




Speech By
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MEMBER FOR BANCROFT

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MEDICINES AND POISONS BILL

THERAPEUTIC GOODS BILL

 **Mr WHITING** (Bancroft—ALP) (4.19 pm): I rise in this cognate debate to speak in support of the two bills before us. Before doing so, I want to touch on an issue that the member for Mudgeeraba talked about—that is, dealing with issues of substance abuse. I have been an elected official for about 20 years now. For many years in my community, we have had waves of substance abuse that affect the whole community. We have heard much talk here about what is best for Townsville, as well as other parts of Queensland. I do know that nothing works better than getting people, at night as well as during the day, into the community to work with young people and older people, spending time with them, getting their trust, introducing them to certain solutions for dealing with deeper problems and also working with their families. That takes many years of trust building, whether it be in Townsville or elsewhere. You cannot build that trust by constantly threatening imprisonment. You have to work every day in depth with those people, who are often out on the streets because their home situations are absolutely intolerable. I look forward to hearing about the LNP plan and how they intend to work in depth and on the ground with people who do not deserve to be punished but do need to be helped. That is the only long-term solution to some of these issues.

The bills before the House are very important. It is very clear that the old legislation is outdated and not fit for purpose. The health system is still using an act that was passed in 1937. I have no doubt that we will have to go around this legislation as technology, science and medicine keep improving. Having conducted inquiries into these bills, it is very clear that we need an up-to-date system right across Australia. These bills mean that Queensland can play its part. The bills will give us a new framework and the ability to make the regulations that we need to control the medicines that keep Queenslanders healthy.

As the chair of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, I welcome the response of the minister to our recommendations. I say to the member for Mudgeeraba that we made recommendations because we thought they were very appropriate, given that across Australia it has taken nearly 20 years to rewrite these acts. It was a massive exercise. Our report reflects the seriousness and depth of work that has been done across Australia in this particular sphere.

On the Therapeutic Goods Bill, we made one recommendation, which was that it be passed. That will give us a nationally consistent approach to the management of medicines, poisons and therapeutic goods. It brings Queensland into line with the other jurisdictions.

On the Medicines and Poisons Bill, there are three features that I want to touch on, and the first relates to the prescription monitoring system. This bill will allow for the introduction of an up-to-date framework of regulations and controls, which is what we need. It will create a real-time monitoring

system for scripts and dispensing that will help prevent people from doctor shopping for opioids. It will help to minimise the abuse of prescription drugs. It will minimise overprescription, help to reduce dependence and help to identify high-risk users.

We have heard and will hear of the many Queenslanders who are addicted to prescription drugs, which do cause death and suffering. Those drugs are obtained from the chemist, having been prescribed by a doctor. While the current system of monitoring is good, it is clear that it is not as effective as it could be. Currently, doctors can only check on the patient sitting in front of them during a consultation by ringing up and checking the database. They then have seven days to update the database on what they have prescribed for that patient. There is no immediate update via an online tool. Through these changes, the online database will be able to be updated instantly. People were concerned that that would introduce another step or more red tape. During the inquiry, witnesses told us that the online tool for the database can be integrated into the script-writing software or a script-writing app, so there will be no extra red tape involved. It will be a very minor addition by the doctor on a screen that would already be open. I think that is a very important point.

It is clear that across Australia we need a consistent script monitoring system and this legislation will help Queensland to be a part of that. The system will come in across Australia. That is important for us, because we have an urbanised border with New South Wales. Doctor shopping across either side of the Tweed is something that we do not want to see.

The committee recommended that the prescription monitoring system be introduced into public hospitals as soon as possible. We are all very aware of the amount of pressure that is being placed on our emergency departments and our public health system in general. We absolutely accept that Queensland Health is committed to rolling out the monitoring system as soon as possible. However, we wanted to ensure that our hospitals do not fall behind other sectors. We cannot fall behind other health providers in real-time script monitoring and that is the message that we want to send to our health bureaucrats.

I turn to the issue of substance management plans, which the minister has touched on. Substance management plans need to be made by a place or a person where medicines are manufactured or supplied, such as a hospital or a prison, or a local government that has a pest-baiting system. The legislation streamlines the medical cannabis prescription system, so that non-specialist medical practitioners can prescribe it without Queensland Health approval. From 1 July we have had a system where specialist practitioners can prescribe those products without Queensland Health approval, which I think is a great advancement. However, we need to ensure that there are no more delays and costs for people who should no longer have to jump through the hoops.

I want to finish with a couple of anecdotes about the differences that I know that the systems that the bill will introduce can make to people's lives. The first is about the impact of the abuse of prescription drugs, which is very real and is felt by all members of my community. In my community I once knew a person whose life was dominated by addiction to such substances. I know that every day she fought that addiction. She got onto an early Subutex program, which is an opioid blocker medicine that is an alternative to methadone.

Every day was a struggle for her. I tried to stop her from doctor shopping when she lapsed. A couple of times, she called me to pick her up from a doctor very far away from where we lived. By the time I got there, she had already filled the script and taken the medication, and then the guilt would start. When she was not in a fit state, I looked after her child and I will be always thankful for that. She was a victim of childhood abuse and that was the real issue in this case, not the drugs. It was a battle that she never won, no matter what she achieved in her life. We lost her a couple of years ago and I spoke at her funeral. I have thought about this: maybe if we had this monitoring system, she would still be alive today. That is something that I will never know.

I have seen the difference that medicinal cannabis can make in people's lives. In my electorate office, I have been visited by a number of people with chronic illness and chronic pain whose lives are being turned around by medicinal cannabis. No longer do they have to exist on a diet of opioids as they try to avoid the trap of dependence. I remember when one bloke who, when I first saw him, could not raise his arm above his shoulder due to a vehicle accident. Basically, he was tethered to his house. We helped him to get onto a specialist program that was trialling medicinal cannabis. The last time I saw him, he was waving his arm about and he was driving again. I remember two other people with chronic conditions who needed help to try to navigate the system to get better and more consistent access to those products.

I point out that those are working-class people who are looking for another path so that they can have a new and better life. They are not wild-eyed cannabis enthusiasts. They are just normal working people who lived every day with chronic pain and chronic conditions. We were able to help them to

navigate the system, to get them onto something that improved their quality of life incredibly. In this debate I think about all of those people. I think about Caroline and all of the other people whose lives will be or could have been improved enormously by the enactment of this bill. That is why I commend the bills to the House.