Speech By

Hon. Cameron Dick

MEMBER FOR WOODRIDGE

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PUBLIC HEALTH (MEDICINAL CANNABIS) BILL

Second Reading

Hon. CR DICK (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (7.40 pm): I move—

That the bill be now read a second time.

I table the government's response to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's report on this bill.

Tabled paper: Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee: Report No. 26—Public Health (Medicinal Cannabis) Bill 2016, government response [1848].

I am proud as health minister to be progressing this groundbreaking reform. This bill will change the paradigm for seriously ill patients who often feel compelled to seek out illicit cannabis treatment options by enshrining in an act a legal and safe pathway through which to access medicinal cannabis treatment. It is an important step in the Palaszczuk government's commitment to advancing the health of Queenslanders.

The framework proposed by the Public Health (Medicinal Cannabis) Bill 2016 is unique in terms of the flexibility it affords Queenslanders to apply for approval to use medicinal cannabis products. This flexibility will enable a Queensland patient who does not fall neatly into a recognised category to apply for access to treatment and have their case considered on its merits. Queensland will be best placed to understand the demand for medicinal cannabis and continuously improve its legislative framework and practices as the evidence base for medicinal cannabis grows.

Before I thank the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for its diligent and thorough consideration of the bill and for its report, tabled on 30 September 2016, I want to dispel some of the concerns, myths and misconceptions about this bill. Firstly, there is a misconception among some in the community that the bill only allows the use of synthetic medicinal cannabis products. This was raised by a number of submissions to the committee's inquiry. Most recently, Queensland Senator Pauline Hanson voiced this concern in the Australian Senate. Let me say once and for all: this bill does not prohibit the use of botanically derived medicinal cannabis products, sometimes referred to as whole plant products. This could not be further from the truth, in fact. The bill enables access to both synthetic and botanically derived cannabis products. There are no restrictions in the bill on the form of medicinal cannabis products that may be prescribed. Permitting the use of botanically derived medicinal cannabis products is fundamental to an effective framework as very few synthetic medicinal cannabis products have been developed or are available in Australia. It is therefore expected that most approvals granted under the bill will be for botanically derived products.

During consultation on the bill and the committee's inquiry, some stakeholders argued that patients should be able to grow their own plants for therapeutic purposes, and I am aware that there are people who have gone down this path in the absence of a legal alternative. However, people must understand that there are significant safety risks associated with products grown outside of the therapeutic goods framework. Homegrown or illicit cannabis products have unknown concentrations of active ingredients and may contain potentially harmful contaminants. The strength or dose of a product can vary over time. Even when cultivated domestically, cannabis plants intended for a therapeutic purpose must comply with the World Health Organization's guidelines on good agricultural and collection practice and the Therapeutic Goods Administration's principles and procedures on good manufacturing practice before they may be used. These requirements will deliver a crop of consistent, contaminant-free and medical grade cannabis which are essential characteristics of all prescription medicines.

Current and proposed Commonwealth and state regulations are designed to ensure the supply of medicinal cannabis is safe. The community has a right to expect that any medicine prescribed to them by a doctor is as safe as it possibly can be when used as recommended. This is without a doubt the case for medicinal cannabis, where many early patients are also expected to be children with intractable epilepsy. Doctors must have confidence that any substance they prescribe to help treat a patient is safe. Doctors and their patients need to know that any medical product used for treatment has a predictable and reliable effect. That is why we put controls around the approval and use of any medicine. People expect and have a right to expect that medicines sold to them are safe when used appropriately. Users of medicinal cannabis products deserve the same certainty. The measures in place at the state and Commonwealth levels both help patients and protect them.

