




Speech By
Brent Mickelberg

MEMBER FOR BUDERIM

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MEDICINES AND POISONS BILL

THERAPEUTIC GOODS BILL

 **Mr MICKELBERG** (Buderim—LNP) (12.37 pm): I rise to speak in the cognate debate on the Medicines and Poisons Bill and the Therapeutic Goods Bill. I note at the outset that the LNP will not be opposing these bills. These bills were referred to the State Development, Natural Resources and Agricultural Industry Development Committee given the health committee was apparently a tad busy. It made for some interesting questions, which I suspect departmental staff were not expecting—particularly those in relation to the impact on primary producers' use of poisons in wild dog baiting programs.

I thank the committee secretariat staff, ably led by Dr Jacqui Dewar, for their support in considering these bills. I also acknowledge the work of my fellow committee members—the members for Bancroft, Condamine, Bundaberg, Ipswich West and Mount Ommaney. Despite our clear differences in political opinion, for the most part the committee's hearings and work are conducted in a constructive fashion.

The Medicines and Poisons Bill is a complex one. It seeks to make considerable changes to the way that medicines and poisons are regulated across the state. Throughout the committee deliberations it became clear that much of the information concerning the proposed legislation was incomplete, with considerable new regulation and standards required to implement the proposals. Such an approach has caused concern among industry and other stakeholders who have indicated they need confidence in relation to the detail of what is being proposed by the government.

One of the most significant aspects of this legislation is the introduction of real-time prescription monitoring. The proposal had widespread support as it seeks to reduce the significant problem of death or serious injury resulting from the inappropriate consumption of prescription medicines. The practice of doctor shopping is well known, and real-time prescription monitoring will significantly restrict the ability of those who seek to misuse prescription medicines. It is pretty clear that drug use, both prescription and illicit, is at record levels. Since 2008, the number of Queenslanders who died from unintentional overdoses has increased by more than 40 per cent. In my own community on the Sunshine Coast, we have seen a 340 per cent increase in accidental overdoses.

Of considerable concern is the fact that the proposed real-time prescription monitoring system will be used only by GPs and that hospitals will not be captured under the proposed scheme. The AMA informed the committee—

... we feel it is very important that the real-time prescription monitoring and the framework of prescribing monitored substances around that applies to all prescriptions that are going into the community

...

While many prescriptions are generated in primary care, I would suggest possibly a majority of monitored substances are initiated outside of primary care—either in an emergency department or as part of a discharge—so it is important that those prescriptions are monitored and subject to the framework as well.

Given those comments and the committee's recommendation in relation to this issue, it is disappointing that the minister has decided not to extend the system to hospitals in a timely fashion. Such an approach would better capture the high-risk prescription medicines such as painkillers and opioids which are routinely provided in hospitals.

The committee also heard concerns from doctors in relation to the implementation of the proposed real-time prescription monitoring system and the requirement for a model that avoids duplicating existing processes or creates an additional time burden on already time poor doctors. Given Queensland Health's history in relation to the implementation of IT projects, I suggest that their concerns are warranted and the implementation time frames outlined by the Chief Health Officer are cause for concern. I ask the minister to ensure that these concerns are given the attention that they deserve given the potential impact on practitioners and patients alike.

Concern was also raised in relation to the checking of patient history from other states, which is particularly of relevance in areas close to the border such as on the Gold Coast. Systems integration which provides capability for the real-time checking of patient history in other states is the next logical step in the evolution of real-time prescription monitoring.

Just to highlight the complexity of this bill, concerns were raised by pest management companies in relation to the dual licensing requirements from both the QBCC and Queensland Health. While I can appreciate that the licensing requirements for both departments differ, surely it is the role of government to reduce these kinds of duplicated processes and the web of red tape that is choking small businesses such as local pest controllers.

We heard in Townsville from the member for Bancroft, who suggested that the LNP's only answer to drug misuse is to lock people up, but his comments are misleading. As the member for Caloundra so succinctly outlined, the LNP believes that more needs to be done to break the ice epidemic which is devastating families and the broader community. That is why we have committed to establishing four new drug rehabilitation centres across the state. Our comprehensive plan to address the ice scourge was informed by a statewide community engagement process where those who are affected by drugs had the chance to tell their stories. In addition to the rehabilitation centres, the LNP's policy includes greater education and awareness along with coordinated law enforcement which targets the organised crime networks that are peddling drugs within our community.

Mr DEPUTY SPEAKER (Mr Kelly): Member, I bring you back to the long title of the bill.

Mr MICKELBERG: Thank you, Mr Deputy Speaker. I note the committee's recommendation in relation to the concerns of the rural sector, particularly in relation to the requirement for substance management plans for some rural poisons and animal husbandry products. Specific concern was detailed in relation to the need for publication of S7 poisons held on rural properties in the substance authority register. Given what we have seen this year with vegan extremists disregarding the law and storming privately owned farms, the concerns of primary producers are to my mind justified.

Before I finish my contribution, I will touch on the Therapeutic Goods Bill, which proposes adoption of the Commonwealth Therapeutic Goods Act 1989 as Queensland law. To date, Queensland and Western Australia are the only two states who have not adopted the Therapeutic Goods Act. Adoption of the Commonwealth act aims to remove the need for separate manufacturing, advertising, labelling and packaging requirements which seems to make sense to me and will reduce unnecessary regulatory burden.