




Speech By  
**Dr Christian Rowan**

**MEMBER FOR MOGGILL**

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**PENALTIES AND SENTENCES (DRUG AND ALCOHOL TREATMENT ORDERS)  
AND OTHER LEGISLATION AMENDMENT BILL**

 **Dr ROWAN** (Moggill—LNP) (4.10 pm): I rise to make a contribution to the debate on the Penalties and Sentences (Drug and Alcohol Treatment Orders) and Other Legislation Amendment Bill 2017 now before the Queensland parliament. The primary objective of this legislation is to establish a new sentencing option referred to as a drug and alcohol treatment order for offenders whose behaviour and resultant transgressions are linked with serious drug or alcohol use including substance dependency. We on this side of the House will not be opposing this legislation, but I do draw to the attention of the House that whilst we do not oppose the bill, the Liberal National Party is concerned that the Labor administration have only been talking about such reforms since their election commitment of 2015.

A fact that does warrant some serious attention is that the Palaszczuk Labor government has spent \$1.191 million to re-establish the Drug Court, a court that as of today is yet to hear a case. I firmly agree with the shadow minister for justice and shadow Attorney-General, Ian Walker MP, when he slammed the spending without any translational benefit as yet. He said in an article—

“It would be almost comical if this issue weren’t so serious,” he said.

“It beggars belief that Labor would consider a \$1.2 million court that has never heard a case to be an achievement.

**Mr Dick:** You abolished it. That’s why it’s being reinstated and that’s why the money has to be spent: because you abolished it.

**Dr ROWAN:** I take the interjection from the minister. My view is that Drug Courts can achieve a translational benefit. The expenditure of taxpayer dollars does require a resultant outcome and this lack of translational outcome to date is characteristic of Labor’s do-nothing approach to government here in Queensland.

The Queensland Drug and Specialist Courts Review was commissioned by the Palaszczuk Labor government. Their final report was brought down in November 2016, it was tabled in the Queensland Legislative Assembly on 13 June 2017 and still the court has never heard a case. My concern is that while Labor have been organising reviews and undertaking talkfests, the ice usage rates in some parts of Queensland continue to be out of control. It was reported in September that the usage of crystalline methamphetamine—ice—is causing pressure on the state’s child safety department, with more than one-third of children taken into care coming from parents addicted to the drug.

A drug and alcohol treatment order would have both custodial and rehabilitative components. A team comprising the court and representatives of the Queensland Police Service, Queensland Health, Queensland Corrective Services, the Department of Justice and Attorney-General and Legal Aid Queensland can and would assist the court to manage and administer each treatment order. It is of some importance to note that this bill does not re-establish the Drug Court per se. It does implement changes to the framework for treatment orders and drug rehabilitation orders in a broad sense. It does,

however, anticipate that the Drug Court will be re-established. Together with the committee and members on this side of the House, I am of the view that this bill should be passed. As the LNP shadow minister has indicated, the LNP will not be opposing this legislation.

In my remaining time I also take this opportunity to highlight a few other issues of relevance. There continues to be a number of other public policy challenges related to emergent and problematic substance dependency disorders. There are issues with respect to not only illicit drugs but also synthetic drugs which mimic the effects of cannabinoids or amphetamine type stimulants or mimic the hallucinogenic effects of drugs like LSD. There are also growing dependency problems related to prescription opioid analgesics and over-the-counter codeine-containing medications. A number of evidence based treatments need to be further implemented here in Queensland.

There are many addiction medicine specialists and others who are seeing significant problems with over-the-counter codeine-containing medications. It is not unusual for them to see patients such as a 30-year-old female who might have a chronic pelvic pain disorder post delivery or chronic endometriosis. She may have three children and develop a comorbid mood disorder such as depression and then become addicted to codeine-containing medications, taking in excess of 80 tablets per day. That certainly requires people to access opioid substitution therapy programs and receive psychological interventions including cognitive behaviour therapy and also pain programs as well.

The federal government announcement that over-the-counter codeine-containing medications will be rescheduled to prescription only from 1 February 2018 will have the capacity to reduce some of the harms associated with those. The implementation of a real-time monitoring system right across Australia in relation to not only over-the-counter codeine-containing medications but also prescription opioid analgesics will be very important as well. In Queensland we need enhanced access to services in many parts of Queensland whether they be in the public or private sectors in relation to substance dependency disorders. It is my view that we need a further enhanced whole-of-government strategy here in Queensland in relation to not only illicit drugs but also alcohol, tobacco, synthetic drugs and also some of the emergent issues related to prescription opioid analgesics and also over-the-counter codeine-containing medications. One of the unfortunate things has been the highly politicised debate about alcohol fuelled violence that has been very divided. That has really been a lost opportunity to implement some truly evidence based solutions in relation to substance dependency disorders.

This legislation will pass today and it is certainly in the interests of Queenslanders that it do so. We need enhanced programs and strategies around demand reduction, supply reduction and harm minimisation in relation to access and availability to treatment services to ensure that the many people in Queensland who are vulnerable and disadvantaged who may be suffering with social, economic and health disadvantage get the treatments that they need.