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SUBJECT: (no subject found)

MEMBER: Mrs LAUGA

 **Mrs LAUGA** (Keppel—ALP) (11.55 am): Today I rise to speak in support of the Medicines and Poisons Bill 2019 and the Therapeutic Goods Bill 2019 in this cognate debate. The Medicines and Poisons Bill establishes a new regulatory framework to modernise and streamline the regulation of medicines and poisons in Queensland. A new regulatory framework is needed to modernise and streamline the regulation of medicines and poisons. The bill aims to ensure medicines and poisons are made, sold, used and disposed of in an appropriate, effective and safe way; to ensure health risks arising from the use of the substances are appropriately managed; and to ensure persons who are authorised to carry out activities using the substances have the necessary competencies to do so safely.

I am particularly supportive of the provisions of this bill relating to real-time prescription monitoring. The Medicines and Poisons Bill provides a head of power for the establishment of a real-time prescription monitoring scheme to essentially align with other jurisdictions and to meet Queensland's obligations under the national agreement to manage the use of dependence forming medicines. The scheme will include all schedule 8 medicines and some high-risk schedule 4 medicines such as Valium, codeine and Stilnox.

I was speaking to two pharmacists at the chemist recently and they told me that they are very pleased with the proposed changes to implement real-time prescription monitoring for schedule 8 medicines and also the higher risk schedule 4 medicines. Pharmacist Cindy told me that she regularly sees people with multiple prescriptions for schedules 4 and 8 drugs who have doctor shopped to get the prescription and she agrees that these new measures will put a stop to not only the abuse of these medications but also the use of these medications in the cooking of illicit drugs.

If we are going to have a full and frank discussion about addressing drug addiction in Queensland though, we must address the prescription medication addiction epidemic. Drugs of dependence are prescription medications that have a recognised therapeutic need but which have a higher potential for misuse, abuse and dependence. Drugs of dependence like morphine, hydromorphone, pethidine, methadone, codeine phosphate, benzodiazepine and oxycodone are all drugs of dependence.

The 2019 Australian wastewater drug monitoring report found that consumption of prescription medication like oxycodone in regional Australia was much higher than in capital cities. In fact, the average oxycodone consumption increased in both capital and regional cities across the country. Oxycodone and fentanyl are two legally prescribed pharmaceuticals in Australia, but they have potential for absolute abuse. The abuse of and addiction to prescription medication in Australia is a real problem. We are experiencing what I would suggest is an overdose crisis, and many of these overdoses are accidental as a result of misuse of legal prescription medication.

The 2019 Australian overdose report has revealed a spike in the number of overdose deaths. We know that opioids cause the majority of overdose deaths in Australia, accounting for 53 per cent of all accidental drug related deaths in 2017. Coronial statistics indicate an annual death toll from prescription opioids approaching 1,500 people each year and increasing.

016 In fact, in the last 12 years the number of drug induced deaths involving opioids has nearly tripled—increasing from 338 in 2006 to 904 in 2017. The majority of opioid induced deaths continue to involve pharmaceutical opioids only. Further, from 2008 to 2017, accidental deaths involving benzodiazepines have more than doubled.

Although drug abuse is typically associated with younger people, the report found that it is middle-aged Australians aged between 30 and 59 years who have the highest incidence of accidental drug induced mortality. It also showed that rates of accidental overdose remained higher for men and Aboriginal Australians and that this gap is widening.

Even though pharmaceutical drugs of dependence may be prescribed by a doctor—and it is legal—that does not mean that there are no consequences and that addiction will not occur. Someone is addicted to prescription medication when they lose the ability to control their prescription usage. They

feel an uncontrollable urge to use and they have incredible difficulties stopping themselves from using the prescription medication. They will also be likely to be using much more than the prescribed dose, as their body builds up a tolerance to the drug. Over time, as their body's tolerance increases, they must increase their dosage to feel the same effects.

Expanding access to drug treatment services and increasing drug education in the community is key to addressing the rising rates of overdose. I am incredibly proud of the Palaszczuk government's \$14.3 million commitment for a 42-bed ice, alcohol and other drugs residential detox and rehabilitation centre for Rockhampton. It is even better that this new facility will provide treatment for people who are not only addicted to ice, alcohol and other illicit drugs but also will provide detox and rehabilitation treatment for people in my community who are addicted to prescription medication.

It is great news that, this week, the non-government organisations are being invited to submit offers to the new alcohol and other drug treatment service in Rockhampton. The successful service provider will be responsible for the delivery of residential rehabilitation and withdrawal management services at a suitable Rockhampton site, the location of which is yet to be confirmed, and a day program. This is another big step in extending these vital services in Rockhampton and Central Queensland. The Palaszczuk government is committed to tackling drugs and the devastating effects they have on individuals, families, communities and our economy. It is important for us to find an experienced NGO service provider to deliver these much needed treatment services in my community.

In addition to the residential service, a non-residential day program will be established in Rockhampton by mid-2020. The day program will be targeted at young people to help them get the right treatment and support within their community at a central location that is easy to access. The NGO chosen will also deliver rehabilitation and withdrawal management services at the new \$14.3 million residential facility once it is open. By selecting the NGO now, the organisation can be involved in the planning of services at both locations and can contribute to future community consultation. I have been fighting hard to get this facility built in Rockhampton for years and this funding is a great next step closer to it becoming a reality.

This facility will be the first of its kind in Queensland, so finding the best possible alcohol and other drug provider to run it is really important. We want this facility to be one that other regions, states and countries look to as best practice. With the right NGO, we can make this happen. Additionally, early engagement will enable specialist advice to be considered as part of the design and fitout of buildings and assist in the early coordination of service delivery with other local service providers. We know that providing care closer to home, in communities and for communities improves lives. This process is getting us closer to being able to do that for the people of Rockhampton and the wider Central Queensland community. Currently, Queensland Health is continuing discussions with the Rockhampton Regional Council and undertaking several preliminary land use planning investigations to determine the feasibility of the proposed Music Bowl site, including traffic, bushfire and flood investigations.

I was quite shocked when the member for Mudgeeraba came into this place when parliament was sitting in regional Queensland—in Townsville—and outlined the LNP's ice plan. She made it very clear that the LNP has no centre promised for Central Queensland whatsoever. The LNP and the member for Mudgeeraba came into this place and refused to commit to the detox and rehabilitation centre for Rockhampton. They have made a commitment for four detox and rehabilitation centres across Queensland, but have completely overlooked the desperate need of my Central Queensland community.

**Ms BATES:** Mr Deputy Speaker, I rise to a point of order. The member is misleading the House. That is not true. We have committed to the detox facility—

**Mr DEPUTY SPEAKER (Mr Kelly):** Order! Member, there is no point of order. If you believe that the member is misleading the House, there is a process to follow in relation to that. I urge you to follow it.

**Mrs LAUGA:** Only Labor is delivering on a new detox and rehabilitation centre in Rockhampton. Only Labor went to the 2017 state election with a plan to build this centre. The member for Mudgeeraba and those other members opposite did not make a commitment for a detox and rehabilitation centre in Rockhampton at the last state election. Only Labor did. No other party had the vision to commit to building this centre to provide the treatment to people in Central Queensland that they need to get well. I look forward to the successful tenderer being announced to run the detox and rehabilitation centre in Rockhampton. I commend this bill to the House.