Some have suggested that we should have followed the approach taken in Victoria or New South Wales. This arises from a misunderstanding of the differences between this bill and the Victorian and New South Wales schemes. As I have already noted, Queensland's proposed scheme takes a unique approach. The bill establishes two pathways by which patients may receive treatment with medicinal cannabis. The patient class prescriber pathway will allow certain specialist doctors to prescribe medicinal cannabis products for particular patients without the need for any additional approvals from Queensland Health. Specialists practising in medical oncology, neurology and palliative care medicine are expected to be among the first specialists approved under the bill. The single-patient prescriber pathway will enable medical practitioners who believe that an individual patient may benefit from medicinal cannabis treatment to apply to Queensland Health for approval to prescribe medicinal cannabis to the patient. This pathway will enable any doctor, including a general practitioner, to apply to Queensland Health for access to medicinal cannabis for their patients. Each and every case will be assessed on an individual basis.

This is in sharp contrast to the approach taken in other jurisdictions. The Victorian Access to Medicinal Cannabis Act 2016 will give patients in that state access to medicinal cannabis products. However, while the Victorian scheme may expand to include other conditions at a later date, it is currently limited to children with treatment resistant epilepsy. Victoria will also require every patient to be authorised by the health secretary before they may access medicinal cannabis products, with no as-of-right authority for specialists, as is proposed for Queensland. The Queensland scheme will also be more flexible than the New South Wales approach, which requires every patient to be considered by an expert panel before getting access to medicinal cannabis treatment.

Why is this flexibility important? The committee heard from a range of people with debilitating and painful conditions. Debbi Cliff shared her story of suffering from severe spinal and joint pain as a result of Ehlers-Danlos syndrome. Another submitter told the committee of his 82-year-old father who, following partial amputation of his arm, lives in chronic pain. The committee also heard from a 66-year-old woman with emphysema. Many parents shared their heartbreaking stories of children suffering from intractable epilepsy. This bill will give those patients a legal pathway to seek access to medicinal cannabis treatment. It will enable Queensland Health to consider their individual circumstances and determine whether an approval for medicinal cannabis treatment should be granted. It is this flexibility that puts Queensland at the forefront of medicinal cannabis access in Australia.

Stakeholders were understandably concerned to have access to affordable medicinal cannabis products. I appreciate that the price of therapeutic goods can be an issue of great distress for patients and their families. However, again, it is important that we deal in facts and understand what Queensland can and cannot do in this regard. The price for medicinal cannabis products is determined by the market. Currently, commercial medicinal cannabis products are not cultivated or manufactured in Australia because that is illegal, although that situation is changing. Those products must therefore be imported from overseas, usually from Canada or the Netherlands. This means the price is set by the overseas manufacturer.

The cost varies greatly depending on the product, its source, shipping expenses and customs fees. It is hoped that over time a mature Australian medicinal cannabis industry will develop and medicinal cannabis products will be both readily available and affordable. I must make it clear that the Queensland government will not subsidise the cost of medicinal cannabis products as this is a role that is played by the Commonwealth. The Commonwealth only subsidises products listed on the Pharmaceutical Benefits Scheme, otherwise known as the PBS. Before a product is listed on the PBS, it must be registered by the TGA on the Australian Register of Therapeutic Goods. To be clear, the decision about whether a drug is listed on the PBS and the level of any subsidy is a matter for the Commonwealth government.

Moving now to the committee's examination of the bill, which I note was particularly detailed taking account of the broad range of views expressed by stakeholders, I again thank the committee for its detailed work. Much of the information considered by the committee, particularly regarding Commonwealth and state legislation, was complex. This was important work carried out by the committee. I also acknowledge all those who contributed to the committee's inquiry by making submissions or giving evidence. Your views have been carefully considered by the committee and by the Palaszczuk government. Many of the submissions to the committee testified to the fact that some patients do feel their suffering is alleviated by the use of medicinal cannabis. Epilepsy Queensland stated that, for children with intractable or treatment resistant epilepsy, even a small reduction in seizure frequency and severity can make a very significant contribution to the patient's wellbeing and the wellbeing of those around them.

