Submission No. 066
Received 18 July 2016

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Public Health (Medicinal Cannabis) Bill 2016

Background:

(i) Cannabis, in various forms, has been used for medicinal, dietary, textile fibre-making, religious, spiritual and recreational purposes, for millennia.

(ii) The fight by a Tamworth mother for relief of her dying son's chemotherapy-induced nausea was critical to efforts to allow the lawful use of medicinal cannabis in Australia.

(iii) Much of the research required to understand the biological action of cannabis in the human body was carried out in Israel where this research was illegal at the time.

(iv) Medicinal cannabis has been much discussed, both scientifically and politically, in recent years. Not many generations ago, in Australia as elsewhere, cannabis was an accepted medicine but then, more for political than scientific reasons, it fell into disfavour to become an illegal drug substance. But now, with a greater appreciation of its science, a score of countries have already made medicinal cannabis lawful, while Australia is slowly going about developing its own arrangements for the drug.

(v) Efforts to establish lawful use of medicinal cannabis in Australia began in 2000, when a working party formed by the then NSW Premier Bob Carr recommended exploration of legal mechanisms for patients to obtain and use cannabis medicinally. However, no further developments occurred until 2013 when a NSW Legislative Council multiparty inquiry made unanimous recommendations for making the medicinal use of cannabis available to selected patients. The NSW Government essentially rejected the recommendations; instead, incoming NSW Premier Baird proposed clinical trials for patients suffering from certain debilitating or terminal conditions. Prompted by legislation proposed by the late Dr John Kaye, a NSW Greens Member of the Legislative Council, for wider inclusion criteria along with regularisation of legal supply to the these patients, the NSW Government in 2014 committed to clinical trials to further explore the use of cannabis products in providing relief for patients suffering from a range of debilitating

or terminal illnesses. Three NSW National party politicians (Kevin Anderson and Sarah Mitchell and Trevor Khan) made a critical contribution to getting medicinal cannabis accepted in NSW.

(vi) Concurrently, Victoria, Tasmania and the ACT began their own similar inquiries. In 2016, Victoria became the first Australian state to enact legislation enabling the manufacture, supply and access to quality-assured medicinal cannabis products.

(vii) Other voices were calling for unifying legislation with national reach. In February 2016, both houses of the Federal Parliament passed the Narcotic Drugs Amendment Bill 2016 – the first step on the road for lawful medicinal cannabis in Australia. This Bill is about the cultivation and importation of medicinal cannabis. Three more Bills are envisaged. The first will specify how medicinal cannabis must be stored. The second will cover how doctors will act as gatekeepers. The third will outline which cannabis agents will be used and which patients will be able to use medicinal cannabis. The government expects to have these arrangements complete in 2016. However, few outside government believe this timetable will be met.

(viii) We argue that the extensive use of recreational cannabis should be irrelevant to political decisions about medicinal cannabis. These should be made only by consideration of scientific evidence of benefit and the nature and severity of side effects. But once the decision is made that medicinal cannabis would become lawful in Australia, the recreational use of cannabis in Australia becomes very relevant to decisions about ***how*** medicinal cannabis should be used in Australia.

(ix) We published a paper on the benefits and adverse effects of medicinal cannabis in 2013 in the Medical Journal of Australia.
Laurence E Mather, Evert R Rauwendaal, Vivienne L Moxham-Hall and Alex D Wodak (Re)introducing medicinal cannabis Med J Aust 2013; 199 (11): 759-761. doi: 10.5694/mja13.10728
https://www.mja.com.au/journal/2013/199/11/reintroducing-medicinal-cannabis
We concluded that there was sufficient evidence to accept that medicinal cannabis was an effective drug for the relief of distressing symptoms in a range of conditions when conventional medicines had proved ineffective or were accompanied by unacceptable adverse effects. We also concluded that the adverse effects of medicinal cannabis were far less than the benefits provided.

(x) Slow and meticulous preparation for a new medication is usually commendable. But cannabis is not a new medicine, and many sick and/or elderly people using cannabis medicinally today are supplied by the unregulated black market. The longer it takes to develop a legal system and the more restricted and costly that system is, the greater the continuing use of the unregulated black market. Moreover, if only a few people are allowed to use medicinal cannabis in Australia, then most people using medicinal

cannabis will still be supplied by the unregulated and expensive black market.

