

SECOND READING SPEECH

POISONS AMENDMENT BILL 2008

Mr Speaker

The *Poisons Amendment Bill 2009* relates to the prescription, supply and authorisation for use of drugs of dependence. Drugs of dependence include schedule 8 substances such as morphine and amphetamines.

Specific limitations relating to the use of these drugs under authority are currently contained in Part III of the *Alcohol and Drug Dependency Act 1968* (referred to as “the ADDA”) as well as in the *Poisons Act 1971*. The transfer of Part III of the ADDA to the *Poisons Act*, by way of this Bill, will mean that all prescribing aspects of these drugs will be housed in one piece of legislation.

The aim of moving Part III of the ADDA to the *Poisons Act* is to simplify the requirements for practitioners.

The Bill recognises that some dentists and authorised nurse practitioners are able to prescribe drugs of dependence, in addition to medical practitioners, and makes provision for these professions.

It is also an opportunity to modernise the language of the prescribing requirements to bring them into line with 2009 standards.

The Bill includes definitions of “drug-dependent person” and “drug-seeking behaviour”. The new definitions reflect with greater clarity the current prescribing situation as compared to the 1968 descriptions. These definitions reflect both the pharmacological as well as medical meanings of the terms. The term “drug addiction” has deliberately not been used as it can have a pejorative meaning.

The Bill maintains the same limitations and restrictions on prescribing drugs of dependence that have previously existed in the ADDA.

Drug-dependent persons and those who need a continuous supply of the substances beyond the prescribed period (currently two months) may only be prescribed the drugs if an authority has been granted by the Secretary of the Department of Health and Human Services, acting on the advice of a panel of medical practitioners and/or Departmental pharmacists with appropriate expertise.

The Bill contains an exemption from the usual controls for an inpatient in a hospital or Alcohol and Drug treatment centre; or in an emergency, where a patient requires the drug as an initial response to trauma or an acute condition.

The Bill provides clarification of the situations in which practitioners are required to notify immediately the Secretary about a person seeking a drug of dependence from them. Practitioners will be obliged to immediately notify only where the person seeking the drug:

- has a history of drug-seeking behaviour; or
- is exhibiting drug-seeking behaviours; or
- is likely to misuse the drug;

and then, only if the practitioner does, in fact, prescribe a drug of dependence to that person or has prescribed such a drug in the past. The rule has been simplified so that practitioners no longer need to report patients whose dependence is a result of medical treatment with a drug of dependency; and to ensure practitioners properly understand their obligations under the Act.

The notification requirement is intended to apply to those whose behaviour indicates their involvement with these substances is such that prescribing to these patients is both a risk to themselves as well as a public health risk to the wider community. Tasmania has very little to no heroin use and it is prescribed opioids that are misused in this State, causing significant morbidity and mortality.

This Bill maintains the practice of minimising exposure to drugs of dependence to ensure the continued protection of consumers of these

drugs. The Bill (as was the case under the ADDA) ensures that, where warranted, the drugs remain available, but limit the scope for abuse of the drugs.

Mr Speaker, the *Poisons Act* is the Act that controls the manufacture, sale, supply and possession of drugs and poisons. The ADDA is an Act that provides for the treatment of persons with a dependency.

It is highly appropriate that provisions dealing with the supply and prescribing by practitioners of drugs of dependence ought to sit in the *Poisons Act* and this is precisely what this Bill achieves.

I commend the Bill to the House.