Multiple Sclerosis Australia and Multiple Sclerosis Research Australia provided a joint submission in support of the creation of a regulatory framework under which medicinal cannabis products may be prescribed to patients in Queensland while also preventing their unauthorised use. Their submission noted that currently there are 23,000 people in Australia living with MS, which can be a debilitating and unpredictable disease. According to MS Australia and MS Research Australia, over 80 per cent of MS sufferers experience muscle spasticity during the course of their disease, negatively impacting on mobility and personal independence. Spasticity can cause pain, sleep disturbance and reduced mobility which can significantly limit a person's quality of life. MS Australia and MS Research Australia support the use of any proven treatment that helps to minimise the impact of the disease and allow people with MS to live more fulfilling lives. As noted in their submission, clinical trials of some medicinal cannabis products have shown benefits in improving muscle spasticity, motor control and pain. MS Australia and MS Research Australia are in favour of a regulatory framework that will facilitate further clinical trials to ensure the efficacy and safety of medicinal cannabis products and look at further potential benefits for MS sufferers that may be derived from cannabis based products.

This bill has been the subject of extensive consultation, not just through the committee process but during its development. The draft bill and discussion paper were released for comment in March this year. Over 1,000 responses were received through the online survey on the Queensland government Get Involved website, with over 96 per cent of respondents in favour of the use of medicinal cannabis in Queensland. Targeted consultation was also undertaken with medical practitioners and industry groups. Nurses, palliative care and disability workers expressed their support of the bill through the online survey, with one palliative care worker stating that they had seen the benefits of cannabis in easing nausea and controlling seizures when other medication had not worked.

I thank the committee for its recommendation that the bill be passed and the two additional recommendations it made. The committee recommended the bill be amended to remove the ability for the chief executive to request criminal history reports. The intent of giving the chief executive this discretion was to ensure additional controls could be put in place, if required, to ensure medicinal cannabis products were not diverted and used illegally. The committee's recommendation reflects the concern expressed by some stakeholders that patients might be denied access to medicinal cannabis on the basis of their criminal history or their medical practitioner's criminal history. The government has listened carefully to the views expressed by stakeholders and accepts the committee's recommendation. I will move amendments during consideration in detail of the bill to remove the discretion relating to criminal history checks. While the discretion will be removed, all medicinal cannabis approvals will still be subject to conditions designed to ensure the safety of patients and the security of the cannabis products. I am confident that the effect of these conditions and the offence provisions in the bill and the Drugs Misuse Act 1986 will be to facilitate the safe and secure use of medicinal cannabis products in Queensland.

The committee also recommended that the Queensland government, with the Department of Agriculture and Fisheries as the lead department, prioritise its investigation of options for obtaining a licence to cultivate and manufacture medicinal cannabis in Queensland. The government is happy to accept this recommendation. As the committee noted, the cultivation and manufacture of medicinal

cannabis in Queensland offers the potential to improve patient access to medicinal cannabis products and create agriculture and business opportunities for our state. This is an industry with real potential and one I consider we should promote in Queensland.

Internationally, medicinal cannabis has been approved for use in many countries including Austria, Canada, the Czech Republic, Denmark, Germany, Israel, Italy, New Zealand, Spain, Sweden and the United States. In 2014 the legal medicinal cannabis market was one of the USA's fastest growing industries, growing from $1.5 billion in 2013 to $2.7 billion in 2014. In Europe medicinal cannabis is currently used by patients in 10 European countries. The largest markets are France, Italy, the Netherlands and Romania. In Canada the market for medicinal cannabis was estimated at $144 million in 2014, with an expected annual growth of 23 per cent to 2024, when the market is projected to be worth $1.4 billion.

