



Speech By  
**Ros Bates**


**MEMBER FOR MUDGEERABA**

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**MEDICINES AND POISONS BILL**

**THERAPEUTIC GOODS BILL**

 **Ms BATES** (Mudgeeraba—LNP) (4.06 pm): I rise to speak in this cognate debate on the Medicines and Poisons Bill and the Therapeutic Goods Bill, introduced into the parliament by the health minister in May this year. At the outset, I want to say that the LNP will not be opposing the Medicines and Poisons Bill, but will be raising some of the issues outlined by stakeholders during the parliamentary committee review. The LNP will also not oppose the Therapeutic Goods Bill.

For ease of reference, I will be addressing each bill separately, starting with the Medicines and Poisons Bill. As I mentioned earlier, the LNP will not be opposing this bill, but LNP members will speak to some of the issues raised by stakeholders. In fact, the parliamentary committee that reviewed the bill made 10 recommendations to the government, including that the bill be passed. I should point out that those recommendations came from Palaszczuk Labor government members of the committee as well. Some of those recommendations and the issues raised by stakeholders show that there is concern about the lack of detail in the bill and the regulations and standards that are being replaced.

This is a significant piece of legislation that will repeal and replace the existing legislation with a new regulatory framework that has greater alignment with national regulations. For example, schedule 1 of the draft Medicines and Poisons (Medicines) Regulation 2019, which was tabled, refers to a number of departmental standards that are yet to be made, including standard 6 regarding substance management plans. The detail of these plans should be provided in legislation or, at the very least, in regulation and should already have been completed. The bill will repeal and replace the existing legislation with a new regulatory framework comprising the Medicines and Poisons Bill, the Medicines and Poisons (Medicines) Regulation—the medicines regulation—and the Medicines and Poisons (Pest Management, Poisons and Other Regulated Substances) Regulation—the poisons regulation.

As outlined in the explanatory notes to the bill. The National Drug Strategy 2017-2026 released by the Commonwealth Department of Health in 2017 noted that the implementation of real-time monitoring of prescription medicines such as pharmaceutical opioids could assist in reducing the supply of illicit and illicitly used drugs. There was national agreement at the April 2018 Council of Australian Governments—COAG—Health Council meeting to support the implementation of a national real-time reporting solution. There is strong support for the introduction of real-time prescription monitoring, which is implemented through this bill, and the potential to prevent death or serious injury from a practice colloquially referred to as doctor shopping by people who are addicted to prescription medicines.

Only last week we saw the latest media reports about the impact that drugs are having on people across Queensland. The new research commissioned by the Penington Institute shows that the number of people dying from all kinds of drugs in unintentional overdoses in Queensland has gone up by more than 40 per cent since 2008. The report shows the increase in accidental overdoses from 2013 to 2017 compared to 2003 to 2007.

Sadly, the statistics speak for themselves. We have seen a 600 per cent increase on the Granite Belt, a 450 per cent increase in the Bowen Basin, a 410 increase in Hervey Bay, a 340 per cent increase on the Sunshine Coast, a 317 per cent increase in Wide Bay and a 300 per cent increase in the Far North. In 2017 there were 130 unintentional drug deaths in Brisbane and 130 in Queensland regions. It is said that patients typically progress from painkiller opioids to illegal drugs like ice and heroin.

The LNP supports the introduction of real-time prescription monitoring and we implore the government to work with doctors and pharmacists to get these changes right. We have seen only too often how Labor and Health IT projects just do not mix and we do not want this to be another bungled implementation. As the Royal Australian College of General Practitioners said in its submission to the bill—

General practitioners (GPs) across Queensland will, in general, applaud the ability to provide additional safety to their patients when prescribing. Nevertheless, the RACGP recognises that real-time prescription monitoring will impose on GPs yet another responsibility to perform in consultations that are already crowded in terms of activities and red tape against reducing real rebates. It is therefore essential that the implementation of the real-time prescribing initiative is done in a way that allows general practitioners to build it seamlessly into their workflows.

It is important to understand the concerns raised by doctors in relation to the implementation of the new system and the need to have an integrated model that avoids duplication of tasks or unnecessary additional bureaucracy for medical practitioners and pharmacists. AMA Queensland also raised implementation concerns as part of its submission to the committee. It said—

- i. Our members are concerned with the double log-in requirements of the new system for prescribers to obtain an approval before prescribing some S4 and S8 medicines and how feasible this will be in busy practices
- ii. Our members have also expressed concern about the possibility of an increase in assaults against General Practitioners due to this new requirement and we recently wrote to the Health Minister expressing this concern
- iii. Our members question whether the new ICT system (which doctors will have to log in to) will easily communicate with existing IT systems used in GP practices and the 'seamless' application of this new requirement
- iv. AMA Queensland notes the 12-month phase-in period before penalties will be applied for not seeking an approval and will be seeking information from Queensland Health about the monitoring of this phase-in period.

