




Speech By
Jessica Pugh

MEMBER FOR MOUNT OMMANEY

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MEDICINES AND POISONS BILL

THERAPEUTIC GOODS BILL

 **Ms PUGH** (Mount Ommaney—ALP) (4.55 pm): I must say that I feel like a bit of a wowser. I was up here yesterday speaking about alcohol and its continued over-representation in fatal traffic accidents, and now I am up here again today speaking on the Medicines and Poisons Bill 2019. I am specifically very interested in the introduction of the real-time monitoring of prescription medicines. This is in keeping with the minister's commitment in April 2018 to implement a real-time prescription monitoring system which is referred to in the legislation as the monitored medicines database.

This is so incredibly important because we know that the legality of opioids means they are inevitably easier and more socially acceptable to access than their illegal counterparts. This means that they are a significant contributor to presentations in our hospitals nationwide. The Australian Institute of Health and Welfare report into opioid harm in Australia reported that around 3.1 million people were dispensed opioid prescriptions in 2016-17. In that same period, there were 5,112 emergency department presentations and 9,636 hospitalisations due to opioid poisoning. This represents a 25 per cent rise in the rate of hospitalisations due to opioid poisoning between 2007-08 and 2016-17.

The report found that 11 per cent of Australians aged 14 and over said they had used opioids for illicit and non-medical purposes in 2016. The report also said that in 2016 pharmaceutical opioids were involved in more opioid deaths and opioid poisoning hospitalisations than heroin. The rate of opioid deaths increased by 62 per cent from 2007 to 2016. It is important to note that some of these hospitalisations would be due to intentional overdose and some accidental.

It is this increasing rate of hospitalisation that speaks to the need for us to ensure as a government that doctors are able to keep an eye in real time on the prescription of these potentially dangerous drugs and ensure that patients are not participating in a practice colloquially known as 'doctor shopping' to get access to more opioids than they would be able to get from a single doctor, with total oversight into the amount of drugs a patient has accessed previously.

This legislation will establish real-time prescription monitoring that will meet a recommendation of the Health Ombudsman's 2016 report titled *Undoing the knots constraining medicine regulation in Queensland*. It will establish the system, as I said, that will meet the commitment made by the Minister for Health and Minister for Ambulance Services to the COAG Health Council in April 2018. The database will monitor prescription information related to high-risk medication such as pharmaceutical opioids and other prescription-only medicines associated with abuse and drug seeking—for example, sedatives, sleeping tablets and products that combine codeine with other medicines. This will aid clinical decision-making by providing GPs and pharmacists with access to real-time prescription and dispensing information before they prescribe or dispense certain medicines and at the time of consultation. Clinicians will be better able to identify patients who may be at risk of harm due to dependence or high-risk use of certain prescription medication. This will help ensure that these medicines are prescribed and dispensed safely.

I note that some GPs raised concerns that they could be put at risk from agitated patients whose request for an unsuitable prescription is denied by a doctor. I also note the minister's response that they would not be subject to an adverse finding if they prescribed medication in those specific circumstances. I also note that, overall, the medical profession supports these changes because it understands, as I think does everybody in this House, just how important it is for real-time intervention to be available to patients at risk of opioid addiction or abuse.

Currently, there is a two-week lag for doctors to find out whether a patient may have engaged in the practice of doctor shopping, and two weeks is a long time when misusing a substance. Crucially, as the minister mentioned, being close to the border, as many population centres of Queensland are, like Brisbane and the Gold Coast, makes it even easier to doctor-shop. That is why it is crucial that these regulations are nationwide.

In 2016, opioid deaths accounted for 62 per cent of all drug induced deaths in this country. That is not only more than any other drug; it is also more than every other drug combined. From 2007 to 2016, after adjusting for differences in the age structure of the population, the rate of opioid deaths increased by 62 per cent, from 2.9 to 4.7 deaths per 100,000 population. This increase was driven by an increase in accidental opioid deaths and in pharmaceutical opioid deaths. Let me be clear: for those who need it, these medications are incredibly important; however, we need to acknowledge the reality that they are potentially addictive and need to be treated as such. They are responsible for more deaths than any other drug. I am sure that each of us in this House—as indeed many already mentioned—knows or loves somebody who has misused opioids, perhaps to a dangerous level. The statistics and the stories bear this out. This bill will ensure that we treat opioids with the seriousness they deserve. I commend the bills to the House.