The bill does not include provisions to regulate the cultivation or manufacture of medicinal cannabis products as this is the purpose of the recent amendments to the Commonwealth Narcotic Drugs Act 1967. The Department of Health and the Department of Agriculture and Fisheries have already commenced work to ensure Queensland is able to encourage and support cultivation and manufacturing. Like many aspects of medicinal cannabis, responsibility for the manufacture and cultivation of medicinal cannabis is shared between the Commonwealth and states and territories. On 24 February 2016 the Commonwealth government passed amendments to the Narcotic Drugs Act to establish a legislative scheme for the cultivation, production and manufacture of medicinal cannabis for research and therapeutic purposes. Under the Commonwealth scheme, licenced businesses will develop the capacity to cultivate and manufacture medicinal cannabis in Australia. The scheme is expected to commence at the end of October.

Any cannabis plants intended for a therapeutic purpose will be required to comply with the World Health Organization's guidelines on good agricultural and collection practice and the Therapeutic Goods Administration's principles and procedures on good manufacturing practice before they may be used. As described previously, these requirements are needed to deliver consistent, contaminant-free and high-grade medicinal cannabis products—essential qualities for any medicine. Domestic cultivation will also be subject to stringent security requirements because of the high risk of raw cannabis plants being diverted for unlawful purposes.

The bill will support the emerging medicinal cannabis industry by providing a legal pathway for people to access medicinal cannabis products, building demand for products. Within the Queensland government, responsibility for issues relating to manufacture and cultivation is shared between the Department of Agriculture and Fisheries and the Department of Health. The Department of Agriculture and Fisheries has administrative responsibility for part 5B of the Drugs Misuse Act 1986 which facilitates the processing and marketing of, and trade in, industrial cannabis fibre and fibre products, known as hemp. The Department of Agriculture and Fisheries has responsibility for administering the licensing scheme for industrial cannabis and for the associated compliance monitoring inspection services. This is currently undertaken by Biosecurity Queensland.

The Department of Health is working to support the Department of Agriculture and Fisheries to investigate how Queensland industries can participate in the new Commonwealth licensing scheme. Together these departments have held a recent series of roundtable meetings with industry representatives across the state. The Commonwealth has proposed a role for state and territory governments in licensing medicinal cannabis manufacturing. As a consequence, Queensland will also have a role in licensing manufacturers. In addition to the Commonwealth Therapeutic Goods Administration and Office of Drug Control licensing requirements, a state licence will be required to ensure medicinal cannabis products are stored securely, that the risk of diversion is managed appropriately and that other relevant controls are maintained.

This may require amendments to the bill's framework in 2017 once the Commonwealth's licencing framework is settled. Queensland Health will be the single point of contact at the state level for the Commonwealth's assessment of cultivation and manufacturing licences. Queensland Health will assist in the assessment of these licence applications by gathering information, reviewing licence applications, liaising with other Queensland government agencies as required and providing advice to the Commonwealth as to the suitability of the application from Queensland's perspective. I look forward to continuing Queensland Health's work on these important regulatory issues alongside my colleague the Minister for Agriculture and Fisheries, who is working to explore options for cultivating and manufacturing medicinal cannabis in Queensland.

Finally, I would like to briefly address the concerns raised by the non-government members on the committee about the perceived duplication of state and Commonwealth approvals. As I have noted, the Queensland government and the Commonwealth both have a role in relation to therapeutic goods

such as medicinal cannabis. Constitutionally, the Commonwealth can and has passed legislation to regulate specific aspects of the process relating to the supply of therapeutic goods, including unapproved goods such as cannabis, using its powers relating to, for example, constitutional corporations and trade and commerce. The states and territories are then responsible for any matters not covered by the Commonwealth's area of responsibilities. As a result, the Commonwealth has broad responsibility for controlling which drugs can be used for therapeutic purposes. The states are responsible for regulating patient access to these drugs.

Commonwealth and state legislation is complementary and generally operates together to regulate medicines and poisons effectively. The Department of Health has spent considerable time satisfying itself that the regulatory framework provided for by the bill complements the Commonwealth system rather than duplicates the Commonwealth requirements.

