquiry, whether it be through the CMC or the courts et cetera.

The answer is that we are trying to protect both the individual and the system. I digress for a moment. One of the things that should occur to us all in supporting the RCA process, as we all do tonight, is that the proof will be in the pudding as to actually how supportive we are of this process. There is a culture outside of the health system—and part of it is a political culture—that when things go wrong they immediately get elevated to levels and proportions way beyond where they should be in the first instance. By virtue of the political hurly-burly—and the media has a role to play here as well—instead of allowing an RCA process to be undertaken free from external pressures and because of the need to find those responsible and mete out punishment immediately, there is not time to have the RCA process implemented.

If we are actually serious about cultural change—and there have been some very fine speeches about this tonight—then we are all going to have to start being a bit more disciplined about how we play our politics. That is going to require us to allow those people who, in the first instance, will be responsible for putting RCAs together to get to the root cause of what actually happened. They are going to have to be left alone to do their job. That will require a bit of discipline on the part of all of us, including those upstairs.

I make this plea: that at some stage we actually have to give Queensland Health a break. I know it is becoming a national sport to give Queensland Health a kicking but if we are fair dinkum, as we all are, about wanting to improve then we have to let people get on with the work. We will have to see how that goes. But fundamentally if this is going to work then we have just as much a role to play as those people in Queensland Health who are responsible for getting this system up and running.

I will close on this point. This system is being put in place by some pretty impressive individuals. I place on record my thanks to Dr John Wakefield and his colleagues at the Patient Safety Centre. They are passionate about the issue of patient safety and cultural change. I wish them well in the journey ahead of them. This is revolutionary stuff. I think it is fair to say that we can quite proudly put our hands up and say that Queensland's health system is one of the first organisations of such a size to undertake this system of root cause analysis. It is not without risks. There are probably going to be a few dry gullies gone up along the way. It is fundamentally important in terms of promoting cultural change in this organisation and improving patient safety outcomes. At the end of the day, the No. 1 priority is improving patient safety for those who require treatment in our public and private health systems. With that, I commend the bill to the House.

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

Motion agreed to.