Speech By

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MEMBER FOR TOOWOOMBA SOUTH

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PUBLIC HEALTH (MEDICINAL CANNABIS) BILL

Mr JANETZKI (Toowoomba South—LNP) (9.21 pm): I rise tonight to contribute to the debate in relation to the Public Health (Medicinal Cannabis) Bill 2016. I note the contribution of the committee, the secretariat and stakeholders to the formulation of this bill.

Cannabis may have been used for medical purposes for thousands of years. As previously mentioned, cannabis was still stocked in Australian pharmacy shelves in some way, shape or form in the 1950s and was a registered medicine in the United States until 1942. There have been research reports prepared for Australian parliaments on medicinal cannabis since the 1990s, with public debate in Australia being dominated by high-profile cases where individuals have sourced medicinal cannabis, although unlawfully, to treat chronic pain suffered by their loved ones. The committee accepted the department's advice that there has been a growing body of evidence to suggest that medicinal cannabis may assist patients in alleviating a range of serious illnesses. The committee was not in a position, or furnished with the necessary resources, to evaluate the merits of the medical evidence relating to the efficacy of medicinal cannabis.

However, my attention was drawn to the recent United Kingdom All-Party Parliamentary Group report released last month which called on the new May government to legalise medicinal cannabis based on the results of their seven-month inquiry. That inquiry drew on the findings of an independent review of evidence collated from around the world. The review in the United Kingdom—known as the Barnes report—was published together with the results of the All-Party Parliamentary Group's findings. The report outlined that they had analysed over 20,000 scientific and medical reports.

The Barnes report provides the most comprehensive review of the medicinal cannabis question ever undertaken. It established that there is clear evidence that cannabis provided medical benefits for a range of conditions. The report concluded that there was good evidence that medicinal cannabis helped alleviate the symptoms of chronic pain, including neuropathic pain, spasticity often associated with multiple sclerosis and the relief of nausea and vomiting symptoms brought about by chemotherapy treatment. The report found that there was moderate evidence it could help sleep disorders, post-traumatic stress disorder and the symptoms of Parkinson's disease. The report also found that there was limited or no evidence to suggest that cannabis helps with dementia, epilepsy, glaucoma, Tourette syndrome, Huntington's disease, headache, depression or curbing cancer growth. There was also discussion in the report regarding the risks associated with the usage of medicinal cannabis ranging from the impairment of the ability to drive, causing harm to lungs if smoked and harm to mental health, fertility or unborn babies.

Given the matters previously outlined, the primary obligation for the committee in considering the bill was to ensure that a stringent framework which guarantees the prescription and dispensation of medicinal cannabis products had been established under the proposed bill. The bill proposes to allow patients to obtain medicinal cannabis in one of two ways: namely, a patient class prescriber pathway,

whereby specialist medical practitioners have the authority to prescribe specific medicinal cannabis products for sufferers of specific conditions; or a single-patient prescriber pathway, which allows a medical practitioner to apply to the chief executive for a medicinal cannabis approval to prescribe medicinal cannabis to a specific patient. Patients would then need to obtain their medicinal cannabis prescription from an approved pharmacist. The bill provides that a regulation may specify a class of specialist medical practitioners—the patient class prescriber—who will be granted 'as of right' authority to prescribe medicinal cannabis products.

Submitters including the AMAQ, Queensland Network of Alcohol and other Drug Agencies, Medical Insurance Group Australia, MS Australia and MS Research Australia supported the patient class prescriber pathway. This pathway will provide a balance between the prudent assessment of eligibility while reducing the burden around the application process for those people who need urgent access to treatment. The single-patient prescriber pathway will allow for the chief executive to grant a medicinal cannabis approval upon consideration of a range of factors including, but not limited to: the patient's medical condition and symptoms; the form and dosage of medicinal cannabis proposed; an opinion of a specialist medical practitioner; and whether the proposed treatment can be integrated into the patient's existing treatment. The chief executive must also be satisfied that medicinal cannabis will be supplied to the patient in accordance with the applicable Commonwealth legislation.

The Therapeutic Goods Act 1989 regulates how a medicine may be supplied and accessed in Australia. It was raised in submissions to the committee, and has been well canvassed again in the debate here tonight, that there may be duplication in that the bill proposes to put in place at a state level a process that may already have been approved at the federal level. The department acknowledged that there was duplication evident, although it argued that the Commonwealth and state play related complementary roles in the regulation of medicinal cannabis. It is important for the government to assess whether a duplication exists and can be remedied so that a patient who urgently requires a therapeutic good is not unduly delayed.

The committee questioned the appropriateness of a patient's criminal history being a determining factor in the treatment of a patient's medical condition. This was particularly concerning in view of the fact that criminal history checks are not a determining factor in evaluating the appropriate treatment of any other medical condition in Queensland. Notwithstanding the department advising that the power to obtain a criminal history was discretionary in nature, the committee formed the view that it had not persuasively justified the necessity of the power. The committee was also cognisant that medical practitioners, who were also proposed to be subject to criminal checks, were already obliged to disclose any criminal history in order to obtain their relevant registrations. The committee also resolved that the bill afforded other safeguards, including significant penalties for unauthorised regulated activity and a range of enforcement powers that would protect against medicinal cannabis falling into unauthorised hands. I support the proposed deletion of the power of the chief executive to request a criminal history report about an applicant or patient.

As befitting the introduction of such a significant reform, it is appropriate that the bill establishes an expert advisory panel which will serve as a sounding-board to the chief executive to help administer the reform. In appointing members to the panel the chief executive must have regard to the person's experience and expertise in connection with the manufacture and use of cannabis products as well as factoring in their expertise in science, medicine, justice and law, ethics, culture or sociology, and agriculture. The recreation of an expert advisory panel was well supported by submitters to the committee, and a range of comments about the potential composition of the panel were canvassed. The department advised that the expert advisory panel may also seek advice from other experts from related fields as required from time to time.

There is no doubt that legislating medicinal cannabis will create an environment in which additional research may be commenced in Queensland. I submit that with additional research there is an opportunity to alleviate suffering from other illnesses in our state. The New South Wales government has been granted approval to cultivate cannabis under licence from the Commonwealth government as part of research to determine the most effective method by which to grow the plant. The New South Wales government has also invested in conducting clinical trials associated with the efficacy of medicinal cannabis treating chronic childhood epilepsy, a burgeoning area of research, and nausea related to chemotherapy treatment. There has also been a significant philanthropic investment from the Lambert family which has created a cannabis research centre at Sydney University.

Section 20 of the bill provides for a person to apply to the chief executive for an approval to include medicinal cannabis in clinical trials. The department advises that clinical trials may build an environment where a rigorous evidence base for medicinal cannabis will be established and furthered in the years ahead.

There is also an opportunity for a well-regulated Queensland industry under licence from the Commonwealth government. A study by the Sydney University Business School stated that legalising medicinal cannabis in Australia may build an industry worth $150 million per annum. We know that Tasmania has a significant poppy-growing industry and supplies half the global supply of the lawful narcotic raw material. Although industry conditions fluctuate with the season, at its peak Tasmania produced a 28,000-hectare poppy crop in 2013. A small but tightly controlled Queensland industry that would bring about opportunities for primary producers and regional communities is possible.

It is timely that this chamber considers this bill and delivers potential alleviation of suffering for Queenslanders with a range of serious illnesses. The Public Health (Medicinal Cannabis) Bill 2016 strikes the appropriate balance, offering relief from suffering while also enacting the necessary safeguards for the regulated introduction of medicinal cannabis. I offer my support for the bill under consideration by the House.