Medicinal cannabis is a relatively new treatment option in Australia. As it is currently an unapproved therapeutic good, it is still subject to additional controls, including the requirement for the Therapeutic Goods Administration to approve supply of the drug. Until locally manufactured medicinal cannabis products are readily available, all medicinal cannabis products will be imported. This will require treating doctors to obtain customs approvals from the TGA to import suitable products in addition to the other approvals that they need to treat patients with medicinal cannabis.

I acknowledge that there is some duplication in the information required to meet both of those processes. However, the Queensland government is taking steps to minimise any duplication for doctors or their patients. For example, information in the state application form for access to medicinal cannabis can be used in the TGA application form. If confidentiality issues can be resolved, the TGA and Queensland Health can deal directly to exchange information without having to follow up with the applicant. To ensure that processes are streamlined wherever possible, Queensland Health engages regularly with its interstate counterparts and Commonwealth authorities. The TGA's cannabis access working group, which includes representatives of Queensland Health and all other states and territories, considers these issues at its meetings. Importantly, the streamlining of processes is not just Queensland's responsibility. Commonwealth agencies have every opportunity to identify and pursue streamlining initiatives.

Non-government members were concerned that clauses 206 and 207 of the bill, which deal with liability for offences, may breach fundamental legislative principles without appropriate justification. Firstly, let me say that clauses 206 and 207 reflect standard provisions used across Queensland legislation. Broadly, clause 206 provides that an act done for an entity by their representative—for example, an employee—is taken to have been done by the entity unless it can prove it could not, by the exercise of reasonable diligence, have prevented the act. It would enable an employer, such as a pharmacy, to be held liable for a breach of the bill's provisions where an employee commits the breach. The employer would not be liable if they can establish that due diligence on their part would not have prevented the breach. This standard provision ensures that legal entities can be held liable for the actions of their employees.

Similar provisions are included in many Queensland acts including, for example, the Agents Financial Administration Act 2014, the Biosecurity Act 2014, the Education and Care Services Act 2013, the Food Act 2006 and the Further Education and Training Act 2014. Clause 207 is an executive liability provision and is consistent with other executive liability provisions used in Queensland legislation.

The Directors' Liability Reform Amendment Act 2013, introduced by the Newman LNP government, standardised executive liability provisions across Queensland's statute books and amended approximately 30 acts to include provisions that are equivalent to clause 207. This type of provision encourages company directors to ensure that they take steps to avoid the company being in breach of the bill. Breaches of the bill's provisions could have serious consequences, including unlawful diversion of cannabis products or personal harm to patients. For that reason, clauses 206 and 207 are considered justified as they will encourage corporations to take particular care to avoid harm.

Queensland Health's *My health, Queensland's future: Advancing health 2026*, the 10-year vision and strategic framework for health in Queensland, recognises the importance of encouraging clinicians and researchers to identify and embed new evidence based practices in day-to-day care. The Palaszczuk government is committed to advancing the health of Queenslanders by finding new and innovative approaches to medical treatment. We know that, where traditional medicine alone is not helping a patient, medicinal cannabis may improve a patient's quality of life. Queensland is leading the way in Australia in providing access to medicinal cannabis.

The bill is expected to commence in March 2017. The Palaszczuk government has consulted extensively on this bill and it is important that key stakeholders have an opportunity to provide input into the supporting regulation to be made under the bill. During this period, Queensland Health will develop

guidance materials to support the new processes. However, patients will not need to wait until March to access medicinal cannabis. The Palaszczuk government has already taken steps to ensure that medicinal cannabis treatment is available in appropriate cases in Queensland by amending the Health (Drugs and Poisons) Regulation 1996 in December 2015. This framework will remain in place to support appropriate access in the interim. The Palaszczuk government is committed to providing Queenslanders with access to medicinal cannabis as a treatment option where it may assist these patients. I commend the bill to the House.