The concerns around assaults on staff, particularly nurses and paramedics, is something that we have raised before and in relation to this bill this is an issue that needs to be monitored by Queensland Health. In relation to other elements in the bill, there was considerable concern regarding the lack of oversight of substance management plans, the SMPs, which may be a role for the Medicines Regulation and Quality Unit as raised by the Queensland Nurses and Midwives' Union. Any consideration of that oversight role would also need to determine whether any additional resources were needed. In its submission to the committee the QNMU said—

In our view, the SMP is integral to operation of the bill and regulation. There are several factors that make the SMP itself a risky proposal. Regulated places and responsible persons (as defined under section 92(b)) need much greater support and guidance in their formulation. The bill seems to assume the responsible person will somehow know how to prepare an SMP without the benefit of a model plan. We believe there should be one recognised statewide standard SMP template written by the Therapeutic Goods Administration (TGA) in consultation with the Australian Commission on Quality and Safety in Health Care (ACQSHC) that can then form the basis of individual SMPs.

The QNMU is concerned that without such an approach the system will be highly reliant on the capacity of relevant entities to develop these plans with the attendant risks of manipulation, variable standards, as well as safety and quality risks. I note the minister's response to these concerns in his address-in-reply. In summary on the Medicines and Poisons Bill, I thank and acknowledge the State Development, Natural Resources and Agricultural Industry Development Committee for its detailed consideration of the bill and the 10 recommendations for government.

We wanted to raise the concerns of pest management, about dual licensing and red tape, which have seemingly been ignored. It is another slap in the face for small business in Queensland. There are also issues about the public register of schedule 7 poisons that was raised by AgForce. While we appreciate the advice from Queensland Health about discretion from the chief executive, we would urge caution in any publication given the well-documented illegal protest activities from animal extremist that have terrorised law-abiding regional Queenslanders. In relation to these issues, during the public hearing AgForce advised the committee—

With regard to the public register for holders of restricted schedule 7 substances or poisons, AgForce recommends that landholders can opt out of that requirement. Producers effectively manage the storage of vertebrate poisons on their farms. They are very careful with them and store them appropriately, as legislated and required. There is a risk that a public register could be misconstrued and used against producers, especially when we see the increased level of activists invading farms and sometimes when pet owners are quick to blame someone for the death of their pet dog if they suspect toxicity. A public register of producers with some of those restricted schedule 7 substances, such as 1080, PAPP and strychnine, could be misconstrued and that puts people at risk.

The Therapeutic Goods Bill complements the changes made to the Medicines and Poisons Bill. As I mentioned earlier, we are not opposing the Therapeutic Goods Bill. The bill proposes to adopt the Commonwealth Therapeutic Goods Act as Queensland law. The explanatory notes outline that the bill enhances national consistency, reduces regulatory burdens and ensures appropriate safeguards are implemented to protect the health and safety of the community. The bill gives effect to the recommendations of a national review of medicines and poisons regulation commissioned by the Council of Australian Governments, the *National competition review of drugs, poisons and controlled substances legislation*, also referred to as the Galbally review.

In 2001 the Galbally review recommended all states and territories adopt the Commonwealth Therapeutic Goods Act. The Galbally review identified net benefits to the Australian community from adopting a comprehensive national legislation framework for the regulation of drugs, poisons and controlled substances. As part of these changes, the Queensland parliament will retain its authority over matters subject to Commonwealth law. Queensland and Western Australia are the only states that have not adopted the Therapeutic Goods Act into law to date.

As the explanatory notes to the bill state, the Commonwealth Therapeutic Goods Act places standardised controls on the manufacture, import, export, supply and use of safe and effective therapeutic goods in Australia. Due to constitutional limitations, currently the Commonwealth act only applies to corporations and Queensland entities that trade interstate or overseas. The Commonwealth act does not apply to manufacturing entities trading as partnerships, trusts or sole traders who are not engaged in trade outside Queensland. The quality, safety, efficacy and timely availability of the therapeutic goods that these entities produce are not regulated. This has the potential to lead to safety issues for those purchasing unregulated manufactured therapeutic goods such as herbal medicines and vitamin supplements. Adoption of the Commonwealth act in Queensland is intended to ensure equitable application of therapeutic goods regulation, improve national consistency and ensure the safety of products manufactured and sold within Queensland. There was only one stakeholder who made a submission on the bill.

I will finish my contribution by saying that the LNP believes more needs to be done to break the ice epidemic, particularly in regional Queensland. Ice has infiltrated our small towns and cities. It is destroying families and attacking the very soul and fabric of our communities. This is a drug that does not discriminate; it decimates. Cars get stolen, houses are robbed and businesses are being broken into just so people can feed their habit. There is nothing more heartbreaking than when someone reaches out about how ice has devastated their family, extended family, livelihood and their community.

The LNP has a comprehensive ice plan that provides more treatment, more education and awareness and four additional rehabilitation and detox centres across regional Queensland. This is a priority policy for Deb Frecklington and the LNP team and one that will help bridge the divide between our regions and the south-east. More does need to be done to take ice off our streets and help those suffering from its impact. We do not want our regional towns and regional people to suffer any more from the ice epidemic ravaging Queensland.

The LNP's comprehensive plan includes four new drug and alcohol rehabilitation centres across the state, including in Townsville; greater education and awareness; coordinated law enforcement; and shutting down organised crime networks that supply drugs to our kids. While Labor is struggling to find a site for its one additional rehab facility in Rockhampton, the LNP does have a comprehensive plan to help those struggling to break their addictions and to protect community safety. I look forward to monitoring the minister's response to the implementation issues as raised by stakeholders on the Medicines and Poisons Bill.