(xi) When the system starts operating, the lawful use of medicinal cannabis will generate conflict with Queensland drug driving laws which provide severe penalties including license disqualification for drivers found to have detectable quantities of cannabis in their saliva. This may inconvenience some city people but it amounts to cruel and unusual punishment for people living in rural and remote areas who are dependent on the use of their cars.

(xii) Some authorities state that there is very little evidence that medicinal cannabis is effective or safe. The people who like to say this also usually forget to say that every effort was made to obstruct research into the benefits of medicinal cannabis, as opposed to the harms of recreational cannabis. One of the major difficulties of considering medicinal cannabis is to avoid getting caught up in the polarized and highly politicized world of drug policy. Many drugs used with great benefit in medicine today are also used recreationally and traded on the black market including morphine, cocaine, amphetamine and ketamine.

(xiii) For many decades, researchers dismissed anecdotal and observational evidence while randomized controlled trials (RCTs) remained the only evidence considered seriously. Now support is growing for the view that research other than RCTs should also be considered. Even if RCTs are considered to be the only evidence that counts, more than a 100 RCTs evaluating medicinal cannabis have been published. This is a larger number of RCTs than exists for many uncontroversial drugs. Unfortunately, medicinal cannabis was a pawn in the war on drugs. Authorities tried to stop lawful medicinal cannabis lest it undermine the ban on recreational cannabis and that it had to stay prohibited, lest the ban on other drugs be debated.

(xiv) Knowledge of medicinal cannabis is now rapidly increasing. Many believe that we are entering a golden era for the use of cannabis and cannabis derivatives for symptomatic relief and, perhaps, one day as a cure for some conditions.

(xv) One of us (AW) supported a former member of NSW parliament (PO'G) who developed cancer and found medicinal cannabis to be extremely helpful. At one stage his weight dropped to 44 kg. He began planning his funeral. His medication was changed and he commenced using medicinal cannabis. His condition improved dramatically and he gained weight and strength. He attributed at least part of this to medicinal cannabis. A member of the NSW parliament who died from cancer in 2016 used medicinal cannabis in his terminal illness and found it of great benefit. I have been approached by numerous individuals with distressing symptoms from serious or terminal conditions. It is an uncomfortable position for me to be in but I always do what I can to try to relieve unbearable suffering.

Recommendations:

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(i) We strongly support efforts to develop a single national approach to medicinal cannabis rather than have nine separate jurisdictions each with a its own approach.

(ii) The conditions supported by the strongest evidence for medicinal cannabis are, subject to previous use of conventional medicines with unsatisfactory results: (i) chemotherapy induced nausea and vomiting; (ii) certain types of disseminated sclerosis; (iii) excessive weight loss/loss of appetite in advanced cancer or HIV; (iv) chronic pain. In studies of reasons for using lawful medicinal cannabis, chronic patient is usually the main reason for use.

(iii) Regulation of lawful medicinal cannabis use should also allow for some compassionate use in cases which do not fit comfortably into approved frameworks.

(iv) Administration of an approval mechanism is best carried out by an independent committee of doctors with relevant expertise avoiding an unwelcome politicisation or direct involvement of the Department of Health. The aims of this committee should be to fairly and expeditiously consider applications with the aim of adding 'life to years', maintaining the good reputation of the Minister, the Department of Health and the medical profession.

(v) We prefer a range of options for medicinal cannabis products. Some of these should include botanical cannabis in a form which can be vaporized. The advantages of vaporized cannabis over oral ingestion include: (i) better and more rapid absorption thereby improving titration and thus reducing the risk of adverse effects; (ii) enabling people suffering from nausea or vomiting to avoid swallowing a tablet; (iii) enabling patients to benefit from the proposed 'entourage effect'.

(vi) We especially encourage that, in contrast to usual practice, the volume of medicinal cannabis initial provision and subsequent increases should aim to avoid sick, elderly, or impoverished patients from having to resort to the unregulated black market.

(vii) Supplies of lawful medicinal cannabis should be effective, safe and affordable.

(viii) This would be an opportune time to review Queensland's drug-driving laws. Do they target the legal or illegal drugs at highest risk of causing a road crash? Have they reduced road crashes in Queensland? Do they only punish impaired drivers? Are they consistent with the principle that it is better for ten guilty drivers to go free than one innocent driver be punished? Are the drug-driving laws cost effective?

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18 July 2016