




Speech By
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MEMBER FOR THURINGOWA

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PUBLIC HEALTH (MEDICINAL CANNABIS) BILL

 **Mr HARPER** (Thuringowa—ALP) (8.57 pm): I rise to give my contribution to the Public Health (Medicinal Cannabis) Bill 2016. Following the member for Caloundra, it is good to hear that we have bipartisan support of this bill and its intent. The intent is for the patients of Queensland, a select group. I am pleased to see Queensland leading the way in medical advances and evidence based research that will support the anticipated increase in demand for access to medicinal cannabis treatment.

I would like to talk about a patient in my electorate of Thuringowa. I met this young man probably three or four years ago, before my election. I have treated him on a number of occasions. He was only about five years of age when I first met this young man who suffered from treatment and drug resistant epilepsy. For anyone who has ever seen children have 30 to 40 epileptic seizures a day, it is quite a difficult and challenging case to treat. Needless to say, ongoing interventions are needed. In my previous role as an intensive care paramedic, I have had to put in intravenous lines and give benzodiazepine drugs which, in themselves, when dealing with these particular patients, can depress respiratory rates and have side effects.

I am actually quite excited about the way that we are going forward. I commend the minister, the department and everybody involved in the journey so far, even though we might be taking our first steps with these clinical trials for medicinal cannabis. I have had numerous interactions with the parents of that particular young patient, one of whom is a nurse in Thuringowa. When the medicinal cannabis bill was first touted, we had some interactions and they were quite excited to potentially get this young man on to the trials. Over the passage of time, he went ahead and got another medical intervention at the good hospital that is the Lady Cilento and he has had great success in decreasing those epileptic seizures.

This bill is about the patients at the end of the day. In response to the point made by our chair, the member for Nudgee, we can only empathise with those palliative care patients who are on a range of schedule 8 drugs. This is just another avenue where they can potentially get pain relief at a point in time. I think this is an exciting time. We are on the verge of something reasonably special in Queensland, once we get to the outcomes and the evidence base of these clinical trials in medicinal cannabis.

There is a growing body of evidence about the therapeutic potential of medicinal cannabis, in particular that cannabinoids—being the substances contained within cannabis that produce those pharmacological effects—may be effective for a range of treatments, such as neuropathic pain, muscle spasticity for patients with multiple sclerosis and, of course, as I have just mentioned, reducing seizures in children with drug and treatment resistant epilepsy. Importantly, it can control nausea for those palliative care patients who are on a range of schedule 8 drugs like morphine which quite commonly has side effects of nausea and vomiting.

The treatment with medicinal cannabis for these conditions and symptoms may have a very positive impact on a patient's quality of life. I take it back to the point where we are talking about patients in Queensland. It is about their quality of life, particularly where traditional treatments have failed and the potential benefits outweigh the risks of any unwanted side effects.

The objective of the bill is to create a new framework under which medicinal cannabis products may be prescribed and dispensed to patients in Queensland whilst also preventing their unauthorised use. One of the joys, I would almost say, of being on the health and everything else committee—the committee with the world's longest title—is actually looking at these particular treatments that are before us. As I said, it provides an exciting opportunity for where we are going.

It is always important to look at where other jurisdictions have gone. In New South Wales, initiatives involving the use of medicinal cannabis involve a terminal illness cannabis scheme, which enables adults with a terminal illness to register to use and possess cannabis for therapeutic purposes. The Victorian government recently passed legislation to allow a limited cohort of patients to access treatment with certain medicinal cannabis products and then went on to establish the Office of Medicinal Cannabis to oversee the expansion of medicinal cannabis treatment to other patients and using a wider range of products. From an international perspective, we have heard tonight from a few other speakers that medicinal cannabis has been approved in many other countries, including Austria, Canada, the Czech Republic, Denmark, Germany, Israel, Italy, New Zealand, Spain, Sweden and the United States.

Through our committee process, there was broad consultation on the bill and we met with a number of advocates who spoke for or against the medicinal cannabis bill. I thought it was quite interesting to hear from people from MS Research Australia, Epilepsy Queensland, the Medical Cannabis Users Association of Australia and the Medical Cannabis Advisory Group of Queensland. We also heard from AMA Queensland, the Royal Australasian College of Physicians and the Queensland Council for Civil Liberties—all with different views but at the same time it was good to hear their particular viewpoints. We also heard from general practitioners, medical specialists particularly those in the oncology, paediatrics and palliative care space, neurologists, pharmacists, nurses, Indigenous health workers, Commonwealth agents including the TGA, drug and alcohol treatment services, and advocacy groups in support of medicinal cannabis.

All up, I think the bill strikes an appropriate balance between allowing greater use of medicinal cannabis products and ensuring medicinal cannabis products are used safely and are not diverted for unlawful purposes. As I said earlier, there is a growing body of evidence about the potential therapeutic benefits but there is also strong support from the community to allow greater access to the medicinal cannabis products to treat a range of medical conditions. It is also clear that it is a relatively new treatment option and we must proceed with some caution. The use of cannabis other than in accordance with the bill will of course remain illegal in Queensland. We must also ensure that medicinal cannabis products are not diverted for illegal purposes. As I said, it does strike the appropriate balance by providing a flexible scheme to support timely access to medicinal cannabis in appropriate cases, while ensuring that the medicinal cannabis products are used safely and the products are not diverted for unlawful purposes.

The framework includes a robust approval process for medical practitioners under the single-patient prescriber pathway and expanded reporting requirements for specialists under the patient class prescriber pathway. In deciding whether to approve an application under the single-patient prescriber pathway and whether to impose any conditions on that approval, the chief executive will be assisted by an expert advisory panel. Regardless of the pathway chosen, medicinal cannabis products will only be able to be dispensed by either an approved pharmacist or in a hospital pharmacy. The Department of Health will also maintain records about patients who have been prescribed medicinal cannabis under either pathway.

The chief executive is also empowered to suspend, cancel, vary or impose conditions on a medicinal cannabis approval. There are a couple of amendments to the bill. One is to remove the chief executive's ability to request a criminal history report about a patient or an applicant for an approval for medicinal cannabis, which we have heard about tonight as well. Our committee tabled its report and recommended that the bill be amended to remove references to criminal history from clauses 10 and 11 and omit clauses 28 to 31, which provide for the chief executive to request a criminal history report about an applicant for an approval for medicinal cannabis or a patient.

At the end of the day, as I said at the start, I think we are in for some interesting results as part of the clinical trials. Again I commend the minister for taking us forward in Queensland. I commend the bill to the House.